

<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 FAIRCHILD TROPICAL BOTANIC GARDEN INC	
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) 10901 OLD CUTLER ROAD	Room/suite
	City or town, state or province, and ZIP or foreign postal code CORAL GABLES, FL 33156	
	<b>F</b> Name and address of principal officer: CARL LEWIS 10901 OLD CUTLER ROAD CORAL GABLES, FL 33156	

Activities & Governance

1

Briefly describe the organization's mission or most significant activities:  
WE HARNESS THE POWER OF PLANTS FOR HUMANKIND AND SHARE THE JOY AND BEAUTY OF TROPICAL GARDENING WITH EVERYONE. FAIRCHILD TROPICAL BOTANIC GARDEN IS A MUSEUM OF TROPICAL PLANTS WITHIN A WORLD FAMOUS, 83-ACRE DESIGNED LANDSCAPE. IT WAS ESTABLISHED IN 1936 TO HONOR THE LEGACY OF DR. DAVID FAIRCHILD, THE NATION'S FOREMOST BOTANICAL EXPLORER. THE GARDEN'S FOUNDERS ENVISIONED AN INSTITUTION THAT WOULD FOSTER SCIENTIFIC DISCOVERY WHILE INCREASING AWARENESS OF THE BEAUTY AND PLANT DIVERSITY FOUND IN THE TROPICS. TODAY, FAIRCHILD IS THE BEST PLACE IN THE CONTINENTAL USA TO SEE AND STUDY TROPICAL PLANTS. IT IS A CRITICAL EDUCATIONAL AND SCIENTIFIC RESOURCE FOR THE NATION AND THE WORLD. FAIRCHILD IS THE LARGEST BOTANICAL INSTITUTION IN THE MIAMI/SOUTH FLORIDA METROPOLITAN AREA AND AN ATTRACTION FOR VISITORS FROM ALL PARTS OF THE WORLD. IT ADVANCES, BRINGS AWARENESS TO, AND ENGAGES THE PUBLIC IN THE FIELD OF BOTANY, WHICH AIMS TO (1) UNDERSTAND PLANTS AND HOW THEY WORK, (2) MAXIMIZE THE VALUE OF P

2

Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3

Number of voting members of the governing body (Part VI, line 1a)

3

35

4

Number of independent voting members of the governing body (Part VI, line 1b)

4

35

5

Total number of individuals employed in calendar year 2021 (Part V, line 2a)

5

103

6

Total number of volunteers (estimate if necessary)

6

503

7a

Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

b

Net unrelated business taxable income from Form 990-T, Part I, line 11

7b

Revenue

8

Contributions and grants (Part VIII, line 1h)

Prior Year

5,200,700

Current Year

6,414,790

9

Program service revenue (Part VIII, line 2g)

2,841,718

4,028,136

10

Investment income (Part VIII, column (A), lines 3, 4, and 7d )

41,377

155,064

11

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,248,762

985,740

12

Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

9,332,557

11,583,730

Expenses

13

Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

0

14

Benefits paid to or for members (Part IX, column (A), line 4)

0

15

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

3,966,628

4,314,771

16a

Professional fundraising fees (Part IX, column (A), line 11e)

0

b

Total fundraising expenses (Part IX, column (D), line 25) ▶414,508

17

Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

5,047,915

6,583,549

18

Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

9,014,543

10,898,320

19

Revenue less expenses. Subtract line 18 from line 12

318,014

685,410

Net Assets or Fund Balances

20

Total assets (Part X, line 16)

Beginning of Current Year

47,329,393

End of Year

46,907,344

21

Total liabilities (Part X, line 26)

1,050,953

782,729

22

Net assets or fund balances. Subtract line 21 from line 20

46,278,440

46,124,615

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				2023-09-15
	BRUCE W GREER PRESIDENT				Date
Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature		Date
	Firm's name ▶ GUTIERREZ MADARIAGA CPA PA		Date 2023-09-15		Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 8025 NW 162ND ST		Firm's EIN ▶ 94-3458074		PTIN P01396578
		MIAMI LAKES, FL 33016		Phone no. (305) 778-1899	

Part III	<b>Statement of Program Service Accomplishments</b>
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Check if Schedule O contains a response or note to any line in this Part III ☒

**1** Briefly describe the organization's mission:

WE HARNESS THE POWER OF PLANTS FOR HUMANKIND AND SHARE THE JOY AND BEAUTY OF TROPICAL GARDENING WITH EVERYONE. FAIRCHILD TROPICAL BOTANIC GARDEN IS A MUSEUM OF TROPICAL PLANTS WITHIN A WORLD FAMOUS, 83-ACRE DESIGNED LANDSCAPE. IT WAS ESTABLISHED IN 1936 TO HONOR THE LEGACY OF DR. DAVID FAIRCHILD, THE NATION'S FOREMOST BOTANICAL EXPLORER. THE GARDEN'S FOUNDERS ENVISIONED AN INSTITUTION THAT WOULD FOSTER SCIENTIFIC DISCOVERY WHILE INCREASING AWARENESS OF THE BEAUTY AND PLANT DIVERSITY FOUND IN THE TROPICS. TODAY, FAIRCHILD IS THE BEST PLACE IN THE CONTINENTAL USA TO SEE AND STUDY TROPICAL PLANTS. IT IS A CRITICAL EDUCATIONAL AND SCIENTIFIC RESOURCE FOR THE NATION AND THE WORLD. FAIRCHILD IS THE LARGEST BOTANICAL INSTITUTION IN THE MIAMI/SOUTH FLORIDA METROPOLITAN AREA AND AN ATTRACTION FOR VISITORS FROM ALL PARTS OF THE WORLD. IT ADVANCES, BRINGS AWARENESS TO, AND ENGAGES THE PUBLIC IN THE FIELD OF BOTANY, WHICH AIMS TO (1) UNDERSTAND PLANTS AND HOW THEY WORK, (2) MAXIMIZE THE VALUE OF P

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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 9,143,592 including grants of \$ ) (Revenue \$ )

PLANT INTRODUCTION AND HORTICULTURE- THE SOUTHEASTERN TIP OF THE FLORIDA PENINSULA HAS A TROPICAL MONSOONAL CLIMATE UNLIKE ANY OTHER IN THE USA. WITH YEAR-ROUND WARMTH AND RAINY SUMMERS, FAIRCHILD CAN GROW MANY OF THE WORLD'S MOST IMPORTANT, BEAUTIFUL, UNUSUAL, AND ENDANGERED TROPICAL PLANTS. THE GARDEN INCLUDES A RAINFOREST, DESERT GARDENS, PONDS AND LAKES, RARE PLANT CONSERVATORIES, A GARDEN FOR NATIVE BUTTERFLIES, A CONSERVATORY FOR EXOTIC BUTTERFLIES, A NATURE TRAIL, AND SPECIAL SECTIONS EXHIBITING PALMS, VINES, AND TROPICAL TREES. SEPARATE FROM ITS MAIN CAMPUS, FAIRCHILD OPERATES A PLANT NURSERY AND A 20-ACRE TROPICAL FRUIT FARM. KEY COLLECTIONS INCLUDE PALMS, CYCADS, TROPICAL FRUIT TREES, AND ORCHIDS. BEGINNING WITH EXPEDITIONS LED BY DR. DAVID FAIRCHILD IN THE 1930S AND 1940S, THE GARDEN'S SCIENTISTS HAVE ACQUIRED NEW SPECIES OF TROPICAL PLANTS FROM ALL OVER THE WORLD. THE BEST OF THESE PLANTS EARN A PERMANENT SPOT IN FAIRCHILD'S LIVING COLLECTION AND ARE SHARED WITH LOCAL GARDENERS AND THE BROADER HORTICULTURAL COMMUNITY. TODAY, FAIRCHILD WORKS WITH ORGANIZATIONS AND NATIONS WORLDWIDE TO EXCHANGE SPECIMENS AND BRING NEW PLANTS INTO CULTIVATION. RECENT ACQUISITIONS INCLUDE TROPICAL DESERT PLANTS, FRUIT TREES, AQUATIC PLANTS, AND ORCHIDS FROM ALL PARTS OF THE TROPICS. SCIENCE AND CONSERVATION- FAIRCHILD'S LIVING COLLECTION, HERBARIUM, LIBRARY, AND LABORATORIES SUPPORT A UNIQUE SET OF RESEARCH PROJECTS THAT ADVANCE KNOWLEDGE OF TROPICAL PLANTS AND HELP SAVE RARE PLANTS AND ECOSYSTEMS. A DIVERSE TEAM OF STAFF, STUDENTS, AND VOLUNTEERS COLLABORATE ON FIELD BIOLOGY, MOLECULAR RESEARCH, MICROPROPAGATION, AND BIODIVERSITY STUDIES. FAIRCHILD'S TEAM IS CONSTANTLY TEACHING AND LEARNING FROM VISITORS, MEMBERS, STUDENTS, VOLUNTEERS AND THE COMMUNITY OF SCIENTISTS WORLDWIDE. CURRENT SCIENCE AND CONSERVATION PROJECTS INCLUDE STUDIES OF ORCHID ECOLOGY AND RESTORATION, THE EVOLUTION AND CLASSIFICATION OF PALMS, RESTORATION OF SOUTH FLORIDA AND CARIBBEAN ECOSYSTEMS, THE EVOLUTION OF PLANTS ON TROPICAL ISLANDS, AND INTERACTIONS AMONG BIRDS, INSECTS, AND TROPICAL PLANTS. FAIRCHILD STANDS OUT AMONG THE WORLD'S BOTANICAL INSTITUTIONS IN ITS HIGH LEVEL OF CITIZEN SCIENCE, HAVING SEVERAL PROJECTS THAT ENGAGE THE BROADER COMMUNITY IN ADDRESSING IMPORTANT QUESTIONS IN PLANT BIOLOGY. FAIRCHILD HAS THREE LARGE CITIZEN SCIENCE PROGRAMS: (1) CONNECT TO PROTECT, DISTRIBUTING RARE SOUTH FLORIDA NATIVE PLANTS TO LOCAL RESIDENTS, BUSINESSES, AND SCHOOLS TO INCREASE THE REPRESENTATION OF NATIVE FLORA IN URBAN LANDSCAPES AND STUDY BROADER ECOSYSTEM BENEFITS; (2) MILLION ORCHID PROJECT, WORKING WITH STUDENTS, EDUCATORS, VOLUNTEERS, AND SCIENTISTS, TO STUDY STRATEGIES FOR BRINGING SOUTH FLORIDA'S NATIVE ORCHIDS BACK FROM THE BRINK OF EXTINCTION; AND (3) GROWING BEYOND EARTH, FAIRCHILD'S PARTNERSHIP WITH NASA THAT ENGAGES HUNDREDS OF SCHOOL CLASSROOMS NATIONWIDE IN RESEARCH TO IMPROVE PLANT GROWTH AND FOOD PRODUCTION IN SPACE. EDUCATION: CONTINUING EDUCATION, SCHOOL PROGRAMS, INTERPRETATION & PUBLICATIONS, VOLUNTEER & VISITOR SERVICES PROGRAMS- FAIRCHILD IS THE REGION'S LEADING SOURCE OF BOTANICAL EDUCATION, CONNECTING THE BROADER COMMUNITY WITH THE WORLD OF PLANTS AND RELATED TOPICS IN SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH (STEM). THE GARDEN OFFERS A DIVERSITY OF AWARD-WINNING PROGRAMS FOR SCHOOL-AGE STUDENTS, CREDIT AND NON-CREDIT COURSES FOR UNIVERSITY UNDERGRADUATES AND GRADUATES, PROFESSIONAL DEVELOPMENT FOR EDUCATORS, AND CONTINUING EDUCATION OPPORTUNITIES FOR ADULTS. THE AWARD WINNING, INTERDISCIPLINARY, ENVIRONMENTAL SCIENCE COMPETITION, THE FAIRCHILD CHALLENGE, IS DESIGNED TO ENGAGE STUDENTS OF DIVERSE INTERESTS, ABILITIES, TALENTS, AND BACKGROUNDS TO EXPLORE THE WORLD OF PLANTS. REACHING OVER 125,000 STUDENTS ANNUALLY, THE PROGRAM HAS BEEN RECOGNIZED AS A BENCHMARK FOR EXCEPTIONAL STEM EDUCATION AND FOR EMPOWERING PREK-12TH GRADE STUDENTS TO BECOME THE NEXT GENERATION OF SCIENTISTS AND ADVOCATES FOR PLANTS. THE FAIRCHILD CHALLENGE HAS BECOME A MODEL BEYOND SOUTH FLORIDA, INFLUENCING PROGRAMS NATIONALLY AND INTERNATIONALLY. FAIRCHILD'S FIELD TRIP PROGRAMS ENGAGE THOUSANDS OF STUDENTS FROM HUNDREDS OF SCHOOLS EACH YEAR. THE PROGRAMS IMMERSE YOUNG PEOPLE IN HANDS-ON ACTIVITIES AS THEY EXPERIENCE THE SCIENCE AND BEAUTY OF FAIRCHILD. DURING 2020, FAIRCHILD BEGAN OFFERING VIRTUAL FIELD TRIPS ONLINE TO LOCAL SCHOOLS AS WELL AS SCHOOLS FROM OTHER PARTS OF THE NATION AND WORLD. MORE THAN 2,000 PARTICIPANTS ATTEND FAIRCHILD'S CONTINUING EDUCATION CLASSES EACH YEAR. WITH A PORTFOLIO OF OVER 50 DIFFERENT CLASSES, TOPICS INCLUDE TROPICAL GARDENING, COOKING, ART, AND WELLNESS. SINCE 2014, FAIRCHILD HAS HOSTED BIOTECH @ RICHMOND 9-12, A PUBLIC MAGNET HIGH SCHOOL THAT ALLOWS STUDENTS TO SPECIALIZE IN BOTANY. THE ONLY PROGRAM OF ITS KIND IN THE WORLD, THE SCHOOL USES FAIRCHILD AS A VENUE FOR HANDS-ON LEARNING AND INDEPENDENT RESEARCH. COMMUNITY OUTREACH- FAIRCHILD IS A LEADING REGIONAL CULTURAL INSTITUTION AND FAVORITE VISITOR DESTINATION FOR BOTH TOURISTS AND LOCAL RESIDENTS. EVENTS SUCH AS THE INTERNATIONAL MANGO FESTIVAL, THE INTERNATIONAL ORCHID FESTIVAL, AND THE INTERNATIONAL CHOCOLATE FESTIVAL INCLUDE A STRONG EDUCATION COMPONENT. ADDITIONALLY, FAIRCHILD HORTICULTURISTS HAVE ONGOING PROJECTS IN PUBLIC SPACES THROUGHOUT MIAMI TO LABEL TROPICAL LANDSCAPE PLANTS. USING SMARTPHONE-ACCESSIBLE QR CODES, THE PLANT LABELS DELIVER PLANT INFORMATION, INCLUDING IMAGES AND VIDEOS, TO THE PUBLIC. INFRASTRUCTURE- A NEW HIGH-TECH WORK SPACE CALLED THE FAIRCHILD INNOVATION STUDIO OPENED WITHIN TWO NEWLY-RENOVATED BUILDINGS. WITH A FULL SUITE OF DIGITAL DESIGN AND FABRICATION EQUIPMENT, THE INNOVATION STUDIO ALLOWS STUDENTS AND COMMUNITY MEMBERS TO CREATE NEW TECHNOLOGY FOR GROWING FOOD PLANTS. WITH A GRANT FROM NASA, THE INNOVATION STUDIO IS COORDINATING A SERIES OF DESIGN COMPETITIONS AIMED AT DESIGNING NEW TECHNOLOGY FOR GROWING PLANTS IN SPACE.

[illegible][illegible]

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

<b>4e</b>	<b>Total program service expenses ▶</b>	<b>9,143,592</b>
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
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? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f Yes	
12a If "Yes," complete Schedule D, Part X, line 26. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 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? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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? If "Yes," complete Schedule I, Parts I and II	21	No

Part IV

Checklist of Required Schedules (continued)

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

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	No

Part V		Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		2a	103			
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.		2b	Yes			
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .		3a			No	
b		If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . .</i>		3b				
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No	
b		Enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a			No	
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No	
c		If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		5c				
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .		6a			No	
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		6b				
7		Organizations that may receive deductible contributions under section 170(c).						
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		7a			No	
b		If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		7b				
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		7c			No	
d		If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		7d				
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No	
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No	
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		7g			No	
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		7h			No	
8		Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8				
9		Sponsoring organizations maintaining donor advised funds.						
a		Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .		9b				
10		Section 501(c)(7) organizations. Enter:						
a		Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		10a				
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b				
11		Section 501(c)(12) organizations. Enter:						
a		Gross income from members or shareholders . . . . .		11a				
b		Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b				
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a				
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b				
13		Section 501(c)(29) qualified nonprofit health insurance issuers.						
a		Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a				
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		13b				
c		Enter the amount of reserves on hand . . . . .		13c				
14a		Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		14a			No	
b		If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . .</i>		14b				
15		Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15			No	
16		If the organization is a trust, did it file Form 720, Schedule N, to report the section 4968 excise tax on net investment income?		16			No	
17		Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.		17				



Part VI

**Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
1a	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.	1a	35	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	35	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	FL
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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: FAIRCHILD TROPICAL BOTANIC GARDEN 10901 OLD CUTLER ROAD CORAL GABLES, FL 331564233 (305) 677-1651	

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization’s **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

☐ 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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NANNETTE ZAPATA ..... COO	40.00 .....				X			160,997	0	0
(2) CARL LEWIS ..... EXECUTIVE DI	40.00 .....			X				132,633	0	0
(3) MARINA GUZMAN ..... CFO	40.00 .....			X				114,001	0	0
(4) TANYA A ACOSTA ..... TRUSTEE	1.00 .....	X						0	0	0
(5) ALEJANDRO J AGUIRRE ..... TRUSTEE	2.31 .....	X						0	0	0
(6) L JEANNE ARAGON ..... VP/ASST SECR	2.12 .....	X		X				0	0	0
(7) ANNE BADDOUR ..... TRUSTEE	3.37 .....	X						0	0	0
(8) RODNEY BARRETO ..... TRUSTEE	2.88 .....	X						0	0	0
(9) NANCY BATCHELOR ..... TRUSTEE	1.31 .....	X						0	0	0
(10) NORMAN J BENFORD ..... TRUSTEE	1.44 .....	X						0	0	0
(11) FAITH F BISHOCK ..... TRUSTEE	1.35 .....	X						0	0	0
(12) STEPHEN BITTEL ..... TRUSTEE	3.46 .....	X						0	0	0
(13) JOYCE J BURNS ..... SECRETARY	3.37 .....	X		X				0	0	0
(14) JENNIFER STEARNS BUTTRICK ..... VICE PRESIDE	3.13 .....	X		X				0	0	0
(15) BRUCE E CLINTON ..... TRUSTEE	2.85 .....	X						0	0	0
(16) MARTHA CLINTON ..... TRUSTEE	2.71 .....	X						0	0	0
(17) SWANEE DIMARE ..... TRUSTEE	5.00 .....	X						0	0	0

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JANA SIGARS-MALINA ESQ ..... TRUSTEE	1.35 .....	X						0	0	0
(19) ROBERT M KRAMER ESQ ..... TRUSTEE	2.40 .....	X						0	0	0
(20) KENNETH R GRAVES ..... TRUSTEE	2.02 .....	X						0	0	0
(21) BRUCE W GREER ..... PRESIDENT	26.15 .....	X		X				0	0	0
(22) ALLAN HERBERT ..... TRUSTEE	2.08 .....	X						0	0	0
(23) DONNA HRINAK ..... TRUSTEE	1.35 .....	X						0	0	0
(24) LEONARD L ABESS JR ..... TRUSTEE	0.62 .....	X						0	0	0
(25) LOUIS J RISI JR ..... SR.VP/ASST T	6.31 .....	X		X				0	0	0
(26) VINCENT A TRIA JR ..... TRUSTEE	2.31 .....	X						0	0	0
(27) ALEX KRYS ..... TRUSTEE	0.40 .....	X						0	0	0
(28) JAMES KUSHLAN ..... TRUSTEE	1.15 .....	X						0	0	0
(29) LIN L LOUGHEED ..... TRUSTEE	0.50 .....	X						0	0	0
(30) BRUCE C MATHESON ..... TRUSTEE	1.15 .....	X						0	0	0
(31) JENNIFER MOON ..... TRUSTEE	3.02 .....	X						0	0	0
(32) W DAVID MOORE ..... TRUSTEE	2.98 .....	X						0	0	0
(33) JARED MOSKOWITZ ..... TRUSTEE	3.85 .....	X						0	0	0
(34) CHARLES P SACHER ..... TREASURER	1.54 .....	X		X				0	0	0
(35) JOHN SHUBIN ..... TRUSTEE	5.29 .....	X						0	0	0
(36) NOAH VALENSTEIN ..... TRUSTEE	3.56 .....	X						0	0	0
(37) ANGELA W WHITMAN ..... TRUSTEE	4.42 .....	X						0	0	0
(38) ANN ZIFF ..... TRUSTEE	1.13 .....	X						0	0	0

1b Sub-Total . . . . .	▶			
c Total from continuation sheets to Part VII, Section A . . . . .	▶			
d Total (add lines 1b and 1c) . . . . .	▶	407,631		

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3

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

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

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 ▶



Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other	<b>1a</b> Federated campaigns . . <b>b</b> Membership dues . . <b>c</b> Fundraising events . . <b>d</b> Related organizations <b>e</b> Government grants (contributions) <b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>g</b> Noncash contributions included in lines 1a - 1f:\$ <b>h Total.</b> Add lines 1a-1f . . . . .	<b>1a</b>		
Amt Similar Amounts		<b>1b</b>		
		<b>1c</b>		
		<b>1d</b>		
		<b>1e</b>	1,808,207	
		<b>1f</b>	4,606,583	
		<b>1g</b>		
			6,414,790	

Program Service Revenue		Business Code				
	<b>2a</b> ADMISSIONS	611710	2,020,713	2,020,713		
	<b>b</b> MEMBERSHIPS	611710	1,365,454	1,365,454		
	<b>c</b> CONSULTING AND OTHER	611710	342,146	342,146		
	<b>d</b> EDUCATIONAL PROGRAMS	611710	299,823	299,823		
	<b>e</b>					
	<b>f</b> All other program service revenue.					
	<b>g Total.</b> Add lines 2a-2f. . . . .	4,028,136				

Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		155,064			155,064
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents	6a	224,741			
	<b>b</b> Less: rental expenses	6b				
	<b>c</b> Rental income or (loss)	6c	224,741			
	<b>d</b> Net rental income or (loss) . . . . .		224,741	224,741		
		(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory	7a				
	<b>b</b> Less: cost or other basis and sales expenses	7b				
	<b>c</b> Gain or (loss)	7c				
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	521,915			
	<b>b</b> Less: direct expenses	8b				
	<b>c</b> Net income or (loss) from fundraising events . . . . .		521,915			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	9a				
	<b>b</b> Less: direct expenses	9b				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	10a	484,406			
	<b>b</b> Less: cost of goods sold	10b	245,322			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		239,084	239,084		
	Miscellaneous Revenue	Business Code				
	<b>11a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . .					
	<b>12 Total revenue.</b> See instructions . . . . .		11,583,730	4,491,961		155,064

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 ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	4,007,315	3,688,173	252,267	66,875
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	54,759	50,378	3,286	1,095
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .	252,697	232,481	15,162	5,054
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees . . . . .				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,889,420	1,654,114	135,219	100,087
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .	1,026,268	930,659	78,955	16,654
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .	77,480	39,392	38,088	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	68,034	44,177	13,215	10,642
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	1,187,152	1,121,840	40,922	24,390
23 Insurance . . . . .	551,339		551,339	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BUILDING AND GROUNDS	912,877	865,054	38,109	9,714
b EQUIPMENT MAINTENANCE	624,613	402,164	98,694	123,755
c MISCELLANEOUS	158,313	58,590	44,023	55,700
d TELEPHONE	57,112	56,570		542
e All other expenses	30,941		30,941	
25 Total functional expenses. Add lines 1 through 24e	10,898,320	9,143,592	1,340,220	414,508
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing . . . . .		3,963,426	1	3,279,498	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net . . . . .		3,230,114	3	3,284,781	
	4	Accounts receivable, net . . . . .			4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net . . . . .			7		
	8	Inventories for sale or use . . . . .		74,807	8	150,168	
	9	Prepaid expenses and deferred charges . . . . .		356,979	9	256,001	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	38,512,626			
	b	Less: accumulated depreciation	10b	22,473,982	17,154,231	10c	16,038,644
	11	Investments—publicly traded securities . . . . .		22,549,836	11	23,874,371	
	12	Investments—other securities. See Part IV, line 11 . . . . .			12		
	13	Investments—program-related. See Part IV, line 11 . . . . .			13		
	14	Intangible assets . . . . .			14		
	15	Other assets. See Part IV, line 11			15	23,881	
16	Total assets. Add lines 1 through 15 (must equal line 33) . . . . .		47,329,393	16	46,907,344		
Liabilities	17	Accounts payable and accrued expenses . . . . .		769,190	17	571,068	
	18	Grants payable . . . . .			18		
	19	Deferred revenue . . . . .		279,329	19	211,661	
	20	Tax-exempt bond liabilities . . . . .			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			23		
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		2,434	24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25 . . . . .		1,050,953	26	782,729	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions . . . . .		23,710,738	27	29,904,500	
	28	Net assets with donor restrictions		22,567,702	28	16,220,115	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds . . . . .			29		
	30	Paid-in or capital surplus, or land, building or equipment fund . . . . .			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		46,278,440	32	46,124,615	
	33	Total liabilities and net assets/fund balances		47,329,393	33	46,907,344	

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	11,583,730
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,898,320
3	Revenue less expenses. Subtract line 2 from line 1	3	685,410
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,278,440
5	Net unrealized gains (losses) on investments	5	-839,235
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	46,124,615

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 on 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		No
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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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.		
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?		
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.		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

Name of the organization

FAIRCHILD TROPICAL BOTANIC GARDEN

INC

Employer identification number

59-0668480

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☒

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						



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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						

**12** Gross receipts from related activities, etc. (see instructions) . . . . .

12

**13 First 5 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

**14** Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . .

14

**15** Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .

15

**16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

☐

**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

☐

**17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

☐

**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

☐

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

(Complete only if you checked the box on line 10 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	5,211,926	5,928,649	8,416,649	5,200,700	6,414,790	31,172,714
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,922,439	3,400,026	1,729,835	5,035,874	5,259,198	18,347,372
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	8,134,365	9,328,675	10,146,484	10,236,574	11,673,988	49,520,086
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,060,649		1,908,467		1,000,000	4,969,116
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.						
c Add lines 7a and 7b. .	2,060,649		1,908,467		1,000,000	4,969,116
8 Public support. (Subtract line 7c from line 6.)						44,550,970

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .	8,134,365	9,328,675	10,146,484	10,236,574	11,673,988	49,520,086
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	874,060	468,515	208,286	41,377	155,064	1,747,302
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	874,060	468,515	208,286	41,377	155,064	1,747,302
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .	9,008,425	9,797,190	10,354,770	10,277,951	11,829,052	51,267,388
14 First 5 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 <b>stop here</b> . . . . .	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	86.900 %
16 Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	16	78.400 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	3.000 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . .	18	5.000 %
19a 33 1/3% support tests—2021. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2020. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, 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 <b>Part VI</b> 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 <b>Part VI</b> 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 lines 3b and 3c 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 <b>Part VI</b> 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 <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> 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 <b>Part VI</b> 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 lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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</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</b>	<b>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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% 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 on 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 <b>Part VI</b>.</i>		
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b>	Did a disqualified person (as defined on line 9a) 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 <b>Part VI</b>.</i>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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 Part VI 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.		
1		
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2 above, 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 Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer lines 2a and 2b below.			
a 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 Part VI 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.			
2a			
b Did the activities described on line 2a, above 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? If "Yes" or "No", provide details in Part VI.			
3a			
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 Part VI. the role played by the organization in this regard.			
3b			

**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 (*explain in **Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          |
|---|----------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |
| <b>5</b> Depreciation and depletion   | <b>5</b> |
| <b>6</b> 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) | <b>6</b> |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |
| <b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b> |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |
|--|-----------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |
| <b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b> |
| <b>e</b> <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):                           |           |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |
| <b>6</b> Multiply line 5 by 0.035  | <b>6</b>  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |
| <b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>  |

**Section C - Distributable Amount**

Current Year

- |   |          |
|---|----------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |
| <b>2</b> Enter 85% of line 1  | <b>2</b> |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |
| <b>4</b> Enter greater of line 2 or line 3  | <b>4</b> |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |
| <b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |

- 7**    ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

<b>Part V</b> Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		(continued)
<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in <b>Part VI</b></i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in <b>Part VI</b></i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in <b>Part VI</b></i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2021</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in <b>Part VI</b></i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016. . . . .			
<b>b</b> From 2017. . . . .			
<b>c</b> From 2018. . . . .			
<b>d</b> From 2019. . . . .			
<b>e</b> From 2020. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017. . . . .			
<b>b</b> Excess from 2018. . . . .			
<b>c</b> Excess from 2019. . . . .			
<b>d</b> Excess from 2020. . . . .			
<b>e</b> Excess from 2021. . . . .			



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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## Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization  
FAIRCHILD TROPICAL BOTANIC GARDEN  
INC

Employer identification number  
59-0668480

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  
(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  
a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_  
b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other .....

c

☐ Preservation for future generations

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" on 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:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
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" on 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 . . . . .	16,369,804	16,050,723	16,537,926	16,022,454	16,813,843
b Contributions . . . . .					
c Net investment earnings, gains, and losses	-475,399	319,081	-287,203	1,282,139	38,611
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .			-200,000	-766,667	-830,000
f Administrative expenses . . . . .					
g End of year balance . . . . .	15,894,405	16,369,804	16,050,723	16,537,926	16,022,454

2

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

a

Board designated or quasi-endowment ▶ 18.000 %

b

Permanent endowment ▶ 82.000 %

c

Term endowment ▶ .....

The percentages on 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 . . . . .

b

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

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

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" on 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 . . . . .		625,000		625,000
b Buildings . . . . .				
c Leasehold improvements				
d Equipment . . . . .				
e Other . . . . .		37,887,626	22,473,982	15,413,644
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				16,038,644

Schedule D (Form 990) 2021

Part VII

Investments - Other Securities.  
Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII

Investments - Program Related.  
Complete if the organization answered 'Yes' on 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)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX

Other Assets.  
Complete if the organization answered 'Yes' on 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)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X

Other Liabilities.  
Complete if the organization answered 'Yes' on 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	10,744,495
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	2a	-839,235	
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	-839,235
3	Subtract line 2e from line 1 . . . . .		3	11,583,730
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		
c	Add lines 4a and 4b . . . . .		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .		5	11,583,730

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .		1	10,898,320
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	10,898,320
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .		5	10,898,320

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.

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	FAIRCHILD RECEIVES FUNDS FOR TWO SEPARATE ENDOWMENT FUNDS: (1) FAIRCHILD ENDOWMENT FUND AND (2) CULTURAL ENDOWMENT PROGRAM FUND. THESE FUNDS ARE SUBJECT TO RESTRICTIONS OF GIFT INSTRUMENTS REQUIRING THAT THE PRINCIPAL BE INVESTED IN PERPETUITY, AND THE INCOME BE USED ONLY FOR THE PURPOSE OF PROVIDING A FUTURE INCOME STREAM FOR THE CONTINUITY AND GROWTH OF FAIRCHILD AND THE CERTAINTY OF ITS PROGRAMS. INCOME FROM THESE ENDOWMENT ASSETS IS USED FOR FAIRCHILD'S GENERAL OPERATIONS AND CLASSIFIED AS UNRESTRICTED INVESTMENT INCOME IN THE STATEMENT OF ACTIVITIES. THE FAIRCHILD ENDOWMENT FUND SPENDING POLICY, AS PER CORPORATE BYLAWS, ALLOWS FOR THE USE OF FUNDS FOR OPERATIONS PROVIDED, HOWEVER, THAT THE AMOUNT DOES NOT EXCEED FIVE PERCENT OF THE AVERAGE FAIR MARKET VALUE OF THIS FUND FOR THE PRECEDING TWELVE CONSECUTIVE QUARTERS ENDING ON AUGUST 31ST. THE CULTURAL ENDOWMENT PROGRAM FUND SPENDING POLICY ALLOWS FOR THE USE OF INCREASES IN THE VALUE OF THIS FUND ARISING FROM INTEREST, DIVIDENDS AND NET REALIZED GAINS FOR OPERATING COSTS OF FAIRCHILD INCURRED WHILE ENGAGED IN PROGRAMS DIRECTLY RELATED TO CULTURAL ACTIVITIES. THE FAIR MARKET VALUE OF INVESTMENTS IN THE CULTURAL ENDOWMENT PROGRAM FUND IS AND MUST NEVER BE LESS THAN 1,200,000.
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION ADOPTED THE PROVISION OF ASC NO. 740. "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ("ASC NO. 740"). ASC 740 REQUIRED THAT THE IMPACT OF TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENT IF THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STATEMENTS. AT 10/31/2022, THERE WERE NO UNCERTAIN TAX POSITIONS. THE ORGANIZATION FILES TAX RETURNS WITH US FEDERAL AND OTHER TAX AUTHORITIES FOR WHICH STATUTE LIMITATIONS MAY GO BACK TO THE YEAR END 2019.



## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

SCHEDULE G  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Name of the organization  
FAIRCHILD TROPICAL BOTANIC GARDEN  
INC

Employer identification number  
59-0668480

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

Part II

Fundraising Events. Complete if the organization answered "Yes" on 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.

Revenue		(a)Event #1 <b>SPECIAL EVENTS</b> (event type)	(b) Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts . . . . .	521,915			521,915
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	521,915			521,915
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				521,915

Part III

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary. 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	13a	%
b	An outside facility	13b	%

14

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

Name ▶ -----

Address ▶ -----

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

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

Name ▶ -----

Address ▶ -----

16

Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

☐ Director/officer      ☐ Employee      ☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law 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.

Return Reference	Explanation
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Additional Data

Schedule G (Form 990) 2021

Return to Form

Software ID:

Software Version:

Name of the organization FAIRCHILD TROPICAL BOTANIC GARDEN INC	Employer identification number 59-0668480
--	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
1b 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, officers, including the CEO/Executive Director, regarding the items checked on 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment? . . . . .</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes".to any.of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization? . . . . .</div><div>b Any related organization? . . . . .</div></div> If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization? . . . . .</div><div>b Any related organization? . . . . .</div></div> If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .		
8 Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .		

For each individual whose compensation must be reported on 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.

[illegible]

**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.

Return Reference	Explanation
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**Additional Data**

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**Software Version:**



Name of the organization  
FAIRCHILD TROPICAL BOTANIC GARDEN  
INC

Employer identification number  
59-0668480

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$ . . . . .

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ► \$												

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART V	BOARD TRUSTEE JOHN SHUBIN'S WIFE, SUSANNAH SHUBIN, RECEIVED COMPENSATION AS AN INDEPENDENT CONTRACTOR TOTALING 29,000 FOR CONSULTING SERVICES DURING FISCAL YEAR ENDING OCTOBER 31, 2022.

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<div>SCHEDULE O (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>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. ▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</div>		<div>OMB No. 1545-0047</div> <div>2021</div> <div>Open to Public Inspection</div>	
<div>Name of the organization FAIRCHILD TROPICAL BOTANIC GARDEN INC</div>				<div>Employer identification number 59-0668480</div>	
Return Reference		Explanation			
FORM 990 - ORGANIZATION'S MISSION		WE HARNESS THE POWER OF PLANTS FOR HUMANKIND AND SHARE THE JOY AND BEAUTY OF TROPICAL GARDENING WITH EVERYONE. FAIRCHILD TROPICAL BOTANIC GARDEN IS A MUSEUM OF TROPICAL PLANTS WITHIN A WORLD FAMOUS, 83-ACRE DESIGNED LANDSCAPE. IT WAS ESTABLISHED IN 1936 TO HONOR THE LEGACY OF DR. DAVID FAIRCHILD, THE NATION'S FOREMOST BOTANICAL EXPLORER. THE GARDEN'S FOUNDERS ENVISIONED AN INSTITUTION THAT WOULD FOSTER SCIENTIFIC DISCOVERY WHILE INCREASING AWARENESS OF THE BEAUTY AND PLANT DIVERSITY FOUND IN THE TROPICS. TODAY, FAIRCHILD IS THE BEST PLACE IN THE CONTINENTAL USA TO SEE AND STUDY TROPICAL PLANTS. IT IS A CRITICAL EDUCATIONAL AND SCIENTIFIC RESOURCE FOR THE NATION AND THE WORLD. FAIRCHILD IS THE LARGEST BOTANICAL INSTITUTION IN THE MIAMI/SOUTH FLORIDA METROPOLITAN AREA AND AN ATTRACTION FOR VISITORS FROM ALL PARTS OF THE WORLD. IT ADVANCES, BRINGS AWARENESS TO, AND ENGAGES THE PUBLIC IN THE FIELD OF BOTANY, WHICH AIMS TO (1) UNDERSTAND PLANTS AND HOW THEY WORK, (2) MAXIMIZE THE VALUE OF PLANTS FOR HUMANKIND, AND (3) SAVE PLANTS FOR FUTURE GENERATIONS. DURING FISCAL YEAR 2022, FAIRCHILD FOCUSED ON BUILDING AND DIVERSIFYING ITS PLANT COLLECTIONS,, AND DEVELOPING NEW STRATEGIES FOR COMMUNITY OUTREACH.			
FORM 990, PAGE 2, PART III, LINE 4A		PLANT INTRODUCTION AND HORTICULTURE- THE SOUTHEASTERN TIP OF THE FLORIDA PENINSULA HAS A TROPICAL MONSOONAL CLIMATE UNLIKE ANY OTHER IN THE USA. WITH YEAR-ROUND WARMTH AND RAINY SUMMERS, FAIRCHILD CAN GROW MANY OF THE WORLD'S MOST IMPORTANT, BEAUTIFUL, UNUSUAL, AND ENDANGERED TROPICAL PLANTS. THE GARDEN INCLUDES A RAINFOREST, DESERT GARDENS, PONDS AND LAKES, RARE PLANT CONSERVATORIES, A GARDEN FOR NATIVE BUTTERFLIES, A CONSERVATORY FOR EXOTIC BUTTERFLIES, A NATURE TRAIL, AND SPECIAL SECTIONS EXHIBITING PALMS, VINES, AND TROPICAL TREES. SEPARATE FROM ITS MAIN CAMPUS, FAIRCHILD OPERATES A PLANT NURSERY AND A 20-ACRE TROPICAL FRUIT FARM. KEY COLLECTIONS INCLUDE PALMS, CYCADS, TROPICAL FRUIT TREES, AND ORCHIDS. BEGINNING WITH EXPEDITIONS LED BY DR. DAVID FAIRCHILD IN THE 1930S AND 1940S, THE GARDEN'S SCIENTISTS HAVE ACQUIRED NEW SPECIES OF TROPICAL PLANTS FROM ALL OVER THE WORLD. THE BEST OF THESE PLANTS EARN A PERMANENT SPOT IN FAIRCHILD'S LIVING COLLECTION AND ARE SHARED WITH LOCAL GARDENERS AND THE BROADER HORTICULTURAL COMMUNITY. TODAY, FAIRCHILD WORKS WITH ORGANIZATIONS AND NATIONS WORLDWIDE TO EXCHANGE SPECIMENS AND BRING NEW PLANTS INTO CULTIVATION. RECENT ACQUISITIONS INCLUDE TROPICAL DESERT PLANTS, FRUIT TREES, AQUATIC PLANTS, AND ORCHIDS FROM ALL PARTS OF THE TROPICS. SCIENCE AND CONSERVATION- FAIRCHILD'S LIVING COLLECTION, HERBARIUM, LIBRARY, AND LABORATORIES SUPPORT A UNIQUE SET OF RESEARCH PROJECTS THAT ADVANCE KNOWLEDGE OF TROPICAL PLANTS AND HELP SAVE RARE PLANTS AND ECOSYSTEMS. A DIVERSE TEAM OF STAFF, STUDENTS, AND VOLUNTEERS COLLABORATE ON FIELD BIOLOGY, MOLECULAR RESEARCH, MICROPROPAGATION, AND BIODIVERSITY STUDIES. FAIRCHILD'S TEAM IS CONSTANTLY TEACHING AND LEARNING FROM VISITORS, MEMBERS, STUDENTS, VOLUNTEERS AND THE COMMUNITY OF SCIENTISTS WORLDWIDE. CURRENT SCIENCE AND CONSERVATION PROJECTS INCLUDE STUDIES OF ORCHID ECOLOGY AND RESTORATION, THE EVOLUTION AND CLASSIFICATION OF PALMS, RESTORATION OF SOUTH FLORIDA AND CARIBBEAN ECOSYSTEMS, THE EVOLUTION OF PLANTS ON TROPICAL ISLANDS, AND INTERACTIONS AMONG BIRDS, INSECTS, AND TROPICAL PLANTS. FAIRCHILD STANDS OUT AMONG THE WORLD'S BOTANICAL INSTITUTIONS IN ITS HIGH LEVEL OF CITIZEN SCIENCE, HAVING SEVERAL PROJECTS THAT ENGAGE THE BROADER COMMUNITY IN ADDRESSING IMPORTANT QUESTIONS IN PLANT BIOLOGY. FAIRCHILD HAS THREE LARGE CITIZEN SCIENCE PROGRAMS: (1) CONNECT TO PROTECT, DISTRIBUTING RARE SOUTH FLORIDA NATIVE PLANTS TO LOCAL RESIDENTS, BUSINESSES, AND SCHOOLS TO INCREASE THE REPRESENTATION OF NATIVE FLORA IN URBAN LANDSCAPES AND STUDY BROADER ECOSYSTEM BENEFITS; (2) MILLION ORCHID PROJECT, WORKING WITH STUDENTS, EDUCATORS, VOLUNTEERS, AND SCIENTISTS, TO STUDY STRATEGIES FOR BRINGING SOUTH FLORIDA'S NATIVE ORCHIDS BACK FROM THE BRINK OF EXTINCTION; AND (3) GROWING BEYOND EARTH, FAIRCHILD'S PARTNERSHIP WITH NASA THAT ENGAGES HUNDREDS OF SCHOOL CLASSROOMS NATIONWIDE IN RESEARCH TO IMPROVE PLANT GROWTH AND FOOD PRODUCTION IN SPACE. EDUCATION: CONTINUING EDUCATION, SCHOOL PROGRAMS, INTERPRETATION & PUBLICATIONS, VOLUNTEER & VISITOR SERVICES PROGRAMS- FAIRCHILD IS THE REGION'S LEADING SOURCE OF BOTANICAL EDUCATION, CONNECTING THE BROADER COMMUNITY WITH THE WORLD OF PLANTS AND RELATED TOPICS IN SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH (STEM).THE GARDEN OFFERS A DIVERSITY OF AWARD-WINNING PROGRAMS FOR SCHOOL-AGE STUDENTS, CREDIT AND NON-CREDIT COURSES FOR UNIVERSITY UNDERGRADUATES AND GRADUATES, PROFESSIONAL DEVELOPMENT FOR EDUCATORS, AND CONTINUING EDUCATION OPPORTUNITIES FOR ADULTS. THE AWARD WINNING, INTERDISCIPLINARY, ENVIRONMENTAL SCIENCE COMPETITION, THE FAIRCHILD CHALLENGE, IS DESIGNED TO ENGAGE STUDENTS OF DIVERSE INTERESTS, ABILITIES, TALENTS, AND BACKGROUNDS TO EXPLORE THE WORLD OF PLANTS. REACHING OVER 125,000 STUDENTS ANNUALLY, THE PROGRAM HAS BEEN RECOGNIZED AS A BENCHMARK FOR EXCEPTIONAL STEM EDUCATION AND FOR EMPOWERING PREK-12TH GRADE STUDENTS TO BECOME THE NEXT GENERATION OF SCIENTISTS AND ADVOCATES FOR PLANTS. THE FAIRCHILD CHALLENGE HAS BECOME A MODEL BEYOND SOUTH FLORIDA, INFLUENCING PROGRAMS NATIONALLY AND INTERNATIONALLY. FAIRCHILD'S FIELD TRIP PROGRAMS ENGAGE THOUSANDS OF STUDENTS FROM HUNDREDS OF SCHOOLS EACH YEAR. THE PROGRAMS IMMERSE YOUNG PEOPLE IN HANDS-ON ACTIVITIES AS THEY EXPERIENCE THE SCIENCE AND BEAUTY OF FAIRCHILD. DURING 2020, FAIRCHILD BEGAN OFFERING VIRTUAL FIELD TRIPS ONLINE TO LOCAL SCHOOLS AS WELL AS SCHOOLS FROM OTHER PARTS OF THE NATION AND WORLD. MORE THAN 2,000 PARTICIPANTS ATTEND FAIRCHILD'S CONTINUING EDUCATION CLASSES EACH YEAR. WITH A PORTFOLIO OF OVER 50 DIFFERENT CLASSES, TOPICS INCLUDE TROPICAL GARDENING, COOKING, ART, AND WELLNESS. SINCE 2014, FAIRCHILD HAS HOSTED BIOTECH @ RICHMOND 9-12, A PUBLIC MAGNET HIGH SCHOOL THAT ALLOWS STUDENTS TO SPECIALIZE IN BOTANY. THE ONLY PROGRAM OF ITS KIND IN THE WORLD, THE SCHOOL USES FAIRCHILD AS A VENUE FOR HANDS-ON LEARNING AND INDEPENDENT RESEARCH. COMMUNITY OUTREACH- FAIRCHILD IS A LEADING REGIONAL CULTURAL INSTITUTION AND FAVORITE VISITOR DESTINATION FOR BOTH TOURISTS AND LOCAL RESIDENTS. EVENTS SUCH AS THE INTERNATIONAL MANGO FESTIVAL, THE INTERNATIONAL ORCHID FESTIVAL, AND THE INTERNATIONAL CHOCOLATE FESTIVAL INCLUDE A STRONG			

Return Reference	Explanation
	EDUCATION COMPONENT. ADDITIONALLY, FAIRCHILD HORTICULTURISTS HAVE ONGOING PROJECTS IN PUBLIC SPACES THROUGHOUT MIAMI TO LABEL TROPICAL LANDSCAPE PLANTS. USING SMARTPHONE-ACCESSIBLE QR CODES, THE PLANT LABELS DELIVER PLANT INFORMATION, INCLUDING IMAGES AND VIDEOS, TO THE PUBLIC. INFRASTRUCTURE- A NEW HIGH-TECH WORK SPACE CALLED THE FAIRCHILD INNOVATION STUDIO OPENED WITHIN TWO NEWLY-RENOVATED BUILDINGS. WITH A FULL SUITE OF DIGITAL DESIGN AND FABRICATION EQUIPMENT, THE INNOVATION STUDIO ALLOWS STUDENTS AND COMMUNITY MEMBERS TO CREATE NEW TECHNOLOGY FOR GROWING FOOD PLANTS. WITH A GRANT FROM NASA, THE INNOVATION STUDIO IS COORDINATING A SERIES OF DESIGN COMPETITIONS AIMED AT DESIGNING NEW TECHNOLOGY FOR GROWING PLANTS IN SPACE.
FORM 990, PAGE 6, PART VI, LINE 2	BRUCE E. CLINTON MARTHA O. CLINTON TRUSTEE TRUSTEE MARRIED
FORM 990, PAGE 6, PART VI, LINE 11B	FAIRCHILD'S INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT PREPARES A DRAFT OF FORM 990, WORKING WITH FAIRCHILD'S CHIEF FINANCIAL OFFICER (CFO). THE DRAFT IS REVIEWED IN DETAIL BY THE CFO. AFTER ANY CHANGES, THE CFO MEETS WITH THE TREASURER OF THE BOARD OF TRUSTEES TO REVIEW AND COMMENT ON THE DRAFT. AFTER ANY CHANGES ARE MADE BASED ON THE PROCESS DESCRIBED ABOVE, THE CFO PROVIDES A COPY OF THE DRAFT OF THE FORM 990 TO THE MEMBERS OF THE BOARD OF TRUSTEES OF THE ORGANIZATION FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING. AFTER ANY CHANGES ARE MADE BASED ON THE REVIEW BY THE BOARD OF TRUSTEES, THE FORM 990 IS THEN FINALIZED AND SIGNED BY THE TRESURER OF THE BOARD OF TRUSTEES OR THE CFO.
FORM 990, PAGE 6, PART VI, LINE 12C	POLICY IS REVIEWED AND DISCUSSED BY BOARD MEMBERS AND EMPLOYEES AT MEETINGS AND ANY POSSIBLE CONFLICTS THAT ARISE ARE REQUIRED TO BE DISCLOSED.
FORM 990, PAGE 6, PART VI, LINE 15A	REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD.
FORM 990, PAGE 6, PART VI, LINE 15B	REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD.
FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES 1,654,114 135,219 100,087

## Additional Data

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