			****PUBLIC INSPECTION C	COP	Y****						
			EXTENDED TO 08/15/201	15							
Forr	" 9	90	Return of Organization Exempt Fr Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exc	ncome Tax cept private foundation	OMB No. 1545-0047					
Department of the Treasury Do not enter Social Security numbers on this form as it may be made public.											
Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014											
AF	or th			iding S							
B c a	heck if pplicab	le: C Name of	forganization		D Employer identific	ation number					
	Addr	DESE	RT BOTANICAL GARDEN FOUNDATION								
	Name	Doing B	usiness As		26-33	305761					
	Initial returr Term ated	Number	and street (or P.O. box if mail is not delivered to street address) Roo N. GALVIN PKWY	oom/suite	E Telephone number	481-8155					
	Amer	dod	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,125,789.					
	Appli tion		NIX, AZ 85008		H(a) Is this a group re						
	pend	F Name a	nd address of principal officer: DAVID BARNETT			? Yes X No					
			AS C ABOVE		H(b) Are all subordinates in						
11	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or [527		list. (see instructions)					
J١	Vebsi	ite: N/A			H(c) Group exemptior	number 🕨					
κF	orm o	f organization:	X Corporation Trust Association Other ►	L Year (of formation: 2008 M	State of legal domicile: $f AZ$					
Pa	art I										
e	1	Briefly describ	be the organization's mission or most significant activities: $[THE]$ OR	RGANI	ZATION IS OF	PERATED					
anc		EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES FOR THE									
Activities & Governance	2	Check this bo									
0 V	3	Number of vot	ting members of the governing body (Part VI, line 1a)			9					
ي م	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b) \ldots			8					
es	5	Total number	0								
iviti	6		of volunteers (estimate if necessary)			9					
Act			d business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		0.					
					Prior Year	Current Year					
ne	8		and grants (Part VIII, line 1h)		51,060.	22,025.					
Revenue	9	-	ce revenue (Part VIII, line 2g)		0.	0.					
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		653,410.	645,756.					
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		704,470.	667,781.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		450,247.	422,434.					
	13		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	430,247.							
	14		to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.						
Expenses	15		undraising fees (Part IX, column (A), line 11e)		0.	0.					
ben				. –							
Ĕ	17		ing expenses (Part IX, column (D), line 25) ►U es (Part IX, column (A), lines 11a-11d, 11f-24e)	_	45,095.	71,131.					
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		495,342.	493,565.					
	19		expenses. Subtract line 18 from line 12		209,128.	174,216.					
or jes					ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		10,449,801.	11,028,726.					
Ass d Ba	21		(Part X, line 26)	·····	58,900.	55,027.					
Func	22		fund balances. Subtract line 21 from line 20		10,390,901.	10,973,699.					
	art II	Signature		•							
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules an	nd statem	ents, and to the best of my	knowledge and belief, it is					
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.						

Sign	Signature of officer Date												
Here DAVID BARNETT, BOARD PRESIDENT													
	Type or print name and title												
Print/Type preparer's name Preparer's signature Date Check PTIN													
Paid	JEFFREY A. BITHER	Jeffrey A. Bither, CPA, PFS	05/14/2015 ^{If} _{self-employed} P01428424										
Preparer	Firm's name 🕞 SCHMIDT WESTERGA		Firm's EIN 86-0271207										
Use Only	Firm's address 77 WEST UNIVERSI												
	MESA, AZ 85201-5	830	Phone no. 480 . 834 . 6030										
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes	No									
332001 10-2	9-13 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.	Form 990 (20	13)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	****PUBLIC INSPECTION COPY****	
Form	990 (2013) DESERT BOTANICAL GARDEN FOUNDATION 26-3305761 Pa	ge 2
	t III Statement of Program Service Accomplishments	ge 🗖
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE ORGANIZATION IS OPERATED EXCLUSIVELY FOR CHARITABLE AND	
	EDUCATIONAL PURPOSES FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT CERTAIN PURPOSES OF THE DESERT BOTANICAL GARDEN, INC.	
	OR TO CARRI OUT CERTAIN PURPOSES OF THE DESERT BUTANICAL GARDEN, INC.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	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?	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 \$ 422,434. including grants of \$ 422,434.) (Revenue \$)
iu	THE ORGANIZATION IS A SUPPORTING ORGANIZATION OF DESERT BOTANICAL	/
	GARDEN, INC.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 422,434.	
	Form 990 (2	2013)

Form 990 (2013) DESERT BOTANICAL GARDEN FOUNDATION Part IV Checklist of Required Schedules FOUNDATION FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		_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? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		_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?			v
40	If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	Х	
44	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Δ	
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	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? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	in the termine real and the organization action a copy of its addited infantial statements to this returns	200		

Form 990 (2013) DESERT BOTANICAL GARDEN FOUNDATION Part IV Checklist of Required Schedules (continued)

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			Vee	NL
01	Did the exercited to part more than \$5,000 of grants or other assistance to any demostic exercitation or	<u> </u>	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
22		21	- 23	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		- 21
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		х
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Ochodiula IV. IS INICIII can ta line OCo	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
с		24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
zJa		25a		х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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	27		х
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):			
а		28a		Х
b		28b		Х
с	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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	33		Х
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	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			000	(0010)

Form	990 (2013) DESERT BOTANICAL GARDEN FOUNDATION 26-3305	761	P	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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		Х
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).			
а	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	1		
	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			
с	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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	990 (2013) DESERT BOTANICAL GARDEN FOUNDATION	26-3305			age 6
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throu	•	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI				Χ
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1	a 🤤			
	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	b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the d	irect supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets	\$?	5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo	int one or			
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stor	kholders, or			
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	y the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code.)			
				Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap		101		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body b	efore filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to d	conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,		120		
C	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval b				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,			
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	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	nt with a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	ts participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ation's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AZ$				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	ection 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain in s				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, confli	ct of interest policy, ar	ıd finar	icial	
	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 i	records of the organiza	tion: 🕨	·	

MICHAEL	OLSON -	- 480-481-	-8155			
1201 N.	GALVIN	PARKWAY,	PHOENIX.	AZ	85008	

Form 990 (2	DESERT BOTANICAL GARDEN FOUNDATION	26-3305761	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the organization'	s tax year.
Enter -0- in o	ll of the organization's current officers, directors, trustees (whether individuals or organizations), regardless columns (D), (E), and (F) if no compensation was paid. Il of the organization's current key employees, if any. See instructions for definition of "key employee."	s of amount of compens	ation.
	ne organization's five current highest compensated employees (other than an officer, director, trustee, or ke Insation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization	5 1 5 7	

• 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.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless		erson is both an director/trustee)			compensation	compensation	amount of
	week	<u> </u>				1/11/15		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	trus		ee	npen		(00-2/1099-101130)		and related
	below	d ual t	Itiona		nploy	st cor	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) DAVID BARNETT	5.00	<u> </u>	-	-	<u> </u>		-			
PRESIDENT		x		X				0.	0.	0.
(2) CHUCK MUNSON	5.00									
VICE PRESIDENT		x		X				0.	0.	0.
(3) ED KIDNER	5.00									
TREASURER		x		X				0.	0.	0.
(4) LOU COMUS	5.00									
SECRETARY		x		X				0.	0.	0.
(5) KATE BAKER	5.00									
DIRECTOR		x						0.	0.	0.
(6) TIGE HOFER	5.00									
DIRECTOR		x						0.	0.	0.
(7) GAIL BRADLEY	5.00									
DIRECTOR		x						0.	0.	0.
(8) RICK ROBINSON	5.00									
DIRECTOR		x						0.	0.	0.
(9) SCOTT SCHAEFER	5.00									,
DIRECTOR		X						0.	0.	0.
(10) STEPHEN TUFTS	0.00									
PAST DIRECTOR		X						0.	0.	0.
(11) STEVE TADDLE	0.00									
PAST DIRECTOR		X						0.	0.	0.
										Corm 000 (2012)

Form	1 990 (2013) DESERT E	OTANICAI	5 (GAF	RDI	EN	FC	נטכ	NDATION	26-33	305	761	Page 8
	rt VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	(do box	not c , unle:	(C Pos heck ss pe	c) itior more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	Esti amo	(F) mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		froi orgar and	ensation m the nization related izations
с	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	/II, Section A							0.00.00.		0.0.		0.0.0.
2	Total number of individuals (including but compensation from the organization								eceived more than \$100),000 of reportabl			0
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for		iste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		3	/es No X
4	For any individual listed on line 1a, is the s and related organizations greater than \$1	sum of reportabl								the organization		4	X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con											5	X
5ec 1	ction B. Independent Contractors Complete this table for your five highest c the organization. Report compensation fo										pens	ation fro	om
	(A) Name and busines	-		ONE		VILII			(B) Description of s	-	С	(C) ompens	
2	Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to		ose li: 0	stec	above) who received n	nore than			

DESERT BOTANICAL GARDEN FOUNDATION 26-3305761 Form 990 (2013) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 22,025 1f g Noncash contributions included in lines 1a-1f: \$ 22,025 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a b С d е f All other program service revenue g Total. Add lines 2a-2f ► Investment income (including dividends, interest, and 3 665,089 665,089. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... (i) Securities (ii) Other 7 a Gross amount from sales of 1,438,675, assets other than inventory **b** Less: cost or other basis and sales expenses 1,458,008. **c** Gain or (loss) -19,333. -19,333 -19,333. d Net gain or (loss) **8** a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns

11 a b c

12

and allowancesabLess: cost of goods soldbcNet income or (loss) from sales of inventory...

Miscellaneous Revenue

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

645,756.

Ο.

667,781.

Ο.

Business Code

Form 990 (2013) DESERT BOTANICAL GARDEN FOUNDATION

26-3305761 Page 10

	Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp		-		
	Check if Schedule O contains a response	se or note to any line in		(2)	
	not include amounts reported on lines 6b, 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	422,434.	422,434.		
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				
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	3,500.		3,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	59,074.		59,074.	
g					
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	8,557.		8,557.	
13 14	Office expenses Information technology	0,007.		0,007.	
14	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
a					
b					
C d					
d	All other expenses				
е 25	All other expenses	493,565.	422,434.	71,131.	0.
25 26	Joint costs. Complete this line only if the organization	100,000.		, _ , _ J _ •	<u> </u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here for the following SOP 98-2 (ASC 958-720)				

DESERT BOTANICAL GARDEN FOUNDATION

orm 990 (Part X	2013) DESERT BOTANICAL GARDEN FOUNDA'	TION	26-	3305761 Page 11
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,920.	1	144,142.
2	Savings and temporary cash investments	375,718.	2	462,840.
3	Pledges and grants receivable, net	105,572.	3	97,478
4	Accounts receivable, net		4	
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			
3	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	Notes and loans receivable, net		7	
¢ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	8,925,163.	11	9,053,819
12	Investments - other securities. See Part IV, line 11	813,773.	12	961,618
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	227,655.	15	308,829
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,449,801.	16	11,028,726
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 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		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			55 027
		<u>58,900.</u> 58,900.	25	55,027
26	Total liabilities. Add lines 17 through 25	50,900.	26	55,027
	Organizations that follow SFAS 117 (ASC 958), check here 			
	complete lines 27 through 29, and lines 33 and 34.	169,117.	27	169,117
	Unrestricted net assets	1,287,415.	27	1,554,949
28	Temporarily restricted net assets	8,934,369.	20 29	9,249,633
27 28 29 30 31 32	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	0,001,000	23	5,215,055
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	10,390,901.	33	10,973,699
34	Total liabilities and net assets/fund balances	10,449,801.	34	11,028,726
				Form 990 (2013

Form	DESERT BOTANICAL GARDEN FOUNDATION	26-33	05761	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1		7,7 3,5	
2 3		3			$\frac{16}{16}$
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,39		
4 5	Net unrealized gains (losses) on investments	5	11	$\frac{2}{2}$	43.
6		6		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	29	5.7	39.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			.,,	
10	column (B))	10	10,97	3,6	99.
Pa	rt XII Financial Statements and Reporting		- / -	- / -	
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	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 requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

		***	*PUBLIC IN	SPE	CTIOI	N CO	PY**	**		
	OULE A 90 or 990-EZ)		Dic Charity State if the organization is 4947(a)(1) no	a section	1 501(c)(3)	organizat				OMB No. 1545-0047
Department o Internal Rever	of the Treasury nue Service	Information abo	► Attach to out Schedule A (Form 990	Form 990	or Form 9	990-EZ.	at www irs	s aov/form	990	Open to Public Inspection
Name of t	the organizati	on	BOTANICAL GA						mployer	identification number 6-3305761
Part I	Reason		ity Status (All organiz					ructions.		0 0000701
The organ	ization is not a	a private foundation I	because it is: (For lines 1	1 through -	11, check	only one b	ox.)			
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3	A hospital or	a cooperative hospit	tal service organization o	described	in section	170(b)(1)	(A)(iii).			
4	A medical res		operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,
5	,		benefit of a college or ur	niversity ov	wned or op	perated by	a governr	mental uni	t describ	ped in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6			ent or governmental unit							
7		on that normally rec b)(1)(A)(vi). (Comple	eives a substantial part (te Part II)	of its supp	ort from a	governme	ental unit o	or from the	general	public described in
8			ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9	-		eives: (1) more than 33 1		-	rom contri	butions. m	nembershi	p fees. a	nd aross receipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investment
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 30, 1975.
	See section	509(a)(2). (Complete	e Part III.)							
10	An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	ŀ).		
11 X	An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	y out the	e purposes of one or
			tions described in section				2). See sec	tion 509(a	a)(3). Ch	eck the box that
			organization and comple					. — _		
еX	a X Type I		rpe II c L Ty t the organization is not	ype III - Fui controlled		-				n-functionally integrated
0			han one or more publicly							
f			ten determination from t							
	0	rganization, check th								
g	-		organization accepted ar			-		•		· · · · · · · · · · · · · · · · · · ·
			irectly controls, either al							
			upported organization?							
			n described in (i) above?							
			person described in (i) o							11g(iii) X
h	Provide the f	ollowing information	about the supported org	ganization	(S).					
.,	of supported anization	(ii) EIN	(described on lines 1-9 above or IRC section	(iv) Is the c in col. (i) lis governing		organizat		(vi) ls organizatic (i) organiz U.S.	the on in col. ed in the .?	(vii) Amount of monetary support
			(see instructions))	Yes	No	Yes	No	Yes	No	
DESER		86-0136925	Т.ТNE 9	x		x		x		422,434.
20111	ICIAL GA	00 013032J								

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

422,434. Schedule A (Form 990 or 990-EZ) 2013

1

Schedule A (Form 990 or 990-EZ) 2013 DESERT BOTANICAL GARDEN FOUNDATION

26-3305761 Page 2

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.)

Calendar year (of fiscal year beginning in)	Se	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 2 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 2 3 The value of services or facilities furnished on its behalf 2 4 Total. Add lines 1 through 3 2 5 The portion of total contributions by each person (often than a govermental unit or publicly supported organization) included on line 1 threakeeds 2% of the amount shown on line 11, column (f) 3 6 Public support. Scheet here show level 3 7 Amounts from line 4 4 6 Cross income from simular sources 4 9 Net income from simular sources 4 9 Net income from simular sources 4 9 Net income from simular sources 4 11 Total support. Add lines 7 through 10 4 12 Corps receipts from related turines a, public support percentage for 2013 (thid dud vilend 1, fourth, or fifth tax years as section 501(c)3) organization, check this box and stop here. Section C. Computation of 2013 (the organization's first, second, third, fourth, or fifth tax years as action 501(c)3) organization, check this box and stop here. Section C. Computation of 2013 (the coganization's first, second, third, fourth, or fifth tax years as action 501(c)3) organization, check this box and stop here. Section C. Computation of 2014 (the organization's first, second, third, fourth, o	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
include any "unusual grants.",	1	Gifts, grants, contributions, and						
2 Tar versues levid for the organization is benefit and etter paid to or expended on its behalf 3 The value of services or facilities framework in the term of the organization without charge in the organization in the organization in the organization is the organization in the organization in the organization in the organization is the organization organization is the organization is		membership fees received. (Do not						
tration'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 change 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support 1. Setters the sime in e.4 6 Public support 1. Setters the sime in e.4 6 Public support 1. Setters the sime in e.4 7 Amounts from line 4. 8 Gress income from line 4. 9 Net income from line each subsistes a dividends, payments received on securities to sime size. In the subsistes a dividends, payments received on securities to sime and the subsistes a dividends, payments received on securities to sime and the subsistes a dividends, payments received on securities to sime and through 10 10 Other income. Do not include gain or loss from the side of capital assets (Explain in part 1V) 11 Total support. Additions 7 through 10 12 Cores receipts from related activities, whether or not the business is regularly carried on 13 Cores receipts from related activities. (I.e. (see instructions) 12 13 First free years. If the Form 300 is for the organization is 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 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		include any "unusual grants.")						
ar expended on its behalf ar The value of services or facilities furnished by a government 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 government) unit to publicly supported organization included on line 1 threaceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subract line 5 thm line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from interest, dividends, payments received on securities loans, rents, royallies activities, whether on not the business is regularly carried on 10 Other income. Do not include gain or loss from the saide organization (f) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 § Public support percentage for 2013. (If erganization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. 13 Total Support 2013. (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. 14 Public support percentage for 2013. (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. 14 Public support percentage for 2013. (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. 15 Alf the organization meets the "facts and circumstances" test, check this box and stop here. 15 Alf the organization meets the "facts and circumstances" test, check this box and stop here. 15 Alf the organization meets the "facts and circumstances" test, check this box and stop here. 15 Alf the organization meets the "facts and circumstances" test, check this box and stop here. 15 Alf the organization meets the "facts and circumstances" test, check this box and stop here. 15 Alf the organization mee	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 3 Total. Add lines 1 through 3 Image: Construction of the constructions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Construction of the constructions of the construction of the constructions by each person (other than a governmental unit or public) support to constructions included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Construction of the co		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 4 5 The portion of total contributions by each parson (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) 4 4 6 Public support. Budnet lines it to mine 4. 4 4 Section B. Total Support (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4. 4 4 4 6 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4. 4 4 4 4 6 6 8 Gross incourses activities, whether or not the business is regularly carid on or loss from restated business activities, whether or not the business is regularly carid on or loss from restated activities, etc. (see instructions) 12 12 13 14 9 10 Other income. Do not include gain or loss from restated activities, etc. (see instructions) 12 14 9 11 Total support, Add lines 7 through 10 14 9 9 14 9 12 Gross incourses		or expended on its behalf						
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 17a 10% -facts-and-circumstances test - 2013. 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	k	33 1/3% support test - 2012. If the c	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, che	ck this box
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		and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
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	17 a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is ⁻	10% or more,
 b 10% -facts-and-circumstances test - 2012. 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 		and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop I	here. Explain in Pa	irt IV how the c	organization
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		meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	k	0 10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 1	5 is 10% or
		more, and if the organization meets the	ne "facts-and-circu	umstances" test, c	heck this box and	l stop here. Explair	n in Part IV how	v the
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		organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruc	ctions

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 DESERT BOTANICAL GARDEN FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")	1					
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	1					
	organization's tax-exempt purpose	1					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	1					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to	1					
	the organization without charge	1					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that	1					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1					
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.) ction B. Total Support						L
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(a) 2003	(0) 2010	(0) 2011	(0) 2012	(6) 2010	(1) 10tai
	a Gross income from interest,						
100	dividends, payments received on	1					
	securities loans, rents, royalties	1					
	and income from similar sources						<u> </u>
Ľ	(less section 511 taxes) from businesses	1					
	, , , , , , , , , , , , , , , , , , ,	1					
	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b,	1					
	whether or not the business is	1					
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						L
14	First five years. If the Form 990 is for	÷			-		ation,
						<u></u>	>
	ction C. Computation of Publ		¥				
	Public support percentage for 2013 (•			15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Invest						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2013. If the						7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2012. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	t op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	▶

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 DESERT BOTANICAL GARDEN FOUNDATION 26-3

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).

Schedule 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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2013

Employer identification number

Name of the	organization
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DESERT BOTANICAL GARDEN FOUNDATION

26-3305761

Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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 its Form 990-PF, Part I, line 2, 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) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

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DESERT BOTANICAL GARDEN FOUNDATION

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name. address. and ZIP + 4	Total contributions	Type of contribution
1	To respect our donors' privacy, we have redacted their personal information.	\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

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Employer identification number

26 - 3305761

DESERT BOTANICAL GARDEN FOUNDATION

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

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				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
_		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
—							
453 10-24-		\$Sabadula B (Earm)	990, 990-EZ, or 990-PF) (2				

	(Form 990, 990-EZ, or 990-PF) (2013)		Page
Name of orga	anization		Employer identification number
	BOTANICAL GARDEN FOUN	DATION	26-3305761
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if addition	ridual contributions to section 501(ne following line entry. For organizati , contributions of \$1,000 or less fo al space is needed.	c)(7), (8), or (10) organizations that total more than \$1,000 for the ions completing Part III, enter or the year. _(Enter this information once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	[
-	Transferee's name, address, a	nd 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
F		(e) Transfer of gi	ft
-	Transferee's name, address, a	nd 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
F		(e) Transfer of gi	ft
	Transferee's name, address, a	nd 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 gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

		*	***PUBLIC II	NSPEC	FION COPY	****			
(Forr	HEDULE D n 990) ment of the Treasury I Revenue Service		Complete if the org Part IV. line 6. 7. 8. 9. 10	anization ans), 11a, 11b, 11d Attach to Forr	n 990.	90, 12b.	00	OMB No. 1545- 201 Open to Pul Inspection	3 ublic
	e of the organizati					/.irs.gov/it		oloyer identification r	number
	o or the organizati		T BOTANICAL G	ARDEN F	OUNDATION			26-330576	
Pa	rt I Organiza	ations Mainta	aining Donor Advise	ed Funds or	Other Similar Fun	ds or A	ccol	Ints.Complete if the	
	organizatio	on answered "Yes	s" to Form 990, Part IV, lir	ne 6.					
				(a) Dor	nor advised funds	(1	b) Fun	ds and other account	S
1	Total number at e	nd of year							1
2			year)						
3	Aggregate grants	from (during year	r)						
4	Aggregate value a	at end of year						238,	000.
5	Did the organization	on inform all done	ors and donor advisors in	writing that the	assets held in donor ad	vised fund	ds		
	are the organization	on's property, sul	bject to the organization's	s exclusive lega	l control?			Yes	X No
6	-	-	tees, donors, and donor				-		
			the benefit of the donor				•		
									XNo
Pa			ents. Complete if the or	•), Part IV,	line 7.		
1			ents held by the organiza	-					
		•	ic use (e.g., recreation or	education)	Preservation of an				
		of natural habitat			Preservation of a co	ertified his	storic	structure	
		n of open space							
2	-	-	e organization held a qual	ified conservati	on contribution in the for	m of a co	nserva	ation easement on the	elast
	day of the tax yea	ır.				I		Hold at the End of the 7	
_	Tatal much an of a						0-	Held at the End of the 1	lax rear
			ments			r	2a 2b		
			vation easements s on a certified historic st				20 2c		
			s included in (c) acquired			I	20		
u							2d		
3			s modified, transferred, re					during the tax	
•	year			sicacica, example		the organ	Latio		
4		where property s	subject to conservation ea	asement is loca	ted ►				
5			en policy regarding the pe			of			
	violations, and en	forcement of the	conservation easements	it holds?				Yes	No
6			to monitoring, inspecting						
7	Amount of expense	ses incurred in m	onitoring, inspecting, and	enforcing cons	ervation easements duri	ing the ye	ar 🕨	\$	
8	Does each conser	rvation easement	reported on line 2(d) abo	ve satisfy the r	equirements of section 1	70(h)(4)(B	3)(i)		
	and section 170(h	n)(4)(B)(ii)?						Yes	No
9	In Part XIII, descri	be how the orgar	nization reports conservat	tion easements	in its revenue and exper	nse staten	nent, a	and balance sheet, an	d
	include, if applicat	ble, the text of th	e footnote to the organiza	ation's financial	statements that describe	es the org	ganiza	tion's accounting for	
Dec	conservation ease			A A Histo	via al Transana an	0446 6 11 (0:		
Pai			aining Collections of			Other a	Simii	ar Assets.	
		-	answered "Yes" to Form						
1a			hitted under SFAS 116 (A						
		-	r assets held for public ex			erance of	public	service, provide, in Pa	art XIII,
h			cial statements that desc			ont and b	alana	a abaat warks of art b	ictorical
a			nitted under SFAS 116 (A						
	relating to these it		eld for public exhibition, e	oucation, or re	search in furtherance of	public ser	vice,	Sovide the following a	amounts
	•		0, Part VIII, line 1					\$	
			Part X					Ψ \$	
2			works of art, historical tr					Ψ	
2			be reported under SFAS			olai yali i,			
а		-	art VIII, line 1		÷			\$	
			X						
~		, ees, rait.					-	·	

LHA	For	Paperworl	Reduction	Act Notice,	see the	Instructions	for F	orm	990
332051 09-25-									

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 DESERT	BOTANICAL (GARDEN FO	UNDATION			26-33	0576	1 р	age 2
	t III Organizations Maintaining C	ollections of Ar	t, Historical 7	reasures, or Ot	her S					
3	Using the organization's acquisition, accession	on, and other records	s, check any of th	e following that are a	a signi	ficant	use of its	collectio	n item	าร
	(<u>check</u> all that apply):									
а	Public exhibition	d	Loan or e	change programs						
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	n how they further	the organization's e	xempt	t purp	ose in Par	XIII.		
5	During the year, did the organization solicit of							-		_
-	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizat	ion answered "Yes"	to For	m 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1 a	Is the organization an agent, trustee, custodi							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
								Amount	t	
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo						L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if			1						
		(a) Current year	(b) Prior year	(c) Two years back	- <u>+`</u> - ´		/ears back	(e) Four	-	
	Beginning of year balance	10,451,623.	9,715,876		_		18,659.			,079.
	Contributions	731,430.	216,224		_		.08,523.	2		,580.
	Net investment earnings, gains, and losses	758,599.	1,026,065	1,338,225		- 4	94,099.		748	,412.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	491,065.	506,542		_		94,099.			
g	End of year balance	11,450,587.	10,451,623		•	9,3	27,182.	9	,218	,659.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column	(a)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment 100.00	%								
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administered for	r the o	organi	zation	г		
	by:								Yes	No
	(i) unrelated organizations									X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm					10				
	Complete if the organization answered									
	Description of property	(a) Cost or ot				mulate		(d) Bool	k valu	е
<u> </u>		basis (investm	Dasi	s (other)	lepred	ciation				
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part 2	X, column (B), line	10(c).)	<u></u>	<u></u>				0.
							Schedule	D (Form	n 990)) 2013

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Schedule D (Form 990) 2013 DESERT BOTA	NTCAL GARDI	EN FOUNDATION	26-3305761 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV.	line 11b. See Form 990. Part 3	Cline 12
(a) Description of security or category (including name of security)	(b) Book value		on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) HEDGE FUNDS	961,61	L8. END-OF-YEAF	R MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	961,61	L8.	
Part VIII Investments - Program Related.	•	·	
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11c. See Form 990, Part >	۲, line 13.
(a) Description of investment	(b) Book value		on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		line 11d. See Form 990, Part 2	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV,		, Part X, line 25.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes		F0.000	
(2) ANNUITY PAYMENT LIABILITY		50,800.	
(3) RELATED PARTY PAYABLE		4,227.	
(4)			
(5)			
(6)			
(7)			

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

Schedule D (Form 990) 2013

(8)

Sche	Schedule D (Form 990) 2013 DESERT BOTANICAL GARDEN FOUNDATION 26-3305761 Page 4								
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per F						
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.								
1	Total revenue, gains, and other support per audited financial statements			1	22,817,189.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains on investments	2a	112,843.						
b	Donated services and use of facilities	2b							
с	Recoveries of prior year grants								
d	Other (Describe in Part XIII.)		22,036,565.						
е	Add lines 2a through 2d			2e	22,149,408.				
3	Subtract line 2e from line 1			3	667,781.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
с	Add lines 4a and 4b			4c	0.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	667,781.				
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per	Retu	urn.				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.								
1	Total expenses and losses per audited financial statements			1	17,815,968.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
с	Other losses								
d	Other (Describe in Part XIII.)	2d	17,744,837.						
е	Add lines 2a through 2d			2e	17,744,837.				
3	Subtract line 2e from line 1			3	71,131.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b	422,434.						
с	Add lines 4a and 4b			4c	422,434.				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	493,565.				
Pa	t XIII Supplemental Information.								

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE INTENDED TO SUPPORT THE CHARITABLE

AND EDUCATIONAL PURPOSES FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF,

OR TO CARRY OUT CERTAIN PURPOSES OF THE DESERT BOTANICAL GARDEN, INC.

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 322054
09-25-13
Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 DESERT BOTANICAL GARDEN FOUNDATION 26-3305761 Page 5 Part XIII Supplemental Information (continued)

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, 2014, U.S. FEDERAL INFORMATION RETURNS FOR YEARS ENDED PRIOR TO SEPTEMBER 30, 2011 AND STATE RETURNS FOR YEARS ENDED PRIOR TO SEPTEMBER 30, 2010 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, INC. EIN:	
86-0136925	21,932,611.
ADJUSTMENT TO REFLECT FAIR VALUE CHANGE IN SPLIT INTEREST	
AGREEMENT	103,025.
CHANGE IN PLEDGE DISCOUNT	929.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	22,036,565.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2013

****PUBLIC INSPECTION COPY****										
Schedule D (Form 990) 2013 DESERT BOTANICAL GARDEN FOUNDATION	26-3305761 Page 5									
Part XIII Supplemental Information (continued)	5									
EXPENSE REPORTED ON DESERT BOTANICAL GARDEN, INC. EIN:										
86-0136925	17,744,837.									
PART XII, LINE 4B - OTHER ADJUSTMENTS:										
GRANTS TO DESERT BOTANICAL GARDEN, INC. EIN: 86-0136925	422,434.									

			****	PUBLIC	INSPECTION COP	ΟΥ****			
(Fo	CHEDULE F orm 990)		Complete if	the organization Attach to Fe	ivities Outside the Ui n answered "Yes" on Form 990, Part orm 990. See separate instruction	IV, line 14b, 1 ons.	5, or 16.	0	IB No. 1545-0047
	nal Revenue Service		Information abo	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo			spection cation number
	SERT BOTAN						26-330		
Pa	Form 990,			ctivities Out	tside the United States. Compl	ete if the organ	ization answer	ed "Y	es" on
1				n maintain record	ds to substantiate the amount of its gr	ants and other	assistance,	_	
	the grantees' eligil	bility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?		Yes No
2	For grantmakers. United States.	. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance	e outs	ide the
3		ion. (Tl			an be duplicated if additional space is	1			
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region)	(f) Total expenditures for and investments in region
	TRAL AMERICA AN CARIBBEAN	ID	0		INVESTMENTS	N/A			961,618.
	CARIBBEAN		0	0	INVESIMENTS	N/A			901,010.
3 a	Sub-total		0	0					961,618.
b	Total from continu		0	0					0.
c	Totals (add lines 3 and 3b)	3a	0						961,618.

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

Schedule F (Form 990) 2013

Page 2	r any	(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2013
	990, Part IV, line 15, for	(h) Description of non-cash assistance						Schedt
26-3305761	d "Yes" on Form	(g) Amount of non-cash assistance					xempt by	
26-33	ganization answered	(f) Manner of cash disbursement					recognized as tax-e	
NO	omplete if the or; eded.	(e) Amount of cash grant					foreign country,	
GARDEN FOUNDATION	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
BOTANICAL	anizations or Entities (00. Part II can be duplic	(c) Region					s listed above that are r has provided a section	entities
3 DESERT	er Assistance to Org seived more than \$5,0	(b) IRS code section and EIN (if applicable)					recipient organization the grantee or counsel	Enter total number of other organizations or entities
Schedule F (Form 990) 2013	Part II Grants and Othe recipient who rec	1 (a) Name of organization					2 Enter total number of the IRS, or for which t	3 Enter total number of

332072 10-03-13

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2013
	IV, line 16.	(g) Description of non-cash assistance					Schedu
26 - 3305761	on Form 990, Part	(f) Amount of non-cash assistance					
UNDATION 26-330	the organization answered "Yes" of	(e) Manner of cash disbursement					
EN FOUND?	ates. Complete if	(d) Amount of cash grant					
CAL GARD	le the United Sta d.	(c) Number of recipients					
DESERT BOTANICAL GARDEN FOUNDATION	:e to Individuals Outsid dditional space is neede	(b) Region					
Schedule F (Form 990) 2013 D	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

Schedu	Ile F (Form 990) 2013 DESERT BOTANICAL GARDEN FOUNDATION	26-3305761	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	X Yes	No No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2013

Schedule F	(Form 990) 2013 DESERT BOTANICAL	GARDEN	FOUNDATION	26-3305761	Page 5
Part V	Supplemental Information				
	Provide the information required by Part I, line 2 (mo	nitoring of fun	ds); Part I, line 3, column (f) (account	ting method; amounts of	
	investments vs. expenditures per region); Part II, line)
	(estimated number of recipients), as applicable. Also	o complete this	s part to provide any additional inform	nation.	

SCHEDULE I (Form 990)	00 00 00 00	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if} the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Other Assistance to Organizations, , and Individuals in the United State ization answered "Yes" to Form 990, Part IV, line 21 o	ce to Organ s in the Uni to Form 990, Par	iizations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Informat 	 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs. gov//form990 	Attach to Form 990. (Form 990) and its instru	n 990. instructions is a	t www.irs.aov/form95	0	Open to Public Inspection
the organization	DESERT BOTANICAL GARDEN	ARDEN FOUNDATION	ATION				Employer identification number $26 - 3305761$
Part I General Information on Grants and Assistance	rants and Assistance						
1 Does the organization maintain records to substantiate the amount of the criteria used to award the grants or assistance?	ecords to substantiate th or assistance?	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	stion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of	on's procedures for mon	itoring the use of grant	grant funds in the United States.	l States.]
Part II Grants and Other Assistance to Governments and Organizations	nce to Governments an		e United States. O	omplete if the org	anization answered "	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	t IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if 1 (a) Name and address of organization or government (b) EIN (c) IRC section	e than \$5,000. Part II car ation (b) EIN	n be duplicated if additi (c) IRC section if applicable	additional space is needed on (d) Amount of (e cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESERT BOTANICAL GARDEN, INC. 1201 N. GALVIN PKWY PHOENIX, AZ 85008	86-0136925	501(C)(3)	422,434.	.0	CASH		SUPPORTED ORGANIZATION
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	1(c)(3) and government o	rganizations listed in th 1 table	line 1 table			-	
1	Notice, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) DESERT BOTANICAL		GARDEN FOUNDATION	N		26-3305761 Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	ted States. Com	nplete if the organiz	ation answered "Yes"	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, lin	ie 2, Part III, column	(b), and any other ac	lditional information.	
PART I, LINE 2:					
DESERT BOTANICAL GARDEN FOUNDATION	IS A	SUPPORTING			
ORGANIZATION OF DESERT BOTANICAL GARDEN,		INC. AND, I	IN GENERAL,	THE	
FOUNDATION DISTRIBUTES ANNUALLY 4.58	ОF	THE ENDOWMENT'S	IT'S INVESTMENT	MENT	
PORTFOLIO TO DESERT BOTANICAL GARDEN,	EN, INC.				

	****PUBLIC INSPECTION COPY****		
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs. gov/f		OMB No. 1545-0047
Name of the organizatio	n	Employer	identification number
	DESERT BOTANICAL GARDEN FOUNDATION	26-3	305761
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:	
OF, TO PERFC	RM THE FUNCTIONS OF, OR TO CARRY OUT CERTAIN	PURPOS	ES OF
THE DESERT B	OTANICAL GARDEN, INC.		
FORM 990, PA	RT VI, SECTION A, LINE 6:		
DESERT BOTAN	ICAL GARDEN, INC. IS THE ONLY MEMBER.		
FORM 990, PA	RT VI, SECTION A, LINE 7A:		
DESERT BOTAN	ICAL GARDEN, INC. AS THE ONLY MEMBER, IS ENTI	TLED	
TO APPOINT T	HE DIRECTORS OF THE BOARD OF DIRECTORS.		
FORM 990, PA	RT VI, SECTION B, LINE 11:		
THE REVIEW C	F THE FORM 990 IS PERFORMED BY THE FULL BOARD	•	
FORM 990, PA	RT VI, SECTION B, LINE 12C:		
THE BOARD ME	ETS QUARTERLY TO DISCUSS POLICY COMPLIANCE.		
FORM 990, PA	RT VI, SECTION B, LINE 15:		
LINE 15 IS N	OT APPLICABLE BECAUSE THIS ORGANIZATION DOES	NOT	
HAVE ANY COM	PENSATION THAT IS PAID AT ANY TIME.		
FORM 990, PA	RT VI, SECTION C, LINE 19:		
THE FOUNDATI	ON OBTAINS A PUBLIC INSPECTION COPY OF FORM 9	90	
THAT IS AVAI	LABLE ON THE GARDEN'S WEBSITE AND TO THE PUBL	IC UPO	N REQUEST.
FORM 990 IS	ALSO LOCATED ON GUIDESTAR. ANNUAL REPORTS AR	E ON T	HE GARDEN'S
WEBSITE AND	ARE FILED WITH AZ CORPORATION COMMISSION, WHI	CH ARE	AVAILABLE
	-		990 or 990-EZ) (2013)

PUBLIC INSPECTION COPT	
Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization DESERT BOTANICAL GARDEN FOUNDATION	Employer identification number 26-3305761
ON THE WEB.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER OF ENDOWMENT FROM DESERT BOTANICAL GARDEN, INC.	191,785.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	103,025.
RECEIVABLE DISCOUNT	929.
TOTAL TO FORM 990, PART XI, LINE 9	295,739.
FORM 990, PART XII, LINE 2C: NO CHANGE HAS TAKEN PLACE IN THE PROCESS. IT IS THE SAME AS IN THE PRIOR YEAR.	5
SCHEDULE R, PART V, LINES 1N - 10	
THE ORGANIZATION HAS ANSWERED YES TO SHARING OF FACILITIE	S
AND EMPLOYEES WITH ITS RELATED ORGANIZATION. HOWEVER, NO	D AMOUNTS ARE
REPORTED ON SCHEDULE R PART V LINE 2 AS THE ORGANIZATION	HAS NOT (NOR
ANTICIPATES) REIMBURSEMENT FOR SHARED FACILITIES AND EMPI	OYEES.

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule R (Form 990) and its instructions is at www irs gov/form990.	anizations and Unrelated Partnerships tion answered "Yes" on Form 990, Part IV, line 33, 34, 35b, to Form 990. ► See separate instructions. edule R (Form 990) and its instructions is at www.irs. gov/for	rtnerships ine 33, 34, 35b, 3 ictions. www.irs.gov/form	3, or 37. 990	• •	OMB No. 1545-0047 2013 Open to Public Inspection
ation DESERT BOT	CAL GARDEN FOUNDATION	LON	D		Employer identification number 26-3305761	cation number 7 6 1
Part I Identification of Disregarded Entities Complete if the organization	te if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	zations Complete if the organization a	answered "Yes" on Form 990	Part IV, line 34 be	scause it had one o	r more related tax-exe	mpt
(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	Section 512(b)(13) controlled entity?
DESERT BOTANICAL GARDEN, INC 86-0136925 1201 N. GALVIN PARKWAY PHOENIX, AZ 85008	EXPAND THE KNOWLEDGE AND CONSERVATION OF DESERT FLORA HABITATS.	ARIZONA	501(C)(3)	6	N/A	-
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R	Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013 DESERT	RT BOTANICAL	AL GARDEN	DEN FOUNDATION	ATION					26	5-330576	5761	Page 2
Part III Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.	ganizations Taxable	as a Partn ax year.	ership Complete if	the organiza	Complete if the organization answered	1 "Yes" on Form 990, Part IV, line 34 because	n 990, Part IV	, line 34 beca	use it had on	it had one or more related	related	b
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomina (related, u excluded fro	(e) Predominant income (related, unclated, excluded from tax under escritors 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Dispropor allocati		(i) Code V-UBI amount in box 20 of Schedule	(j) teneral or P nanaging c	(j) (k) General or Percentage managing ownership
		Country						<u>6</u>	2			
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	rganizations Taxable orporation or trust duri	as a Corpo ing the tax y	iration or Trust Co /ear.	mplete if the	e organization	answered "Ye	s" on Form 99	0, Part IV, lin	e 34 because	it had one	e or more	e related
(a) Name, address, and EIN of related organization	N r	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ling (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
332162 09-12-13				37			-		S S	Schedule R (Form 990) 2013	3 (Form	990) 2013

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Schedule R (Form 990) 2013 DESERT BOTANICAL GARDEN FOUNDATION

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<u> </u>	Yes	٩
1 During the tax year, did the organization engage in any of the following transactior	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a		×
b Gift, grant, or capital contribution to related organization(s)				1b	X	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1d		×
				1e		×
				ł		×
T DIVIDENDS ITOM RELATED ORGANIZATION(S)				=	╎	
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				4h		×
i Exchange of assets with related organization(s)				1		×
j Lease of facilities, equipment, or other assets to related organization(s)				į		×
k Lease of facilities equipment or other assets from related organization(s)				¥		×
Dorformanana of convisions or mambarchin or fundraicing collisitations for	innization(c)			Ŧ		×
Periorniarice of services or membership or lunaraising solicitations for	related organization(s)			=	╎	
	related organization(s)			+	ŀ	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			÷	×	
 Sharing of paid employees with related organization(s) 				10	×	
p Reimbursement paid to related organization(s) for expenses				ę	×	
				-1q		×
r Other transfer of cash or property to related organization(s)				٦r		X
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) DESERT BOTANICAL GARDEN, INC.	щ	422,434.	CASH			
(2)						
(3)						
(4)						
(5)						
(6)						
332163 09-12-13	38		Schedule R (Form 990) 2013	3 (Form	(066	2013

Page 4		(enue)	(k)	General or Percentage managing partner?																	Schedule R (Form 990) 2013
61		ss rev		al or ging er?	٩				┥		╈						╉				- un
57(r gros	(j)	Gener mana partn	Yes No						T										L L
26-3305761		y total assets o	()	Code amount	(Form 1065)																Schedule
		sured b	(H)	Dispropor- tionate	Yes No		\square														
	37.	nt of its activities (mea	(6)	of /ear	assets																
	990, Part IV, line	e than five percer	(ŧ)	Share of total	income																
	n Form	ted mor	(e)	Are all partners sec. 501(c)(3) oros 2	Yes No																
	es" o	nduct os.	_	e part	4) γe				+		+						+				-
FOUNDATION	zation answered "Y	the organization col estment partnership	(q)	Predominant income (related, excluded from tax)	under section 512-51																
	mplete if the organi:	hip through which t ision for certain inve	(c)	micile oreign																	
DESERT BOTANICAL GARDEN	ole as a Partnership Cor	intity taxed as a partners tructions regarding exclu	(q)	Primary activity																	
Schedule R (Form 990) 2013 DESERT	Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a)	Name, address, and EIN of entity																	

DESERT	BOTANICAL	GARDEN	FOUNDATION
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Part VII Supplemental Information

Schedule R (Form 990) 2013

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

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Form 88	68 (Rev. 1-2014)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	xtension,	complete only Part II and check thi	s box	•	X
	nly complete Part II if you have already been granted an					
 If you 	are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I (on page 1).			
Part I	Additional (Not Automatic) 3-Month E	Extensio	n of Time. Only file the origin	nal (no c	opies needed).	
			Enter filer's	identifyi	ng number, see ins	tructions
Type or	Name of exempt organization or other filer, see instru	uctions.		Employe	r identification numb	per (EIN) or
print						
File by the	DESERT BOTANICAL GARDEN FOUL	NDATI	ON		26-330576	1
due date fo filing your	Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.	Social se	curity number (SSN)
return. See	1201 N. GALVIN PKWY					
instructions	City, town or post office, state, and ZIP code. For a for PHOENIX, AZ 85008	oreign add	dress, see instructions.			
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			01
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01				
Form 99	D-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted	d an autor	natic 3-month extension on a prev	iously file	ed Form 8868.	
	MICHAEL OLSON					
	ooks are in the care of M. GALVIN	PARK	WAY - PHOENIX, AZ	85008		
	hone No. ► 480-481-8155		Fax No. ►			
	organization does not have an office or place of busines					
	is for a Group Return, enter the organization's four digit					
box 🕨	M I /	A STATE OF A		all memb	ers the extension is	for.
	equest an additional 3-month extension of time until					
	r calendar year, or other tax year beginning(- Internet of the second se			· · ·
6 Ift	he tax year entered in line 5 is for less than 12 months, c	check reas	on: Initial return	Final r	return	
L	Change in accounting period					
	ate in detail why you need the extension					
	DDITIONAL TIME IS NEEDED TO (GATHE.	R THE INFORMATION .	NECES	SARY TO FI	LE A
<u>C(</u>	OMPLETE AND ACCURATE RETURN.					
8a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any			<u></u>
no	nrefundable credits. See instructions.			8a	\$	0.
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and estimated			Second Co
tax	payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid			
pr	eviously with Form 8868.		1755 Wi	8b	\$	0.
с Ba	lance due. Subtract line 8b from line 8a. Include your pa	ayment wit	h this form, if required, by using			
EF	TPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$	0.
			st be completed for Part II o	-		
Under per it is true, c	alties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this for	ling accomp orm.	anying schedules and statements, and to	o the best o	f my knowledge and be	elief,
Signature	Aufra. B. Title >?	TAXPA	YER'S AUTH. REP.	Date	▶ 5/13/	15
	011		- Constant Strange Strange State of Strange Strange		Form 8868 (Re	