Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 11/01/19 , and ending 10/31/20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C 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, country, and ZIP or foreign postal code: CORAL GABLES FL 33156

D Employer identification number: 59-0668480

E Telephone number: 305-667-1651

G Gross receipts$ 32,796,195

F Name and address of principal officer:
CARL LEWIS
10901 OLD CUTLER ROAD
CORAL GABLES FL 33156

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FAIRCHILDGARDEN.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1936

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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 2019 (Part V, line 2a)	5	133
6	Total number of volunteers (estimate if necessary)	6	936
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-6,461
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,928,649	8,416,649
9	Program service revenue (Part VIII, line 2g)	1,645,942	811,756
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,025,828	116,040
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	978,706	166,510
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,579,125	9,510,955
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)	4,216,029	4,182,832
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 171,327		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,282,714	4,648,275
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,498,743	8,831,107
19	Revenue less expenses. Subtract line 18 from line 12	2,080,382	679,848

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	46,518,959	46,843,119
21	Total liabilities (Part X, line 26)	1,158,771	1,294,521
22	Net assets or fund balances. Subtract line 21 from line 20	45,360,188	45,548,598

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ BRUCE W. GREER PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOHN-PAUL MADARIAGA	JOHN-PAUL MADARIAGA	09/21/21		P01396578

Firm's name ▶ GUTIERREZ MADARIAGA CPA PA — Firm's EIN ▶ 94-3458074

Firm's address ▶ 8025 NW 162ND ST MIAMI LAKES, FL 33016 — Phone no. 305-778-1899

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2019)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 $ 2,389,302 including grants of $) (Revenue $)

SEE SCHEDULE O

4b (Code:) (Expenses $ 2,652,488 including grants of $) (Revenue $)

SEE SCHEDULE O

4c (Code:) (Expenses $ 2,101,382 including grants of $) (Revenue $)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses $ 987,997 including grants of $) (Revenue $)

4e Total program service expenses ▶ 8,131,169

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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		X

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

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	64		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			X

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
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	133		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
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?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		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? If "Yes," see instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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	1a	35		
	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 on Schedule O.				
b	Enter the number of voting members included on 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		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on 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 ▶

MARINA GUZMAN **10901 OLD CUTLER ROAD**

CORAL GABLES **FL 33156** **305-667-1651**

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANNETTE ZAPATA	40.00									
COO	0.00				X			155,787	0	0
(2) CARL LEWIS	40.00									
EXECUTIVE DIRECTOR	0.00			X				126,456	0	3,810
(3) MARINA GUZMAN	40.00									
CFO	0.00			X				99,079	0	3,046
(4) TANYA ACOSTA	2.90									
TRUSTEE	0.00	X						0	0	0
(5) ALEJANDRO J. AGUIRRE	1.73									
TRUSTEE	0.00	X						0	0	0
(6) L. JEANNE ARAGON	3.38									
VP/ASST SECRETARY	0.00	X		X				0	0	0
(7) ANNE BADDOUR	3.46									
TRUSTEE	0.00	X						0	0	0
(8) RODNEY BARRETTO	1.92									
TRUSTEE	0.00	X						0	0	0
(9) NANCY BATCHELOR	1.25									
TRUSTEE	0.00	X						0	0	0
(10) NORMAN J. BENFORD	1.29									
TRUSTEE	0.00	X						0	0	0
(11) FAITH F. BISHOCK	1.35									
TRUSTEE	0.00	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) STEPHEN BITTEL	3.37									
TRUSTEE	0.00	X						0	0	0
(13) JOYCE J. BURNS	3.23									
SECRETARY	0.00	X		X				0	0	0
(14) JENNIFER STEARNS BUTTRICK	1.15									
VICE PRESIDENT	0.00	X		X				0	0	0
(15) BRUCE CLINTON	2.75									
TRUSTEE	0.00	X						0	0	0
(16) MARTHA CLINTON	2.62									
TRUSTEE	0.00	X						0	0	0
(17) SWANEE DIMARE	5.00									
TRUSTEE	0.00	X						0	0	0
(18) JANA SIGARS-MALINA, ESQ.	1.25									
TRUSTEE	0.00	X						0	0	0
(19) ROBERT M. KRAMER, ESQ.	1.35									
TRUSTEE	0.00	X						0	0	0
1b Subtotal ▶								381,322		6,856
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								381,322		6,856

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 ▶ 2

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHERN GOLF CARS 12162 SW 114 PL MIAMI FL 33176	EQUIPMENT	220,586
LE BASQUE PRODUCTIONS 4652 SW 74 AVE MIAMI FL 33155	CATERING	210,386
TINEZ CONSTRUCTION 4725 SW 74 AVE MIAMI FL 33155	CONSTRUCTION	166,302
NATIVE LANDSCAPE SERVICE 15733 SW 117 AVE MIAMI FL 33177	LANDSCAPE	139,674
ATLAS CONCRETE & PAVEMENT 1095 W 31 STREET MIAMI FL 33012	CONSTRUCTION	116,980

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

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 Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	1,217,947				
	c Fundraising events	1c	428,316				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,911,568				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,858,818				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			8,416,649			
Program Service Revenue		Business Code					
	2a ADMISSIONS	611710		666,805	666,805		
	b EDUCATIONAL PROGRAMS	611710		105,647	105,647		
	c MISCELLANEOUS	611710		39,304	39,304		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			811,756			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			208,286			208,286
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	146,743					
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c	146,743					
	d Net rental income or (loss)			146,743			146,743
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	22,285,182					
	b Less: cost or other basis and sales exps. 7b	22,377,428					
	c Gain or (loss) 7c	-92,246					
	d Net gain or (loss)			-92,246	-92,246		
	8a Gross income from fundraising events (not including $ 428,316 of contributions reported on line 1c). See Part IV, line 18	8a	577,104				
	b Less: direct expenses	8b	633,249				
	c Net income or (loss) from fundraising events			-56,145		-6,461	
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	350,475				
	b Less: cost of goods sold	10b	274,563				
	c Net income or (loss) from sales of inventory			75,912	75,912		
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			9,510,955	795,422	-6,461	355,029

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	402,257	366,054	28,158	8,045
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	3,132,596	2,863,480	215,897	53,219
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,599	49,110	6,060	429
9 Other employee benefits	280,279	259,738	17,653	2,888
10 Payroll taxes	312,101	288,981	18,621	4,499
11 Fees for services (nonemployees):				
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.)	710,814	595,828	82,833	32,153
12 Advertising and promotion				
13 Office expenses	393,773	390,080	3,491	202
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	17,013	17,013		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,502	23,829	1,228	445
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,216,807	1,119,905	72,040	24,862
23 Insurance	484,195	433,764	50,431	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BUILDINGS AND GROUNDS	794,870	777,666	8,903	8,301
b EQUIPMENT RENTAL	421,179	386,451	10,486	24,242
c SUPPLIES	395,999	384,053	3,866	8,080
d TELEPHONE	50,795	46,787	2,982	1,026
e All other expenses	137,328	128,430	5,962	2,936
25 **Total functional expenses.** Add lines 1 through 24e	8,831,107	8,131,169	528,611	171,327
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		26,399	1	2,231,780
	2	Savings and temporary cash investments		1,108,548	2	
	3	Pledges and grants receivable, net		4,140,734	3	3,767,364
	4	Accounts receivable, net		59,352	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		245,766	8	201,086
	9	Prepaid expenses and deferred charges		188,189	9	334,231
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 38,276,220			
	b	Less: accumulated depreciation	10b 20,066,981	18,073,224	10c	18,209,239
	11	Investments—publicly traded securities		22,676,747	11	22,099,419
	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	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		46,518,959	16	46,843,119
Liabilities	17	Accounts payable and accrued expenses		673,024	17	976,262
	18	Grants payable			18	
	19	Deferred revenue		403,887	19	285,080
	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		81,860	24	33,179
	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		1,158,771	26	1,294,521
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		21,941,628	27	22,640,554
	28	Net assets with donor restrictions		23,418,560	28	22,908,044
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		45,360,188	32	45,548,598
	33	Total liabilities and net assets/fund balances		46,518,959	33	46,843,119

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	9,510,955
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,831,107
3	Revenue less expenses. Subtract line 2 from line 1	3	679,848
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,360,188
5	Net unrealized gains (losses) on investments	5	-491,438
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 on 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 (B))	10	45,548,598

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
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 on Schedule O and describe any steps taken to undergo such audits	3b		

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) KENNETH R. GRAVES	2.02									
TRUSTEE	0.00	X						0	0	0
(21) BRUCE W. GREER	26.15									
PRESIDENT	0.00	X		X				0	0	0
(22) ALLAN HERBERT	1.44									
TRUSTEE	0.00	X						0	0	0
(23) LEONARD L. ABESS, JR.	0.62									
TRUSTEE	0.00	X						0	0	0
(24) LOUIS J. RISI, JR.	8.79									
SR.VP/ASST TREASURER	0.00	X		X				0	0	0
(25) VINCENT A. TRIA, JR.	3.08									
TRUSTEE	0.00	X						0	0	0
(26) ALEX KRYS	3.08									
TRUSTEE	0.00	X						0	0	0
(27) JAMES KUSHLAN	0.23									
TRUSTEE	0.00	X						0	0	0
1b Subtotal ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) LIN L. LOUGHEED	1.87									
TRUSTEE	0.00	X						0	0	0
(29) BRUCE C. MATHESON	1.25									
TRUSTEE	0.00	X						0	0	0
(30) PETER MCQUILLAN	1.15									
TRUSTEE	0.00	X						0	0	0
(31) FERNANDO MEJIA	0.44									
TRUSTEE	0.00	X						0	0	0
(32) JENNIFER MOON	3.60									
TRUSTEE	0.00	X						0	0	0
(33) W. DAVID MOORE	3.85									
TRUSTEE	0.00	X						0	0	0
(34) CHARLES P. SACHER	6.31									
TREASURER	0.00	X		X				0	0	0
(35) JOHN SHUBIN	5.29									
TRUSTEE	0.00	X						0	0	0
1b Subtotal ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) JASON STEPHENS	4.04									
TRUSTEE	0.00	X						0	0	0
(37) ANGELA W. WHITMAN	2.90									
TRUSTEE	0.00	X						0	0	0
(38) ANN ZIFF	1.06									
TRUSTEE	0.00	X						0	0	0
1b Subtotal ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

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

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 ▶

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
FAIRCHILD TROPICAL BOTANIC GARDEN, INC.	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 or 990-EZ).)

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 **section 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 in 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2018 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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 III Support 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,989,247	4,671,947	5,211,926	5,928,649	8,416,649	28,218,418
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	3,197,008	2,757,878	2,922,439	3,400,026	1,729,835	14,007,186
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	7,186,255	7,429,825	8,134,365	9,328,675	10,146,484	42,225,604
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,375,126	2,583,775	2,060,649		1,908,467	7,928,017
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	1,375,126	2,583,775	2,060,649		1,908,467	7,928,017
8 **Public support.** (Subtract line 7c from line 6.)						34,297,587

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	7,186,255	7,429,825	8,134,365	9,328,675	10,146,484	42,225,604
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	772,394	741,780	874,060	468,515	208,286	3,065,035
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	772,394	741,780	874,060	468,515	208,286	3,065,035
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				241,300	139,282	380,582
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.)	7,958,649	8,171,605	9,008,425	10,038,490	10,494,052	45,671,221

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	75.10 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	65.82 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	7 %
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	8 %

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	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)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	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? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	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))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	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)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***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 (a) and (b) 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? *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)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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.)

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Name of the organization
FAIRCHILD TROPICAL BOTANIC GARDEN, INC.

Employer identification number
59-0668480

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: FAIRCHILD TROPICAL BOTANIC GARDEN,

Employer identification number: 59-0668480

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MIAMI DADE COUNTY 111 NW 1ST STREET, SUITE 625 MIAMI FL 33128	$ 1,369,289	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 600,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	THE BATCHELOR FOUNDATION 1680 MICHIGAN AVENUE PH 1 MIAMI BEACH FL 33139	$ 300,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	NASA SHARED SEVICES BUILDING 111 JERRY HLASS ROAD STENNER SPACE CENTER MS 39529	$ 705,693	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	THE MIAMI FOUNDATION 40 NW 3 STREET, SUITE 305 MIAMI FL 33128	$ 377,245	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	INSTITUTE OF MUSEUM AND LIBRARY 955 L ENFANT PLAZA WASHINGTON DC 20024	$ 167,176	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
FAIRCHILD TROPICAL BOTANIC GARDEN,

Employer identification number
59-0668480

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LEONARD ABESS, JR. 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	L. JEANNA AND RUDY ARAGON 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 15,234	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	ANNE BADDOUR 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 101,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	THE BADDOUR FAMILY FOUNDATION 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	NANCY BATCHELOR 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 303,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	JOYCE AND ANTHONY BURNS 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 43,225	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: FAIRCHILD TROPICAL BOTANIC GARDEN,

Employer identification number: 59-0668480

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BRUCE E. CLINTON MARTHA O. CLINTON 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 90,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	SWANEE AND PAUL DIMARE 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 330,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	BRUCE W. GREER 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 35,250	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	PATRICIA AND ALLAN HERBERT 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 10,450	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	ROBERT M. KRAMER, ESQ. 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 27,090	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	LIN LOUGHEED 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: FAIRCHILD TROPICAL BOTANIC GARDEN,

Employer identification number: 59-0668480

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	TANYA ACOSTA 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 24,180	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	PETER R. MCQUILLAN 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 45,523	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	LOUIS J. RISI, JR. 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 35,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	JOHN K. SHUBIN 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 11,045	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	JASON STEPHENS 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 56,045	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	ANN ZIFF 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 45,900	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: FAIRCHILD TROPICAL BOTANIC GARDEN,

Employer identification number: 59-0668480

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	THE PAUL J. DIMARE FOUNDATION PO BOX 900460 HOMESTEAD FL 33090	$ 300,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO CA 94105	$ 601,200	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	STATE OF FLORIDA - FLORIDA DIVISON OF EMERGENCY MANAGER 2555 SHUMARD OAK BLVD TALLAHASSEE FL 32399	$ 526,755	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	ANGELA WHITMAN 10901 OLD CUTLER ROAD CORAL GABLES FL 33156	$ 15,525	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 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 make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	16,537,926	16,022,454	16,813,843	15,445,326	15,488,051
b Contributions				30,000	
c Net investment earnings, gains, and losses	-287,203	1,282,139	38,611	2,138,517	478,215
d Grants or scholarships					
e Other expenditures for facilities and programs	-200,000	-766,667	-830,000	-800,000	-520,939
f Administrative expenses					
g End of year balance	16,050,723	16,537,926	16,022,454	16,813,843	15,445,327

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

- a Board designated or quasi-endowment ▶ 19.00 %
- b Permanent endowment ▶ 81.00 %
- 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:

		Yes	No
(i) Unrelated organizations	3a(i)	X	
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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		37,651,220	20,066,981	17,584,239
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				18,209,239

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

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	9,019,517
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-491,438		
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	-491,438
3	Subtract line **2e** from line **1**			3	9,510,955
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	9,510,955

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	8,831,107
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	8,831,107
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	8,831,107

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

Part XIII Supplemental Information *(continued)*

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.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS 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 10/31/2020, 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 2017.

SCHEDULE G (Form 990 or 990-EZ)

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, line 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* for instructions and the latest information.**

OMB No. 1545-0047

2019

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

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 fund-raiser have custody or control of contributions? Yes	(iii) No	(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
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.

		(a) Event #1 GALA (event type)	(b) Event #2 OTHER (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	427,505	417,982	159,933	1,005,420
	2 Less: Contributions	305,030	12,621	110,665	428,316
	3 Gross income (line 1 minus line 2)	122,475	405,361	49,268	577,104
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	261,949	285,276	76,531	623,756
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				623,756
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-46,652

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information.

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**		
3	Indicate which, if any, of the following the 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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
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:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 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:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	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:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	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 on lines 5 and 6? If "Yes," describe in Part III **7**		X
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	NANNETTE ZAPATA	(i)	155,787	0	0	0	0	155,787	0
1	COO	(ii)	0	0	0	0	0	0	0
		(i)							
2		(ii)							
		(i)							
3		(ii)							
		(i)							
4		(ii)							
		(i)							
5		(ii)							
		(i)							
6		(ii)							
		(i)							
7		(ii)							
		(i)							
8		(ii)							
		(i)							
9		(ii)							
		(i)							
10		(ii)							
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(ii)							

Part III Supplemental Information

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open To Public Inspection

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 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	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 org.? To	(d) Loan to or from the org.? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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 org. revenues?	
				Yes	No
(1) SUSANNAH SHUBIN	SEE BELOW	39,500	SEE BELOW		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

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

SCHEDULE L, PART V - ADDITIONAL INFORMATION

BOARD TRUSTEE JOHN SHUBIN'S WIFE, SUSANNAH SHUBIN, RECEIVED COMPENSATION AS AN INDEPENDENT CONTRACTOR TOTALING $39,500 FOR CONSULTING SERVICES DURING FISCAL YEAR ENDING OCTOBER 31, 2020.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to *www.irs.gov/Form990* for the latest information.	2019 Open to Public Inspection

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

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 2020, FAIRCHILD FOCUSED ON BUILDING AND DIVERSIFYING ITS PLANT COLLECTIONS, RUNNING INNOVATIVE CITIZEN SCIENCE PROGRAMS, AND DEVELOPING NEW STRATEGIES FOR COMMUNITY OUTREACH. DESPITE TEMPORARY CLOSURE AND PROGRAMMATIC CHANGES CAUSED BY THE COVID-19 PANDEMIC, THERE WERE SIGNIFICANT ACCOMPLISHMENTS IN THE GARDEN'S KEY AREAS OF PLANT INTRODUCTION

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

AND HORTICULTURE, SCIENCE EDUCATION, AND COMMUNITY OUTREACH.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

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 PLANTS FROM THE CARIBBEAN REGION AND SOUTHEAST ASIA, ALONG WITH ORCHIDS FROM ALL PARTS OF THE TROPICS. DURING 2020, FAIRCHILD HAD A PARTICULAR FOCUS ON BUILDING ITS COLLECTION OF RARE RAINFOREST PLANTS.

SINCE 1940, FAIRCHILD HAS OFFERED SPECIAL DISTRIBUTIONS OF RARE PLANTS TO

Name of the organization: FAIRCHILD TROPICAL BOTANIC GARDEN,

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ITS MEMBERS AND THE PUBLIC AS A WAY TO IMPROVE TROPICAL HORTICULTURE. TRADITIONALLY OPERATED AS IN-PERSON PLANT SALE EVENTS DURING A FEW DAYS EACH YEAR, IN 2020 FAIRCHILD'S PLANT DISTRIBUTIONS WERE MIGRATED TO AN ONLINE SALES PLATFORM THAT NOW OPERATES YEAR ROUND.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

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

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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.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

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

Name of the organization: FAIRCHILD TROPICAL BOTANIC GARDEN,

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OF SCHOOLS EACH YEAR. THE PROGRAMS IMMERSE YOUNG PEOPLE IN HANDS-ON ACTIVITIES AS THEY EXPERIENCE THE SCIENCE AND BEAUTY OF FAIRCHILD. DURING FISCAL YEAR 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. DURING 2020, THE MAJORITY OF THESE CLASSES WERE HELD ONLINE FOR REMOTE AUDIENCES.

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.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

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. DURING FISCAL YEAR 2020, FAIRCHILD ADAPTED ITS EVENTS TO ALLOW FOR SOCIAL DISTANCING, EXTENDING SINGLE-DAY AND WEEKEND EVENTS OVER LONGER PERIODS OF TIME.

INFRASTRUCTURE- DURING FISCAL YEAR 2020, A MILE OF THE GARDEN'S AGING ASPHALT ROADWAY WAS REPLACED WITH DURABLE POURED CONCRETE. THE IMPROVED ROADWAY PROVIDE ACCESS THROUGHOUT THE LANDSCAPE VIA MOTORIZED TRAMS,

Name of the organization: FAIRCHILD TROPICAL BOTANIC GARDEN,

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ALLOWING VISITORS OF ALL ABILITIES TO EXPERIENCE THE GARDEN. DURING 2019 AND 2020, THE GARDEN'S FLEET OF DIESEL TRAMS WAS REPLACED WITH ENTIRELY ELECTRIC TRAMS.

OTHER INFRASTRUCTURE IMPROVEMENTS INCLUDED NEW IRRIGATION, WITH A HIGH PRESSURE FOG SYSTEM INSTALLED IN FAIRCHILD'S CONSERVATORIES AND RAINFOREST TO CREATE CLOUD FOREST CONDITIONS. THESE CONDITIONS MAKE IT POSSIBLE TO GROW PLANTS FROM SOME OF THE WORLD'S MOST DIVERSE AND THREATENED HABITATS.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

BRUCE E. CLINTON
TRUSTEE
MARRIED

MARTHA O. CLINTON
TRUSTEE

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

A PERSON BECOMES A MEMBER OF THE CORPORATION BY DELIVERING A WRITTEN APPLICATION TO THE CORPORATION AND PAYING THE DUES APPLICABLE TO THE CLASS OF MEMBERSHIP FOR WHICH THE APPLICATION IS MADE. THE MEMBERSHIP CLASSIFICATIONS, RELATED PRIVILEGES, AND APPLICABLE DUES ARE DETERMINED BY THE DIRECTOR OR THE DIRECTOR'S DESIGNEE. THE MEMBERSHIP CLASSIFICATIONS, WHICH DEPEND ON THE NUMBER OF ADULTS AND CHILDREN ALLOWED ADMISSION TO THE GARDEN, TYPES OF PRIVILEGES AND CORRESPONDING DUES, INCLUDE: INDIVIDUAL; DUAL; FAMILY; GRANDPARENTS; FAMILY AND FRIENDS; SUSTAINING; SIGNATURE; FELLOW; SILVER FELLOW; GOLD FELLOW; PLATINUM FELLOW AND LIFE MEMBER.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

AT EVERY MEETING OF MEMBERS, EACH MEMBER IN GOOD STANDING IS ENTITLED TO

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

VOTE IN PERSON, OR BY PROXY, ON THE MATTERS NOTICED FOR THE MEETING. SUCH MATTERS MAY INCLUDE ELECTION OF MEMBERS OF THE GOVERNING BODY OR ISSUES OTHER THAN ELECTION OF MEMBERS OF THE GOVERNING BODY. PROCEDURES FOR OBTAINING AND USING PROXIES ARE PROVIDED IN THE BY-LAWS. EACH MEMBER OF THE CORPORATION IS ENTITLED TO ONE (1) VOTE. ALL ELECTIONS AND ALL ISSUES ARE DECIDED BY A MAJORITY VOTE OF THE PERSONS PRESENT IN PERSON OR BY PROXY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

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 CHAIR OF THE BOARD OF TRUSTEES OR THE CFO.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

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

REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE UPON REQUEST.

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning 11/01/19 , and ending 10/31/20

▶ Go to *www.irs.gov/Form990T* for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2019

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(C) (3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year
46,843,119

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
FAIRCHILD TROPICAL BOTANIC GARDEN, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
10901 OLD CUTLER ROAD

City or town, state or province, country, and ZIP or foreign postal code
CORAL GABLES FL 33156

D Employer identification number (Employees' trust, see instructions.)
59-0668480

E Unrelated business activity code (See instructions.)
541800

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ ADVERTISING. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.
▶

J The books are in care of ▶ MARINA GUZMAN Telephone number ▶ 305-667-1651

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶ 1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnership and S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11	9,500	6,468	3,032
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	9,500	6,468	3,032

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Depreciation (attach Form 4562)	20			
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	0
22	Depletion			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	
27	Other deductions (attach schedule)			27	
28	**Total deductions.** Add lines 14 through 27			28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			29	3,032
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			30	3,032
31	Unrelated business taxable income. Subtract line 30 from line 29			31	

Part III Total Unrelated Business Taxable income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0
38	Specific deduction (Generally $1,000, but see line 38 instructions for exceptions)	38	1,000
39	**Unrelated business taxable income.** Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0

Part IV Tax Computation

40	**Organizations Taxable as Corporations.** Multiply line 39 by 21% (0.21) ▶	40	
41	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 39 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	41	
42	**Proxy tax.** See instructions ▶	42	
43	Alternative minimum tax (trusts only)	43	
44	**Tax on Noncompliant Facility Income.** See instructions	44	
45	**Total.** Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			
b	Other credits (see instructions)	46b			
c	General business credit. Attach Form 3800 (see instructions)	46c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			
e	**Total credits.** Add lines 46a through 46d			46e	
47	Subtract line 46e from line 45			47	
48	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (att. sch.)			48	
49	**Total tax.** Add lines 47 and 48 (see instructions)			49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3			50	
51a	Payments: A 2018 overpayment credited to 2019	51a			
b	2019 estimated tax payments	51b			
c	Tax deposited with Form 8868	51c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d			
e	Backup withholding (see instructions)	51e			
f	Credit for small employer health insurance premiums (attach Form 8941)	51f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	51g			
52	**Total payments.** Add lines 51a through 51g			52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			53	
54	**Tax due.** If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ▶			54	0
55	**Overpayment.** If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ▶			55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶			56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here ▶		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

▶ _____ | _____ ▶ PRESIDENT

Signature of officer | Date | Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOHN-PAUL MADARIAGA	JOHN-PAUL MADARIAGA	09/21/21		P01396578

Firm's name ▶ GUTIERREZ MADARIAGA CPA PA — Firm's EIN ▶ 94-3458074

Firm's address ▶ 8025 NW 162ND ST MIAMI LAKES, FL 33016 — Phone no. 305-778-1899

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional sec. 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1) **N/A**

(2)

(3)

(4)

	2. Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total		Total	**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

	1. Description of debt-financed property	**2.** Gross income from or allocable to debt-financed property	**3.** Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	**(b)** Other deductions (attach schedule)
(1)	**N/A**			
(2)				
(3)				
(4)				

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	**5.** Average adjusted basis of or allocable to debt-financed property (attach schedule)	**6.** Column 4 divided by column 5	**7.** Gross income reportable (column 2 x column 6)	**8.** Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶					
Total dividends-received deductions included in column 8 ▶					

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) **N/A**					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) **N/A**				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) **N/A**						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) **GALA PROGRAM**	9,500	6,468				
(2) **FTBG MAGAZINE**		9,493				
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	9,500	15,961	-6,461			

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) **N/A**						
(2)						
(3)						
(4)						
Totals from Part I ▶	9,500	15,961				
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) ▶	9,500	15,961				

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) **N/A**		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

SCHEDULE M (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning 11/01/19 , and ending 10/31/20 .

▶ Go to *www.irs.gov/Form990T* for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2019

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization

FAIRCHILD TROPICAL BOTANIC GARDEN,

Employer identification number

59-0668480

Unrelated Business Activity Code (see instructions) ▶ 541800

Describe the unrelated trade or business ▶ **FTBG MAGAZINE**

Part I Unrelated Trade or Business Income

				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances	c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit. Subtract line 2 from line 1c		3			
4a	Capital gain net income (attach Schedule D)		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b			
c	Capital loss deduction for trusts		4c			
5	Income (loss) from partnership and S corporation (attach statement)		5			
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)		7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11		9,493	-9,493
12	Other income (See instructions; attach schedule)		12			
13	**Total.** Combine lines 3 through 12		13	0	9,493	-9,493

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	0
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	
28	**Total deductions.** Add lines 14 through 27				28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13				29	-9,493
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)				30	
31	Unrelated business taxable income. Subtract line 30 from line 29				31	-9,493

Form **990-T** | **Business Income Schedules Worksheet** | **2019**

Description **GALA PROGRAM**

Name: **FAIRCHILD TROPICAL BOTANIC GARDEN,**

Taxpayer Identification Number: **59-0668480**

Unincorporated Business Income Tax Code: **541800** Activity: **ADVERTISING AND RELATED SERVICES**

Schedule A – Cost of Goods Sold.

1	Inventory at beginning of year	1	5	Inventory at end of year	5
2	Purchases and Other Costs	2	6	**Cost of goods sold.** Subtract Line 5 from Line 4; show the amount here and on Line 2 of Sch M or 990T	6
3	Sec 263A Costs	3			
4	**Total.** Add lines 1 through 3	4			

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

1. Description of property	2a. Income 10% to 50%	2b. Income over 50%	3. Expense
(1)			
(2)			
(3) Total of Schedule C items for this activity; Enter Col 2 on Line 6A and Col 3 on Line 6B	▶		▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross Income/Expense amounts	3. Debt Ratio	4. Gross income reportable (column 2 x Ratio)	5. Allocable deductions (column 3 x Ratio)
(1)	income	%		
	expense			
(2)	income	%		
	expense			
(3) Total of Schedule E items for this activity; Enter Col 4 on Line 7A and Col 5 on Line 7B			▶	▶

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of Controlled Organization	2. EIN	3.Exempt/Nonexempt Controlled Organization	4. Income	5. Expenses
(1)				
(2)				
(3) Total of Schedule F items for this activity (combining Exempt and NonExempt); Enter Col 4 on Line 8A and Col 5 on Line 8B			▶	▶

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of property	2. Income	3. Deductions	4. Set-Asides	5. Deduction & Set-Aside Total
(1)				
(2)				
(3) Total for Schedule G activities- use on line 9 column (A) and (B)				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description	2. Gross Income	3. Related Expense	4. Net Income	5. Non-UBIT income	6. Non-UBIT expense	7. Excess expense
(1)						
(2)						
Totals for Schedule I - use on line 10 col (A) and (B)					Sch I amount on line 26	

Schedule J – Advertising Income (see instructions)

Consolidated Basis (Part I)

1.Name of periodical	2. Gross Adv Income	3. Direct costs	4. Advertising gain or (loss) If a gain, compute next 3 columns	5. Circulation income	6.Readership costs	7. Excess readership costs (col 6 - col 5) but not more than col 4
(1) **GALA PROGRAM**	9,500	6,468				
(2)						
(3)						
Totals (for Part I) ▶	9,500	6,468	3,032			
Separate Basis (Part II)						
(1)						
(2)						
Totals from Part I ▶	9,500	6,468				
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	9,500	6,468				

Form **990-T** | **Business Income Schedules Worksheet** | **2019**

Description **FTBG MAGAZINE**

Name: **FAIRCHILD TROPICAL BOTANIC GARDEN,**

Taxpayer Identification Number: **59-0668480**

Unincorporated Business Income Tax Code: **541800** Activity: **ADVERTISING AND RELATED SERVICES**

Schedule A – Cost of Goods Sold.

1	Inventory at beginning of year	1	5	Inventory at end of year	5
2	Purchases and Other Costs	2	6	**Cost of goods sold.** Subtract Line 5 from Line 4; show the amount here and on Line 2 of Sch M or 990T	6
3	Sec 263A Costs	3			
4	**Total.** Add lines 1 through 3	4			

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

1. Description of property	2a. Income 10% to 50%	2b. Income over 50%	3. Expense
(1)			
(2)			
(3) Total of Schedule C items for this activity; Enter Col 2 on Line 6A and Col 3 on Line 6B	▶		▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross Income/Expense amounts	3. Debt Ratio	4. Gross income reportable (column 2 x Ratio)	5. Allocable deductions (column 3 x Ratio)
(1)	income	%		
	expense			
(2)	income	%		
	expense			
(3) Total of Schedule E items for this activity; Enter Col 4 on Line 7A and Col 5 on Line 7B			▶	▶

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of Controlled Organization	2. EIN	3.Exempt/Nonexempt Controlled Organization	4. Income	5. Expenses
(1)				
(2)				
(3) Total of Schedule F items for this activity (combining Exempt and NonExempt); Enter Col 4 on Line 8A and Col 5 on Line 8B			▶	▶

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of property	2. Income	3. Deductions	4. Set-Asides	5. Deduction & Set-Aside Total
(1)				
(2)				
(3) Total for Schedule G activities- use on line 9 column (A) and (B)				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description	2. Gross Income	3. Related Expense	4. Net Income	5. Non-UBIT income	6. Non-UBIT expense	7. Excess expense
(1)						
(2)						
Totals for Schedule I - use on line 10 col (A) and (B)					Sch I amount on line 26	

Schedule J – Advertising Income (see instructions)

Consolidated Basis (Part I)

1.Name of periodical	2. Gross Adv Income	3. Direct costs	4. Advertising gain or (loss) If a gain, compute next 3 columns	5. Circulation income	6.Readership costs	7. Excess readership costs (col 6 - col 5) but not more than col 4
(1) **FTBG MAGAZINE**		9,493				
(2)						
(3)						
Totals (for Part I) ▶		9,493	-9,493			

Separate Basis (Part II)

(1)						
(2)						
Totals from Part I ▶		9,493				
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶		9,493				

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ **Attach to your tax return.**
▶ **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 1545-0172
2019
Attachment Sequence No. **179**

Name(s) shown on return: **FAIRCHILD TROPICAL BOTANIC GARDEN, INC.**

Identifying number: **59-0668480**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,216,807

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,216,807
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THERE ARE NO AMOUNTS FOR PAGE 2