

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1201 N. GALVIN PKWY</b> City or town, state or province, country, and ZIP or foreign postal code <b>PHOENIX, AZ 85008</b> <b>F</b> Name and address of principal officer: <b>KENNETH J. SCHUTZ</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>86-0136925</b> <b>E</b> Telephone number <b>480-481-8155</b> <b>G</b> Gross receipts \$ <b>15,343,418.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.DBG.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1937</b>		<b>M</b> State of legal domicile: <b>AZ</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>AS A LIVING MUSEUM, THE ORGANIZATION'S PURPOSE IS FOR ADVANCING EXCELLENCE IN EDUCATION,</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>39</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>39</b>
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a) .....	<b>5</b>	<b>285</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>850</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>9,973,804.</b>	<b>7,611,654.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>8,904,058.</b>	<b>4,180,865.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>&lt;790.&gt;</b>	<b>&lt;62,728.&gt;</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>2,562,266.</b>	<b>1,496,339.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>21,439,338.</b>	<b>13,226,130.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>125,000.</b>	<b>25,000.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>8,307,555.</b>	<b>7,461,270.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,864,866.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>8,592,932.</b>	<b>6,052,470.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>17,025,487.</b>	<b>13,538,740.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>4,413,851.</b>	<b>&lt;312,610.&gt;</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>27,326,176.</b>	<b>26,642,393.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>5,089,058.</b>	<b>4,767,063.</b>
		<b>22,237,118.</b>	<b>21,875,330.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>KENNETH J. SCHUTZ, EXECUTIVE DIRECTOR</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFFREY A. BITHER</b>	Preparer's signature <i>Jeffrey A. Bither, CPA, PFS</i>
	Firm's name ▶ <b>SCHMIDT WESTERGARD &amp; COMPANY, PLLC</b>	Date <b>06/08/2016</b>
	Firm's address ▶ <b>77 WEST UNIVERSITY DRIVE</b> <b>MESA, AZ 85201-5830</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01428424</b>
		Firm's EIN ▶ <b>86-0271207</b> Phone no. <b>480.834.6030</b>

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 10,009,325. including grants of \$ 25,000. ) (Revenue \$ 4,308,742. ) HORTICULTURE - PROPAGATING & MAINTAINING A LIVING PLANT COLLECTION OF OVER 50,000 DESERT PLANTS WITH PARTICULAR EMPHASIS ON THOSE INHABITING THE SONORAN DESERT, MANY OF WHICH ARE ENDANGERED SPECIES. THIS PROGRAM ALSO WORKS TO PRESERVE DESERT PLANT LIFE OUTSIDE OF ITS COLLECTION BY EDUCATING THE PUBLIC REGARDING THE BEAUTY, VARIETY AND FRAGILITY OF DESERT PLANT LIFE BY DISPLAYING AND INTERPRETING ITS COLLECTION FOR THE PUBLIC AT ITS GARDEN IN PHOENIX, AZ WHICH IN THE CURRENT YEAR ATTRACTED APPROXIMATELY 342,000 VISITORS FROM ALL OVER THE WORLD.

EDUCATION - PROVIDES PROGRAMMING FOR CHILDREN, ADULTS, AND EDUCATORS THAT PROMOTE GREATER ENJOYMENT, UNDERSTANDING AND STEWARDSHIP OF THE SONORAN DESERT. CHILDREN'S PROGRAMMING AT THE DESERT BOTANICAL GARDEN

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

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

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

4e Total program service expenses 10,009,325.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	39	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	39	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AZ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **MICHAEL OLSON - 480-481-8155**  
**1201 N. GALVIN PARKWAY, PHOENIX, AZ 85008**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA AILES-FINE TRUSTEE	5.00	X						0.	0.	0.
(2) OONAGH BOPPART TRUSTEE	5.00	X						0.	0.	0.
(3) TENIQUA BROUGHTON TRUSTEE	5.00	X						0.	0.	0.
(4) CRAIG CLIFFORD, CPA TRUSTEE	5.00	X						0.	0.	0.
(5) HAROLD C. DORENBECHER TRUSTEE	5.00	X						0.	0.	0.
(6) ARDIE EVANS TRUSTEE	5.00	X						0.	0.	0.
(7) BART FABER TRUSTEE	5.00	X						0.	0.	0.
(8) AMY FLOOD TRUSTEE	5.00	X						0.	0.	0.
(9) JEFF HEBETS TRUSTEE	5.00	X						0.	0.	0.
(10) MARTHA HUNTER HENDERSON TRUSTEE	5.00	X						0.	0.	0.
(11) JANE JOZOFF TRUSTEE	5.00	X						0.	0.	0.
(12) TED LAGREID TRUSTEE	5.00	X						0.	0.	0.
(13) JAN R. LEWIS TRUSTEE	5.00	X						0.	0.	0.
(14) BRUCE MACDONOUGH PRESIDENT	10.00	X		X				0.	0.	0.
(15) TAMMY MCLEOD TRUSTEE	5.00	X						0.	0.	0.
(16) PAUL MORELL TRUSTEE	5.00	X						0.	0.	0.
(17) CAROLYN O'MALLEY VICE PRESIDENT	5.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT PAGE, PH.D. TRUSTEE	5.00	X					0.	0.	0.	
(19) ROSELLEN C. PAPP TREASURER	5.00	X		X			0.	0.	0.	
(20) DARRA L. RAYNDON TRUSTEE	5.00	X					0.	0.	0.	
(21) JOHN SULLIVAN TRUSTEE	5.00	X					0.	0.	0.	
(22) BRUCE WEBER TRUSTEE	5.00	X					0.	0.	0.	
(23) MAJA WESSELS TRUSTEE	5.00	X					0.	0.	0.	
(24) WILLIAM F. WILDER TRUSTEE	5.00	X					0.	0.	0.	
(25) KATE BAKER TRUSTEE	5.00	X					0.	0.	0.	
(26) SHELLEY COHN VICE PRESIDENT	5.00	X		X			0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							930,890.	0.	125,622.	
<b>d Total (add lines 1b and 1c)</b>							930,890.	0.	125,622.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VENUE BUILDERS, 748 W. PIERCE STREET, SUITE B, PHOENIX, AZ 85007	CONSTRUCTION	1,793,098.
FABULOUS FOOD P.O. BOX 81049, PHOENIX, AZ 85069	CATERING	447,750.
IPSA SECURITY SERVICES 2700 N. CENTRAL AVE., PHOENIX, AZ 85004	SECURITY	440,631.
MEDIA BUYING SERVICES, 4545 E. SHEA BLVD., SUITE 162, PHOENIX, AZ 85028	ADVERTISING PLACEMENT	420,138.
BRUCE MUNRO, LTD., LONG KNOLL BARNS, COKERS LANE, KILMINGTON, WILTSHIRE, UNITED	LIGHTING	316,604.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BARBARA HOFFNAGLE PAST PRESIDENT	5.00	X		X				0.	0.	0.
(28) MARTA MORANDO TRUSTEE	5.00	X		X				0.	0.	0.
(29) KATHY MUNSON SECRETARY	5.00	X		X				0.	0.	0.
(30) PATRICIA AUCH TRUSTEE	5.00	X						0.	0.	0.
(31) JEAN CALLAHAN TRUSTEE	5.00	X						0.	0.	0.
(32) HARRIET IVEY TRUSTEE	5.00	X						0.	0.	0.
(33) BILL JACOBY TRUSTEE	5.00	X						0.	0.	0.
(34) CAROLE KRAEMER TRUSTEE	5.00	X						0.	0.	0.
(35) MARK LANDY, CPA TRUSTEE	5.00	X						0.	0.	0.
(36) KIMBER L. LANNING TRUSTEE	5.00	X						0.	0.	0.
(37) TAHNIA MCKEEVER TRUSTEE	5.00	X						0.	0.	0.
(38) STEVE ROMAN TRUSTEE	5.00	X						0.	0.	0.
(39) SCOTT T. SCHAEFER TRUSTEE	5.00	X						0.	0.	0.
(40) BRIAN SCHWALLIE TRUSTEE	5.00	X						0.	0.	0.
(41) ANN STANTON TRUSTEE	5.00	X						0.	0.	0.
(42) MARILYN WOLFE TRUSTEE	5.00	X						0.	0.	0.
(43) KEN SCHUTZ EXECUTIVE DIRECTOR	40.00				X			259,242.	0.	41,390.
(44) MARYLYNN MACK DEPUTY DIRECTOR	40.00				X			154,680.	0.	15,703.
(45) BEVERLY DUZIK DEVELOPMENT DIRECTOR	40.00					X		149,036.	0.	14,384.
(46) JOSEPH MCAULIFFE RESEARCH DIRECTOR	40.00					X		122,023.	0.	23,814.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MICHAEL OLSON FINANCE DIRECTOR	40.00					X		136,617.	0.	17,642.
(48) BRIAN KISSINGER HORTICULTURE DIRECTOR	40.00					X		109,292.	0.	12,689.
Total to Part VII, Section A, line 1c .....								930,890.		125,622.

**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)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	3,318,677.				
	<b>c</b> Fundraising events	<b>1c</b>	1,607,061.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	473,416.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,212,500.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		382,393.				
	<b>h Total.</b> Add lines 1a-1f		7,611,654.				
	<b>Program Service Revenue</b>	<b>2 a</b> ADMISSIONS	<b>Business Code</b>	900099	3,305,122.	3,305,122.	
<b>b</b> GROUP SERVICES			900099	519,736.	519,736.		
<b>c</b> EDUCATIONAL CLASSES			611600	356,007.	356,007.		
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				4,180,865.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)			<62,728.>		<62,728.>
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,607,061. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		650,553.			
		<b>b</b> Less: direct expenses	<b>b</b>	650,553.			
		<b>c</b> Net income or (loss) from fundraising events			0.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>		10,180.			
<b>b</b> Less: direct expenses		<b>b</b>	600.				
<b>c</b> Net income or (loss) from gaming activities				9,580.		9,580.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>		1,691,023.				
	<b>b</b> Less: cost of goods sold	<b>b</b>	353,843.				
	<b>c</b> Net income or (loss) from sales of inventory			1,337,180.		1,337,180.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> GROUP SERVICES - OTHER			900099	127,877.	127,877.		
	<b>b</b> MISCELLANEOUS		900099	21,702.		21,702.	
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d				149,579.			
<b>12 Total revenue.</b> See instructions.				13,226,130.	4,308,742.	0.	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,000.	25,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	430,885.		430,885.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,670,388.	4,306,493.	527,803.	836,092.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	204,205.	141,098.	38,616.	24,491.
<b>9</b> Other employee benefits	712,989.	564,332.	66,490.	82,167.
<b>10</b> Payroll taxes	442,803.	324,532.	57,942.	60,329.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	11,799.	3,789.	8,010.	
<b>c</b> Accounting	50,200.		50,200.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	352.	162.		190.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	292,221.	240,564.	48,255.	3,402.
<b>12</b> Advertising and promotion	272,908.	184,102.		88,806.
<b>13</b> Office expenses	818,703.	648,310.	57,938.	112,455.
<b>14</b> Information technology	51,871.	51,871.		
<b>15</b> Royalties				
<b>16</b> Occupancy	611,752.	315,469.	184,313.	111,970.
<b>17</b> Travel	262,720.	152,890.	78,276.	31,554.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	23,941.	18,523.	5,418.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,286,352.	1,286,352.		
<b>23</b> Insurance	109,544.	79,383.	16,646.	13,515.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>OUTSIDE SERVICES</b>	1,676,811.	1,247,572.	74,954.	354,285.
<b>b</b> <b>SPECIAL EVENTS EXPENSE</b>	107,052.	628.		106,424.
<b>c</b> <b>BEVERAGE EXPENSE</b>	97,385.	97,385.		
<b>d</b> <b>SPECIAL EXHIBITS EXPENS</b>	51,499.	51,499.		
<b>e</b> All other expenses	327,360.	269,371.	18,803.	39,186.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	13,538,740.	10,009,325.	1,664,549.	1,864,866.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,287,127.	<b>1</b>	2,473,351.
	<b>2</b> Savings and temporary cash investments .....	301,244.	<b>2</b>	423,846.
	<b>3</b> Pledges and grants receivable, net .....	3,428,552.	<b>3</b>	1,928,972.
	<b>4</b> Accounts receivable, net .....	146,114.	<b>4</b>	78,785.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	51,950.	<b>8</b>	39,293.
	<b>9</b> Prepaid expenses and deferred charges .....	83,728.	<b>9</b>	532,145.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 37,983,786.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 17,213,561.	19,699,785.	<b>10c</b> 20,770,225.
	<b>11</b> Investments - publicly traded securities .....	249,591.	<b>11</b>	319,011.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	0.	<b>14</b>	73,858.
	<b>15</b> Other assets. See Part IV, line 11 .....	78,085.	<b>15</b>	2,907.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	27,326,176.	<b>16</b>	26,642,393.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,701,262.	<b>17</b>	2,062,700.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	2,237,796.	<b>19</b>	1,702,087.
	<b>20</b> Tax-exempt bond liabilities .....	600,000.	<b>20</b>	600,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....	125,000.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	50,000.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	375,000.	<b>25</b>	402,276.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,089,058.	<b>26</b>	4,767,063.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	16,513,503.	<b>27</b>	8,630,258.
	<b>28</b> Temporarily restricted net assets .....	5,723,615.	<b>28</b>	3,326,705.
	<b>29</b> Permanently restricted net assets .....	0.	<b>29</b>	9,918,367.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	22,237,118.	<b>33</b>	21,875,330.	
<b>34</b> Total liabilities and net assets/fund balances .....	27,326,176.	<b>34</b>	26,642,393.	



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,226,130.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,538,740.
3	Revenue less expenses. Subtract line 2 from line 1	3	<312,610.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,237,118.
5	Net unrealized gains (losses) on investments	5	<2,224.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<46,954.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,875,330.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2014)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,278,757.	5,020,363.	7,141,754.	6,844,938.	4,395,323.	26,681,135.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	8,157,008.	8,303,613.	7,771,428.	15,471,581.	9,979,175.	49,682,805.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	11,435,765.	13,323,976.	14,913,182.	22,316,519.	14,374,498.	76,363,940.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	475,442.	1,735,357.	1,391,598.	815,923.	645,786.	5,064,106.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	475,442.	1,735,357.	1,391,598.	815,923.	645,786.	5,064,106.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						71,299,834.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....	11,435,765.	13,323,976.	14,913,182.	22,316,519.	14,374,498.	76,363,940.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3,207.	127.	218.			3,552.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	3,207.	127.	218.			3,552.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	96,858.	134,905.	161,251.	100,756.	21,702.	515,472.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	11,535,830.	13,459,008.	15,074,651.	22,417,275.	14,396,200.	76,882,964.

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	92.74 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	92.30 %

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.00 %
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	.02 %

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

**Part VI 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).

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that 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) (2014)



Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
1	To respect our donors' privacy, we have redacted their personal information.	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	To respect our donors' privacy, we have redacted their personal information.	\$ 49,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	To respect our donors' privacy, we have redacted their personal information.	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	To respect our donors' privacy, we have redacted their personal information.	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	To respect our donors' privacy, we have redacted their personal information.	\$ 14,942.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	To respect our donors' privacy, we have redacted their personal information.	\$ 14,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DESERT BOTANICAL GARDEN, INC.

86-0136925

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

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
7	To respect our donors' privacy, we have redacted their personal information.	\$ 145,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	To respect our donors' privacy, we have redacted their personal information.	\$ 19,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	To respect our donors' privacy, we have redacted their personal information.	\$ 9,121.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	To respect our donors' privacy, we have redacted their personal information.	\$ 10,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	To respect our donors' privacy, we have redacted their personal information.	\$ 15,657.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	To respect our donors' privacy, we have redacted their personal information.	\$ 5,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
13	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	To respect our donors' privacy, we have redacted their personal information.	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	To respect our donors' privacy, we have redacted their personal information.	\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	To respect our donors' privacy, we have redacted their personal information.	\$ 45,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	To respect our donors' privacy, we have redacted their personal information.	\$ 11,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	To respect our donors' privacy, we have redacted their personal information.	\$ 11,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
19	To respect our donors' privacy, we have redacted their personal information.	\$ 5,100.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	To respect our donors' privacy, we have redacted their personal information.	\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	To respect our donors' privacy, we have redacted their personal information.	\$ 25,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	To respect our donors' privacy, we have redacted their personal information.	\$ 8,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
25	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	To respect our donors' privacy, we have redacted their personal information.	\$ 64,514.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	To respect our donors' privacy, we have redacted their personal information.	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	To respect our donors' privacy, we have redacted their personal information.	\$ 8,682.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	To respect our donors' privacy, we have redacted their personal information.	\$ 8,386.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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DESERT BOTANICAL GARDEN, INC.

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

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
31	To respect our donors' privacy, we have redacted their personal information.	\$ 26,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	To respect our donors' privacy, we have redacted their personal information.	\$ 5,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	To respect our donors' privacy, we have redacted their personal information.	\$ 5,650.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	To respect our donors' privacy, we have redacted their personal information.	\$ 10,161.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	To respect our donors' privacy, we have redacted their personal information.	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	To respect our donors' privacy, we have redacted their personal information.	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

DESERT BOTANICAL GARDEN, INC.

86-0136925

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

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
37	To respect our donors' privacy, we have redacted their personal information.	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	To respect our donors' privacy, we have redacted their personal information.	\$ 37,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	To respect our donors' privacy, we have redacted their personal information.	\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	To respect our donors' privacy, we have redacted their personal information.	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	To respect our donors' privacy, we have redacted their personal information.	\$ 5,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DESERT BOTANICAL GARDEN, INC.

86-0136925

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

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
43	To respect our donors' privacy, we have redacted their personal information.	\$ 16,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	To respect our donors' privacy, we have redacted their personal information.	\$ 10,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	To respect our donors' privacy, we have redacted their personal information.	\$ 32,649.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
46	To respect our donors' privacy, we have redacted their personal information.	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	To respect our donors' privacy, we have redacted their personal information.	\$ 25,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
49	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;">                     To respect our donors' privacy, we have redacted their personal information.                 </div>	\$ <u>5,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;">                     To respect our donors' privacy, we have redacted their personal information.                 </div>	\$ <u>15,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;">                     To respect our donors' privacy, we have redacted their personal information.                 </div>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;">                     To respect our donors' privacy, we have redacted their personal information.                 </div>	\$ <u>8,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
53	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;">                     To respect our donors' privacy, we have redacted their personal information.                 </div>	\$ <u>15,706.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;">                     To respect our donors' privacy, we have redacted their personal information.                 </div>	\$ <u>23,157.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
55	To respect our donors' privacy, we have redacted their personal information.	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	To respect our donors' privacy, we have redacted their personal information.	\$ 105,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	To respect our donors' privacy, we have redacted their personal information.	\$ 88,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	To respect our donors' privacy, we have redacted their personal information.	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	To respect our donors' privacy, we have redacted their personal information.	\$ 7,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
61	To respect our donors' privacy, we have redacted their personal information.	\$ 6,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	To respect our donors' privacy, we have redacted their personal information.	\$ 16,336.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	To respect our donors' privacy, we have redacted their personal information.	\$ 220,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	To respect our donors' privacy, we have redacted their personal information.	\$ 4,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	To respect our donors' privacy, we have redacted their personal information.	\$ 16,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DESERT BOTANICAL GARDEN, INC.

86-0136925

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

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
67	To respect our donors' privacy, we have redacted their personal information.	\$ 11,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	To respect our donors' privacy, we have redacted their personal information.	\$ 18,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
69	To respect our donors' privacy, we have redacted their personal information.	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	To respect our donors' privacy, we have redacted their personal information.	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	To respect our donors' privacy, we have redacted their personal information.	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	To respect our donors' privacy, we have redacted their personal information.	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

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DESERT BOTANICAL GARDEN, INC.

86-0136925

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

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
73	To respect our donors' privacy, we have redacted their personal information.	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	To respect our donors' privacy, we have redacted their personal information.	\$ 22,382.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75	To respect our donors' privacy, we have redacted their personal information.	\$ 13,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	To respect our donors' privacy, we have redacted their personal information.	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	To respect our donors' privacy, we have redacted their personal information.	\$ 17,134.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
78	To respect our donors' privacy, we have redacted their personal information.	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
79	To respect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	To respect our donors' privacy, we have redacted their personal information.	\$ <u>6,467.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	To respect our donors' privacy, we have redacted their personal information.	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	To respect our donors' privacy, we have redacted their personal information.	\$ <u>16,052.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83	To respect our donors' privacy, we have redacted their personal information.	\$ <u>27,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
84	To respect our donors' privacy, we have redacted their personal information.	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
85	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
86	To respect our donors' privacy, we have redacted their personal information.	\$ 9,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
87	To respect our donors' privacy, we have redacted their personal information.	\$ 194,072.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
88	To respect our donors' privacy, we have redacted their personal information.	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	To respect our donors' privacy, we have redacted their personal information.	\$ 10,296.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
90	To respect our donors' privacy, we have redacted their personal information.	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DESERT BOTANICAL GARDEN, INC.

86-0136925

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

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
91	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	To respect our donors' privacy, we have redacted their personal information.	\$ 8,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	To respect our donors' privacy, we have redacted their personal information.	\$ 8,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	To respect our donors' privacy, we have redacted their personal information.	\$ 15,147.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
95	To respect our donors' privacy, we have redacted their personal information.	\$ 11,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	To respect our donors' privacy, we have redacted their personal information.	\$ 5,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
97	To respect our donors' privacy, we have redacted their personal information.	\$ 8,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	To respect our donors' privacy, we have redacted their personal information.	\$ 73,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
99	To respect our donors' privacy, we have redacted their personal information.	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	To respect our donors' privacy, we have redacted their personal information.	\$ 33,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	To respect our donors' privacy, we have redacted their personal information.	\$ 9,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
102	To respect our donors' privacy, we have redacted their personal information.	\$ 44,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DESERT BOTANICAL GARDEN, INC.

86-0136925

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

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
103	To respect our donors' privacy, we have redacted their personal information.	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	To respect our donors' privacy, we have redacted their personal information.	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	To respect our donors' privacy, we have redacted their personal information.	\$ 6,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	To respect our donors' privacy, we have redacted their personal information.	\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
107	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	To respect our donors' privacy, we have redacted their personal information.	\$ 30,849.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
109	To respect our donors' privacy, we have redacted their personal information.	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	To respect our donors' privacy, we have redacted their personal information.	\$ 13,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
111	To respect our donors' privacy, we have redacted their personal information.	\$ 14,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	To respect our donors' privacy, we have redacted their personal information.	\$ 5,533.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	To respect our donors' privacy, we have redacted their personal information.	\$ 5,661.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
114	To respect our donors' privacy, we have redacted their personal information.	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
115	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	To respect our donors' privacy, we have redacted their personal information.	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	To respect our donors' privacy, we have redacted their personal information.	\$ 131,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	To respect our donors' privacy, we have redacted their personal information.	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	To respect our donors' privacy, we have redacted their personal information.	\$ 6,034.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
121	To respect our donors' privacy, we have redacted their personal information.	\$ 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	To respect our donors' privacy, we have redacted their personal information.	\$ 6,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	To respect our donors' privacy, we have redacted their personal information.	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	To respect our donors' privacy, we have redacted their personal information.	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	To respect our donors' privacy, we have redacted their personal information.	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	To respect our donors' privacy, we have redacted their personal information.	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
127	To respect our donors' privacy, we have redacted their personal information.	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	To respect our donors' privacy, we have redacted their personal information.	\$ 8,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	To respect our donors' privacy, we have redacted their personal information.	\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	To respect our donors' privacy, we have redacted their personal information.	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
133	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;">                     To respect our donors' privacy, we have redacted their personal information.                 </div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;">                     To respect our donors' privacy, we have redacted their personal information.                 </div>	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;">                     To respect our donors' privacy, we have redacted their personal information.                 </div>	\$ 7,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
136	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;">                     To respect our donors' privacy, we have redacted their personal information.                 </div>	\$ 14,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number  <b>86-0136925</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	425,000 MILES FOR STAFF TRAVEL; 175,000 MILES FOR GALA SILENT AUCTION	\$ 17,500.	03/18/15
3	PRINT CREDIT FOR 2016 GALA	\$ 15,000.	03/10/15
5	119 TREES	\$ 14,942.	10/13/14
7	DISCOUNTED ADVERTISING	\$ 120,380.	10/01/14
8	CATERING FOR MULTIPLE EVENTS	\$ 19,000.	03/27/15
9	CATERING FOR MULTIPLE EVENTS	\$ 9,121.	03/27/15



Name of organization  <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number  <b>86-0136925</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	LUNCH FOR DONOR RECOGNITION COMMITTEE MEETING _____ _____	\$ <u>156.</u>	<u>11/11/14</u>
11	CATERING FOR AGAVE ON THE ROCKS 2015 _____ _____	\$ <u>15,657.</u>	<u>03/27/15</u>
16	DONATION FOR GALA SILENT AUCTION _____ _____	\$ <u>10,610.</u>	<u>09/30/15</u>
18	DONATION FOR GALA SILENT AUCTION _____ _____	\$ <u>40.</u>	<u>09/30/15</u>
19	CATERING FOR AGAVE ON THE ROCKS 2015 _____ _____	\$ <u>5,100.</u>	<u>03/27/15</u>
22	DONATION FOR GALA SILENT AUCTION _____ _____	\$ <u>300.</u>	<u>09/30/15</u>

Name of organization  <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number  <b>86-0136925</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
24	A 7' TALL, DOUBLE-HEADED BOOJUM TREE	\$ 5,000.	11/18/14
25	A 7' TALL, DOUBLE-HEADED BOOJUM TREE	\$ 5,000.	11/18/14
26	13,100 COUPONS AND 285 FREE BURRITOS	\$ 64,514.	02/13/15
29	RENTAL DISCOUNT AND LINENS AND GLASSWARE FOR MULTIPLE EVENTS	\$ 8,682.	02/21/15
30	DONATIONS FOR GALA SILENT AUCTION	\$ 4,686.	09/30/15
31	DONATION FOR GALA SILENT AUCTION	\$ 40.	09/30/15

Name of organization  <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number  <b>86-0136925</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
33	CATERING FOR MULTIPLE EVENTS	\$ 5,650.	04/19/15
34	CATERING FOR AGAVE ON THE ROCKS 2015	\$ 10,161.	03/27/15
44	DONATION FOR GALA SILENT AUCTION	\$ 27.	09/30/15
45	CATERING FOR MULTIPLE EVENTS; COOKING DEMOS	\$ 32,649.	03/27/15
52	DONATIONS FOR GALA SILENT AUCTION	\$ 4,750.	09/30/15
54	CATERING FOR AGAVE ON THE ROCKS 2015; COOKING DEMOS; DONATIONS FOR GALA SILENT AUCTION	\$ 23,157.	02/21/15

Name of organization  <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number  <b>86-0136925</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
60	DONATION FOR GALA SILENT AUCTION _____ _____ _____	\$ _____ 50.	09/30/15
61	DONATIONS FOR GALA SILENT AUCTION _____ _____ _____	\$ _____ 2,747.	05/15/15
63	CATERING FOR AGAVE ON THE ROCKS 2015; DONATION FOR GALA SILENT AUCTION _____ _____	\$ _____ 16,336.	03/27/15
68	MEALS FOR VARIOUS MEETINGS AND TRIPS, DONATION FOR GALA SILENT AUCTION _____ _____	\$ _____ 5,918.	10/05/14
74	DONATIONS FOR GALA SILENT AUCTION _____ _____ _____	\$ _____ 9,782.	09/30/15
77	DONATION FOR GALA SILENT AUCTION _____ _____ _____	\$ _____ 40.	09/30/15

Name of organization  <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number  <b>86-0136925</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
82	CATERING FOR MULTIPLE EVENTS _____ _____ _____	\$ 16,052.	04/19/15
83	DONATIONS FOR GALA SILENT AUCTION _____ _____ _____	\$ 100.	09/30/15
85	DONATIONS FOR GALA SILENT AUCTION _____ _____ _____	\$ 5,000.	09/30/15
86	DONATIONS FOR GALA SILENT AUCTION _____ _____ _____	\$ 1,828.	09/30/15
87	VARIOUS SOFTWARE _____ _____ _____	\$ 194,072.	09/30/15
89	DONATIONS FOR GALA SILENT AUCTION _____ _____ _____	\$ 546.	09/30/15



Name of organization  <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number  <b>86-0136925</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
94	CATERING FOR AGAVE ON THE ROCKS 2015 _____ _____ _____	\$ 15,147.	03/27/15
96	LUNCH FOR COMMITTEE MEETING; DONATION FOR GALA SILENT AUCTION _____ _____ _____	\$ 189.	09/30/15
98	WINE PURCHASE FOR DINNER ON THE DESERT _____ _____ _____	\$ 110.	09/30/15
101	ADVERTISING DISCOUNTS _____ _____ _____	\$ 4,696.	05/12/15
106	ASSORTED CONTAINERS _____ _____ _____	\$ 2,800.	09/30/15
108	CATERING FOR MULTIPLE EVENTS _____ _____ _____	\$ 30,849.	04/19/15

Name of organization  <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number  <b>86-0136925</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
110	DONATIONS FOR GALA SILENT AUCTION _____ _____ _____	\$ <u>3,594.</u>	<u>09/30/15</u>
113	PHOTO NOTECARDS _____ _____ _____	\$ <u>411.</u>	<u>09/30/15</u>
120	DONATION FOR GALA SILENT AUCTION _____ _____ _____	\$ <u>34.</u>	<u>09/30/15</u>
135	DONATIONS FOR GALA SILENT AUCTION _____ _____ _____	\$ <u>700.</u>	<u>09/30/15</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, etc.), a table for 'Held at the End of the Tax Year' with rows 2a-2d, and various questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a, 2b regarding reporting requirements and amounts for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,450,587.	10,451,623.	9,715,876.	9,327,182.	9,218,659.
b Contributions	22,729.	731,430.	216,224.	<379,198.>	108,523.
c Net investment earnings, gains, and losses	<632,990.>	758,599.	1,026,065.	1,338,225.	<494,099.>
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	519,604.	491,065.	506,542.	570,333.	<494,099.>
g End of year balance	10,320,722.	11,450,587.	10,451,623.	9,715,876.	9,327,182.

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		14,428,640.	5,807,318.	8,621,322.
c Leasehold improvements		20,185,822.	8,845,442.	11,340,380.
d Equipment		3,369,324.	2,560,801.	808,523.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,770,225.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTE PAYABLE COMMUNITY FOUNDATION	200,000.
(3) DEFERRED RENT	127,276.
(4) PLEDGE TO NONPROFIT ORGANIZATION	75,000.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	402,276.

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

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

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	13,343,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	<2,224.>	
b	Donated services and use of facilities	2b	620,158.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	<7,700.>	
e	Add lines 2a through 2d	2e		610,234.
3	Subtract line 2e from line 1		3	12,733,712.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	492,418.	
c	Add lines 4a and 4b	4c		492,418.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,226,130.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	14,229,038.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	620,158.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	70,140.	
e	Add lines 2a through 2d	2e		690,298.
3	Subtract line 2e from line 1		3	13,538,740.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	13,538,740.

**Part XIII Supplemental Information.**

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

**PART III, LINE 1A:**

COLLECTIONS INCLUDE THE GARDEN'S LIBRARY AND LIVING PLANT COLLECTION, WHICH ARE ON DISPLAY FOR THE GENERAL PUBLIC. THESE COLLECTION ITEMS ARE NOT CAPITALIZED BY THE GARDEN. THE GARDEN'S LIBRARY CONSISTS OF OVER 400 BOTANICAL PERIODICALS AND OVER 6,700 RARE BOOKS, INCLUDING FLORISTIC, ECOLOGICAL AND HORTICULTURAL WORKS THAT RELATE TO THE DESERTS OF THE WORLD. THE LIBRARY ALSO INCLUDES MATERIALS ON BOTANICAL ILLUSTRATION, PLANT TAXONOMY AND NOMENCLATURE, EDIBLE AND USEFUL PLANTS, RARE AND ENDANGERED PLANTS, AND DESERT ECOLOGY AND CONSERVATION.

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

**Part XIII** Supplemental Information (continued)

COLLECTION ITEMS ARE PRESERVED AND PROTECTED. BASED ON AN INDEPENDENT STUDY CONDUCTED IN 2005 BY AN ADVISOR FROM ARIZONA STATE UNIVERSITY, A VALUE OF \$20 WAS ESTIMATED FOR EACH UNPROCESSED HERBARIUM SPECIMEN AND A VALUE OF \$35 WAS ESTIMATED FOR EACH PROCESSED HERBARIUM SPECIMEN. ADJUSTING THESE AMOUNTS IN 2015 FOR THE ANNUAL CONSUMER PRICE INDEX ("CPI"), THE GARDEN ESTIMATES THAT THE VALUE OF EACH UNPROCESSED SPECIMEN IS APPROXIMATELY \$24 AND THE PROCESSED SPECIMEN VALUE IS APPROXIMATELY \$43, FOR AN ESTIMATED TOTAL OF HERBARIUM SPECIMENS OF APPROXIMATELY \$3,700,000. IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY GARDENS, SPECIMENS CONTRIBUTED TO THE GARDEN ARE NOT INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

COSTS OF PURCHASING COLLECTION ITEMS ARE INCLUDED AS A CHANGE IN UNRESTRICTED NET ASSETS IN "PROGRAM EXPENSE" IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF ACTIVITIES. DURING THE YEAR ENDED SEPTEMBER 30, 2015, ACQUISITIONS AND DE-ACCESSIONS OF COLLECTION ITEMS WERE NOT SIGNIFICANT.

PART III, LINE 4:

COLLECTIONS INCLUDE THE GARDEN'S LIBRARY AND LIVING PLANT COLLECTION, WHICH ARE ON DISPLAY FOR THE GENERAL PUBLIC. THESE COLLECTION ITEMS ARE NOT CAPITALIZED BY THE GARDEN. THE GARDEN'S LIBRARY CONSISTS OF OVER 400 BOTANICAL PERIODICALS AND OVER 6,700 RARE BOOKS, INCLUDING FLORISTIC, ECOLOGICAL AND HORTICULTURAL WORKS THAT RELATE TO THE DESERTS OF THE WORLD. THE LIBRARY ALSO INCLUDES MATERIALS ON BOTANICAL ILLUSTRATION, PLANT TAXONOMY AND NOMENCLATURE, EDIBLE AND USEFUL PLANTS, RARE AND ENDANGERED PLANTS, AND DESERT ECOLOGY AND CONSERVATION.

**Part XIII** Supplemental Information (continued)

THE LIVING PLANT COLLECTION CONSISTS OF PLANTS THAT ARE RARE AND DIFFICULT TO REPLACE. THE GARDEN EMPLOYS HORTICULTURISTS TO ENSURE THAT THE COLLECTION ITEMS ARE PRESERVED AND PROTECTED. BASED ON AN INDEPENDENT STUDY CONDUCTED IN 2005 BY AN ADVISOR FROM ARIZONA STATE UNIVERSITY, A VALUE OF \$20 WAS ESTIMATED FOR EACH UNPROCESSED HERBARIUM SPECIMEN AND A VALUE OF \$35 WAS ESTIMATED FOR EACH PROCESSED HERBARIUM SPECIMEN. ADJUSTING THESE AMOUNTS IN 2015 FOR THE ANNUAL CONSUMER PRICE INDEX ("CPI"), THE GARDEN ESTIMATES THAT THE VALUE OF EACH UNPROCESSED SPECIMEN IS APPROXIMATELY \$24 AND THE PROCESSED SPECIMEN VALUE IS APPROXIMATELY \$43, FOR AN ESTIMATED TOTAL OF HERBARIUM SPECIMENS OF APPROXIMATELY \$3,700,000. IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY GARDENS, SPECIMENS CONTRIBUTED TO THE GARDEN ARE NOT INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

COSTS OF PURCHASING COLLECTION ITEMS ARE INCLUDED AS A CHANGE IN UNRESTRICTED NET ASSETS IN "PROGRAM EXPENSE" IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF ACTIVITIES. DURING THE YEAR ENDED SEPTEMBER 30, 2015, ACQUISITIONS AND DE-ACCESSIONS OF COLLECTION ITEMS WERE NOT SIGNIFICANT.

PART V, LINE 4:

THE ENDOWMENT IS HELD BY THE ORGANIZATION'S SUPPORTING ORGANIZATION AND ITS INDENDED USE IS TO PROVIDE A PERMANENT ENDOWMENT WITH INVESTMENT INCOME AVAILABLE FOR THE OPERATING EXPENSES OF THE GARDEN.

PART X, LINE 2:

THE GARDEN IS A NONPROFIT CORPORATION EXEMPT FROM BOTH FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE

**Part XIII** Supplemental Information (continued)

"IRC") AND SIMILAR STATE PROVISIONS. IN ADDITION, THE GARDEN QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE IRC AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME WOULD BE TAXED.

THE GARDEN FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN CERTAIN STATE AND LOCAL JURISDICTIONS. AS OF SEPTEMBER 30, 2015, U.S. FEDERAL INFORMATION RETURNS FOR YEARS ENDED PRIOR TO SEPTEMBER 30, 2012 AND STATE RETURNS FOR YEARS ENDED PRIOR TO SEPTEMBER 30, 2011 WERE CLOSED TO ASSESSMENT. INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A COMPONENT OF ADMINISTRATION EXPENSES WHEN ASSESSED.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE REPORTED ON DESERT BOTANICAL GARDEN FOUNDATION EIN:

26-3305761	-615,794.
TRANSFER OF CONTRIBUTIONS TO FOUNDATION	608,094.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-7,700.



**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECEIVABLE DISCOUNT 46,954.

GRANTS FROM DESERT BOTANICAL GARDEN FOUNDATION 445,464.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 492,418.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED ON DESERT BOTANICAL GARDEN FOUNDATION

EIN: 26-3305761 70,140.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		DINNER ON THE DESERT (event type)	LUMINARIA (event type)	9 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	629,718.	1,187,467.	440,429.	2,257,614.
	2	Less: Contributions	465,093.	894,952.	247,016.	1,607,061.
	3	Gross income (line 1 minus line 2)	164,625.	292,515.	193,413.	650,553.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	164,625.	292,515.	193,413.	650,553.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				650,553.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16 Gaming manager information:**

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17 Mandatory distributions:**

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

**DESERT BOTANICAL GARDEN, INC.**

**Part I General Information on Grants and Assistance**

Employer identification number  
**86-0136925**

.....  Yes  No

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(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
ASU FOUNDATION: FOR A NEW AMERICAN UNIVERSITY - 300 E. UNIVERSITY DRIVE - TEMPE, AZ 65281-2033	86-6051042	501(C)(3)	25,000.	0.			FELLOWSHIP PROGRAM FOR A PHD STUDENT CONDUCTING DESERT RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
- 3 Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) (2014)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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.

**PART I, LINE 2:**  
 A FELLOWSHIP AWARD PAYMENT TO ASU OF \$25,000 ANNUALLY TO SUPPORT A  
 POST-GRADUATE RESEARCHER. THE STUDENT'S WORK WILL BE MONITORED BY  
 REPRESENTATIVES OF ASU AND THE DESERT BOTANICAL GARDEN.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**DESERT BOTANICAL GARDEN, INC.**

Employer identification number

**86-0136925**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>	<b>X</b>	
<b>4c</b>	<b>X</b>	
<b>5a</b>	<b>X</b>	
<b>5b</b>		<b>X</b>
<b>6a</b>	<b>X</b>	
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEN SCHUTZ EXECUTIVE DIRECTOR	(i) 230,000.	(ii) 29,242.	(iii) 0.	40,500.	890.	300,632.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARYLYNN MACK DEPUTY DIRECTOR	(i) 134,121.	(ii) 20,559.	(iii) 0.	7,734.	7,969.	170,383.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BEVERLY DUZIK DEVELOPMENT DIRECTOR	(i) 129,227.	(ii) 19,809.	(iii) 0.	7,685.	6,699.	163,420.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL OLSON FINANCE DIRECTOR	(i) 118,458.	(ii) 18,159.	(iii) 0.	16,752.	890.	154,259.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
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(ii)							
(i)							
(ii)							

**Part III Supplemental Information**

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

PART I, LINES 4B-C:

KEN SCHUTZ \$25,000 NONQUALIFIED RETIREMENT PLAN THAT IS NON-ELIGIBLE UNTIL RETIREMENT.

PART I, LINE 5:

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

PART I, LINE 6:

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

PART I, LINE 7:

PERFORMANCE BASED INCENTIVE PLAN

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( <u>SOFTWARE</u> )	X	1	194,072.	FMV
26	Other ▶ ( <u>AUCTION ITEMS</u> )	X	1,000	149,749.	FMV
27	Other ▶ ( <u>PLANTS</u> )	X	18	37,522.	FMV
28	Other ▶ ( <u>SUPPLIES</u> )	X	5	1,051.	FMV
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes No X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No X
b	If "Yes," describe in Part II.				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Schedule M (Form 990) (2014)



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A BROKER TO SELL NON-CASH STOCK CONTRIBUTIONS.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

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

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

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

LAWFUL ACT OR ACTIVITY NOT FOR PECUNIARY PROFIT FOR WHICH NONPROFIT

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

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

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

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

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

501(C)(3) OF THE CODE.

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

PROMOTES A SCIENTIFICALLY AND ENVIRONMENTALLY LITERATE COMMUNITY

THROUGH HANDS-ON, NATURE-BASED LEARNING, AND GARDEN STAFF AND

RESOURCES. THESE PLACE-BASED EXPERIENCES INSPIRE A CONNECTION TO THE

UNIQUE WONDERS OF THE SONORAN DESERT, ENCOURAGE CONSERVATION OF THE

NATURAL WORLD, AND IGNITE A LIFE-LONG APPRECIATION FOR THE ENVIRONMENT.

INFORMAL PROGRAMS SPAN THE AGES OF INFANTS TO TEENAGERS ALONGSIDE THEIR

CAREGIVERS THROUGH INQUIRY-BASED INVESTIGATIONS THAT INCORPORATE ART,

SCIENCE, MUSIC, AND MUCH MORE. WE SERVED APPROXIMATELY 700 CHILDREN IN

FAMILY PROGRAMS IN 2014-2015. PROGRAMS SPECIFICALLY FOR STUDENTS AND

TEACHERS ARE DESIGNED FOR PREK-8TH GRADE AND CORRELATE WITH ARIZONA'S

COLLEGE AND CAREER READY STANDARDS. WE SERVED ABOUT 25,000

PARTICIPANTS IN THE 2014-2015 SCHOOL PROGRAMS.

Name of the organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
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RESEARCH - INVESTIGATING THE BIOLOGY, ECOLOGY, AND CONSERVATION OF THE DESERT PLANTS AND ENVIRONMENT. THE GARDEN HAS AN EXTENSIVE HERBARIUM CONTAINING NEARLY 80,000 PLANT SPECIMENS AND A LIBRARY WITH OVER 9,300 BOOK TITLES AND 500 BOTANICAL JOURNALS AND NEWSLETTER TITLES TO ASSIST THE PUBLIC AND RESEARCHERS IN THEIR STUDIES. THE GARDEN IS ALSO A PRIMARY RESEARCH CENTER AND HAS A PERMANENT RESEARCH STAFF CONDUCTING A NUMBER OF ONGOING RESEARCH PROJECTS. DURING THE CURRENT YEAR, THE GARDEN PUBLISHED 14 PEER-REVIEWED PAPERS RESULTING FROM THEIR RESEARCH AND GAVE 15 PRESENTATIONS AT PROFESSIONAL MEETINGS.

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

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

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

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

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

Name of the organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
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MEMBERS SIGN THE FORMS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVE DIRECTOR IS PERFORMED ANNUALLY BY THE MEMBERS OF THE PERSONNEL COMMITTEE, A COMMITTEE OF THE BOARD OF TRUSTEES AND A NON-BOARD MEMBER WHO SERVES AS A HUMAN RESOURCE CONSULTANT. THE PERSONNEL COMMITTEE USES COMPARABLE DATA TO DETERMINE COMPENSATION BY CALLING OTHER NON-PROFITS OF EQUAL SIZE AND ALSO USES TOOLS SUCH AS GUIDESTAR AND OTHER PERSONNEL BASED WEB SITES. THE CURRENT FISCAL YEAR INCLUDED AN UPDATED COMPENSATION STUDY.

FORM 990, PART VI, SECTION C, LINE 19:

THE GARDEN POSTS ITS FORMS 990 AND ITS AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE WWW.DBG.ORG, AVAILABLE FOR PUBLIC VIEWING. ANNUAL REPORTS ARE FILED WITH AZ CORPORATION COMMISSION, WHICH ARE AVAILABLE ON THE WEB.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RECEIVABLE DISCOUNT	-46,954.
TRANSFER OF ENDOWMENT TO DESERT BOTANICAL GARDEN FOUNDATION	
TOTAL TO FORM 990, PART XI, LINE 9	-46,954.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION ADDED AN AUDIT COMMITTEE DURING THE YEAR TO OVERSEE THE AUDIT OF THE FINANCIAL STATEMENTS. THIS CHANGE IS REFLECTED IN THE ORGANIZATION'S AMENDED BYLAWS.

**SCHEDULE R (Form 990)** OMB No. 1545-0047  
**2014**  
 Department of the Treasury Internal Revenue Service  
**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.  
 Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).  
 Name of the organization: **DESERT BOTANICAL GARDEN, INC.**  
 Employer identification number: **86-0136925**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" 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	(e) End-of-year assets	(f) Direct controlling entity
DBG AGAVE, LLC 1201 N. GALVIN PKWY PHOENIX, AZ 85008	RECEIVING AND HOLDING CONTRIBUTED INTERESTS IN REAL ESTATE.	ARIZONA	0.	0.	DESERT BOTANICAL GARDEN, INC.

**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.

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

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

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

**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.

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



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" 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.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DESERT BOTANICAL GARDEN FOUNDATION	S	445,464.CASH	
(2)			
(3)			
(4)			
(5)			
(6)			

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



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

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

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

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

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

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

MICHAEL OLSON

- The books are in the care of  1201 N. GALVIN PARKWAY - PHOENIX, AZ 85008  
Telephone No.  480-481-8155 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until AUGUST 15, 2016.

5 For calendar year \_\_\_\_\_, or other tax year beginning OCT 1, 2014, and ending SEP 30, 2015.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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

**Signature and Verification must be completed for Part II only.**

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

Signature  Title  TAXPAYER'S AUTH. REP. Date  5/11/16