

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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

**2022**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>NEW YORK BOTANICAL GARDEN</b>		<b>D</b> Employer identification number <b>13-1693134</b>	
	Doing business as		E Telephone number <b>7188178700</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2900 SOUTHERN BLVD</b>		G Gross receipts \$ <b>155,070,994.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>BRONX, NY 10458-5126</b>		H(a) Is this a group return for subordinates? ..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
F Name and address of principal officer: <b>JENNIFER BERNSTEIN</b> <b>SAME AS C ABOVE</b>		H(b) Are all subordinates included? Yes No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions		H(c) Group exemption number
J Website: <b>WWW.NYBG.ORG</b>			L Year of formation: <b>1891</b> M State of legal domicile: <b>NY</b>	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other				

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>A MUSEUM OF PLANTS AND A SCIENTIFIC RESEARCH CENTER DEVOTED TO THE STUDY OF PLANTS AND THEIR</b>			
	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) ..... <b>61</b>		
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>60</b>		
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... <b>848</b>		
	6	Total number of volunteers (estimate if necessary) ..... <b>993</b>		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>2,275,282.</b>		
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>			
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) ..... <b>49,750,181.</b>	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) ..... <b>29,063,805.</b>	<b>49,750,181.</b>	<b>38,313,148.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>20,663,829.</b>	<b>29,063,805.</b>	<b>22,981,287.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>2,148,988.</b>	<b>20,663,829.</b>	<b>19,555,134.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>101,626,803.</b>	<b>2,148,988.</b>	<b>6,301,219.</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>32,198.</b>	<b>32,198.</b>	<b>0.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>49,434,126.</b>	<b>49,434,126.</b>	<b>54,078,678.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>175,613.</b>	<b>175,613.</b>	<b>267,942.</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) ..... <b>7,393,812.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>45,689,581.</b>	<b>45,689,581.</b>	<b>46,692,972.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>95,331,518.</b>	<b>95,331,518.</b>	<b>101,039,592.</b>
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12 ..... <b>6,295,285.</b>	<b>6,295,285.</b>	<b>-13,888,804.</b>
	20	Total assets (Part X, line 16) ..... <b>637,364,505.</b>	<b>637,364,505.</b>	<b>635,194,520.</b>
	21	Total liabilities (Part X, line 26) ..... <b>60,678,739.</b>	<b>60,678,739.</b>	<b>55,695,148.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>576,685,766.</b>	<b>576,685,766.</b>	<b>579,499,372.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date <b>5/14/24</b>			
	EMILY SCHWARZ, CHIEF FINANCIAL OFFICER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ANGELA M. MOORE</b>	Preparer's signature	Date <b>05/14/24</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00244342</b>
	Firm's name <b>DELOITTE TAX LLP</b>	Firm's address <b>111 MONUMENT CIRCLE, SUITE 4200 INDIANAPOLIS, IN 46204</b>		Firm's EIN <b>86-1065772</b> Phone no. <b>317-464-8600</b>	

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE NEW YORK BOTANICAL GARDEN IS A MUSEUM OF PLANTS AND A SCIENTIFIC RESEARCH CENTER DEVOTED TO THE STUDY OF PLANTS AND THEIR USES. IT IS THE GARDEN'S MISSION TO IMPROVE PUBLIC UNDERSTANDING OF THE NATURAL WORLD, HORTICULTURE, AND THE RELATIONSHIPS BETWEEN PLANTS AND PEOPLE.

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

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

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

4a (Code: ) (Expenses \$ 18,824,436. including grants of \$ ) (Revenue \$ ) PLANT SCIENCE COLLECTING FOR AND MAINTAINING THE GARDEN HERBARIUM FOR PUBLIC USE, INCLUDING RESEARCH. THE BOTANICAL GARDEN'S SCIENTISTS, LIBRARIANS, STAFF, GRADUATE STUDENTS, HONORARY RESEARCH ASSOCIATES, AND CURATORS PERFORM FIELDWORK AND CONDUCT CUTTING-EDGE RESEARCH IN PLANT SYSTEMATICS, ECONOMIC BOTANY, ECOLOGY, MOLECULAR SYSTEMATICS, AND PLANT GENOMICS.

4b (Code: ) (Expenses \$ 24,679,395. including grants of \$ ) (Revenue \$ 11,981,996. ) HORTICULTURE AND LIVING COLLECTIONS: PREPARATION OF RESEARCH, MAINTENANCE OF GARDENS AND EXHIBITS FOR PUBLIC USE AND ENJOYMENT. PUBLIC EXHIBITIONS AND FESTIVALS TO ENHANCE THE EXPERIENCE OF THE VISITING PUBLIC. THE GARDEN'S LIVING COLLECTIONS CONTAIN MORE THAN ONE MILLION PLANTS IN 50 GARDENS AND COLLECTIONS, INCLUDING: THE ENID A. HAUPT CONSERVATORY, THE NATION'S PREEMINENT VICTORIAN STYLE GLASSHOUSE; THE NOLEN GREENHOUSES FOR LIVING COLLECTIONS; THE THREE AND ONE HALF ACRE NATIVE PLANT GARDEN; THE ELEVEN ACRE AZALEA GARDEN, WHICH INCLUDES NEARLY ONE MILE OF WOODLAND PATHS MEANDERING BENEATH ANCIENT NATIVE OAKS, TULIP TREES, AND SWEETGUMS AND SURROUNDED BY MORE THAN 70,000 PLANTS; THE FIFTY ACRE THAIN FAMILY FOREST, THE LARGEST EXTANT FOREST THAT ONCE COVERED MUCH OF NEW YORK CITY.

4c (Code: ) (Expenses \$ 22,274,397. including grants of \$ ) (Revenue \$ 2,988,456. ) EDUCATION AND OUTREACH DEVELOPMENT, ORGANIZATION, AND PRESENTATION OF EDUCATIONAL COURSES. THE GARDEN'S ADULT EDUCATION PROGRAM OFFERS 750 CLASSES AT THE BOTANICAL GARDEN, ONLINE, AND AT THE MIDTOWN EDUCATION CENTER IN MANHATTAN. CERTIFICATES ARE OFFERED IN EIGHT PROGRAM AREAS: BOTANICAL ART & ILLUSTRATION, BOTANY, FLORAL DESIGN, GARDENING, HORTICULTURAL THERAPY, HORTICULTURE, LANDSCAPE DESIGN AND URBAN NATURE. THREE ANNUAL LECTURE PROGRAMS, LANDSCAPE DESIGN PORTFOLIOS LECTURE SERIES, WINTER LECTURE SERIES, AND ANDREW CARNEGIE DISTINGUISHED LECTURE, FEATURE INTERNATIONALLY RECOGNIZED SPEAKERS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 11,488,518. including grants of \$ ) (Revenue \$ 13,257,553.)

4e Total program service expenses 77,266,746.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 61; 1b Enter the number of voting members included on line 1a... 60; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, HI, IL, KS, KY, MA, MD, MI, MN
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. [X] Own website [ ] Another's website [X] 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
MARLON JONES, CONTROLLER - 718-817-8719
2900 SOUTHERN BLVD, BRONX, NY 10458-5126

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER BERNSTEIN CEO	35.00 0.00			X			756,000.	0.	71,455.	
(2) LAUREN TURCHIO COO	35.00 0.00			X			429,677.	0.	71,455.	
(3) JOSEPH PIRES (THRU 6/6/22) CHIEF SCIENCE OFFICER	35.00 0.00				X		390,493.	0.	71,455.	
(4) JOSEPH V. COSSABOOM FORMER INTERIM CEO	35.00 0.00					X	437,017.	0.	23,718.	
(5) JUSTIN JAMAIL GENERAL COUNSEL	35.00 0.00			X			314,969.	0.	71,455.	
(6) SARAH A. GILLMAN (THRU 11/22) CFO	35.00 0.00			X			306,089.	0.	71,455.	
(7) TODD FORREST ARTHUR ROSS VP - HORTICULTURE & LIVI	35.00 0.00				X		298,728.	0.	70,759.	
(8) MICHAEL CROWLEY CHIEF MARKETING OFFICER	35.00 0.00				X		294,691.	0.	70,311.	
(9) URSULA HOSKINS VP FOR CAPITAL PROJECTS, PLANNING AN	35.00 0.00				X		280,061.	0.	68,687.	
(10) RAQUEL NAZARIO VP OF HUMAN RESOURCES	35.00 0.00				X		247,782.	0.	65,104.	
(11) CHRISTIAN KECK (THRU 9/22) VP OF IT	35.00 0.00				X		239,292.	0.	64,161.	
(12) JOHN T. LANDI (THRU 08/21) FORMER CHIEF ADVANCEMENT OFFICER	35.00 0.00					X	223,558.	0.	62,415.	
(13) GREGORY LONG FORMER CEO	0.00 0.00					X	140,448.	0.	0.	
(14) JESSICA B. HARRIS, PH.D. TRUSTEE	1.00 0.00	X					20,333.	0.	0.	
(15) ANTHONY PEREZ TRUSTEE	1.00 0.00	X					0.	0.	0.	
(16) MRS. JOHN R. ROBINSON TRUSTEE	1.00 0.00	X					0.	0.	0.	
(17) BETHANY MILLARD TRUSTEE	1.00 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROLINE A. WAMSLER, PH.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) CRAIG VOSBURG TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) CRISTIN SAMPER, PHD TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) DEBORAH GOODRICH ROYCE TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) DOUGLAS DOCKERY THOMAS TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) MRS. EDITH B. EVERETT TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) ERIC C. HENRY TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) FERNANDO DELGADO, PH.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) FLORENCE A. DAVIS (DECEASED 05/ TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								4,379,138.	0.	782,430.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								4,379,138.	0.	782,430.

**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 70

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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
AKA NYC LTD. 321 W44TH ST, SUITE 401, NEW YORK, NY 10036	ADVERTISING / MARKETING EXHIBITION	2,391,503.
MITCHELL/GIURGOLA ARCHITECTS LLP, 630 NINTH AVENUE, SUITE 711, NEW YORK, NY	ARCHITECTS	1,497,624.
4WALL ENTERTAINMENT, INC., 3165 W SUNSET RD SUITE 100, LAS VEGAS, NV 89118	LIGHTING AND VIDEO RENTALS FOR GLOW	1,116,440.
OLIN PARTNERSHIP LTD, 1617 JOHN F. KENNEDY BOULEVARD SUITE 1900, PHILEDELPHIA, PA	LANDSCAPE ARCHITECTS, PLANNERS	1,100,168.
MARIO BULFAMANTE & SONS LANDSCAP 75 PERLMAN ROAD, NEW ROCHELLE, NY 10801	CONSTRUCTION	838,561.

**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 61

**SEE PART VII, SECTION A CONTINUATION SHEETS**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MRS. JEREMY H. BIGGS TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) GARY A. BELLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) GEORGE MILNE, JR., PH.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) GILBERT C. MAURER TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) GORDON A. UEHLING III TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) HENRY P. JOHNSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) HIDENORI TAKAOKA TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) HOLLY LOWEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) JACQUELINE H. DRYFOOS TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) JANE MOSS TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) JANET M. MONTAG TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) MRS. ARTHUR ROSS TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) JASON STEVENS TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) MRS. HARRY BURN III TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) JILL JOYCE TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) JOHN W. BERNSTEIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) JOSEPH A. THOMPSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) KAREN KATEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) KAREN WASHINGTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) KATE SOLOMON TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) LEONARD ABESS TRUSTEE	1.00 0.00	X						0.	0.	0.
(48) LYNDEN B. MILLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(49) MALCOLM C. NOLEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(50) MARC B. PORTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(51) MARY P. MORAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(52) MAUREEN K. CHILTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(53) MICHAEL H. STEINHARDT TRUSTEE	1.00 0.00	X						0.	0.	0.
(54) MICHAEL A. ZARCONI TRUSTEE	1.00 0.00	X						0.	0.	0.
(55) MISH TWORKOWSKI TRUSTEE	1.00 0.00	X						0.	0.	0.
(56) NAEEM CRAWFORD-MUHAMMAD TRUSTEE	1.00 0.00	X						0.	0.	0.
(57) PHILIP OZUAH, MD, PHD TRUSTEE	1.00 0.00	X						0.	0.	0.
(58) ROBERT A. BARTLETT JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(59) SHARON JACOB TRUSTEE	1.00 0.00	X						0.	0.	0.
(60) SUSAN SIGOURNEY WEAVER TRUSTEE	1.00 0.00	X						0.	0.	0.
(61) MRS. COLEMAN P. BURKE TRUSTEE	1.00 0.00	X						0.	0.	0.
(62) SUSAN E. LYNCH TRUSTEE	1.00 0.00	X						0.	0.	0.
(63) SUSAN R. PALM TRUSTEE	1.00 0.00	X						0.	0.	0.
(64) MRS. JONATHAN C. CLAY TRUSTEE	1.00 0.00	X						0.	0.	0.
(65) J. BARCLAY COLLINS II CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(66) LARRY E. CONDON SENIOR VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

Form 990

**NEW YORK BOTANICAL GARDEN**

13-1693134

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(67) LIONEL GOLDFRANK, III SENIOR VICE CHAIRMAN	1.00 0.00			<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>				0.	0.	0.
(68) WILLIAM C. STEERE, JR. VICE CHAIRMAN	1.00 0.00			<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>				0.	0.	0.
(69) DIANNE RENWICK VICE CHAIRMAN	1.00 0.00			<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>				0.	0.	0.
(70) EDWARD P. BASS VICE CHAIRMAN	1.00 0.00			<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>				0.	0.	0.
(71) MRS. NICHOLAS J. SAKELLARIADIS VICE CHAIRMAN	1.00 0.00			<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>				0.	0.	0.
(72) MARJORIE G. ROSEN VICE CHAIRMAN	1.00 0.00			<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>				0.	0.	0.
(73) SHELBY WHITE VICE CHAIRMAN	1.00 0.00			<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>				0.	0.	0.
(74) DIANE KATZIN TREASURER	1.00 0.00			<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>				0.	0.	0.
(75) SUSAN E. KAY MATELICH SECRETARY	1.00 0.00			<input checked="checked" type="checkbox"/>	<input checked="checked" type="checkbox"/>				0.	0.	0.
Total to Part VII, Section A, line 1c .....											

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	2,500,549.				
	<b>d</b> Related organizations .....	<b>1d</b>	750,000.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	16,772,843.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	18,289,756.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,834,745.				
	<b>h Total.</b> Add lines 1a-1f .....			38,313,148.			
<b>Program Service Revenue</b>	<b>2 a</b> <u>ADMISSIONS AND TOURS</u>	<b>Business Code</b>					
		713990	11,981,996.	11981996.			
	<b>b</b> <u>GARDEN MEMBERSHIP PROGRAM</u>	713990	6,392,385.	6,392,385.			
	<b>c</b> <u>TUITION AND FEES</u>	611600	2,988,456.	2,988,456.			
	<b>d</b> <u>AUXILIARY SERVICES</u>	722513	1,618,450.	1,618,450.			
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			22,981,287.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,675,309.		515,454.	3159855.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	80,493,186.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	64,613,361.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	15,879,825.				
<b>d</b> Net gain or (loss) .....			15,879,825.		15879825.		
<b>8 a</b> Gross income from fundraising events (not including \$ <u>2,500,549.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		441,273.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	1,146,600.			
<b>c</b> Net income or (loss) from fundraising events .....			-705,327.		-705,327.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		4,269,259.				
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>	2,160,245.			
		<b>c</b> Net income or (loss) from sales of inventory .....		2,109,014.	2,062,716.	46,298.	
<b>Miscellaneous Revenue</b>	<b>11 a</b> <u>INSURANCE RECOVERY</u>	<b>Business Code</b>					
		812900	3,184,002.	3,184,002.			
	<b>b</b> <u>PARKING GARAGE</u>	812930	1,713,530.		1713530.		
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			4,897,532.				
<b>12 Total revenue.</b> See instructions .....			87,150,788.	28228005.	2275282.	18334353.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,405,803.	688,142.	652,973.	1,064,688.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	37,464,041.	28,643,395.	6,566,846.	2,253,800.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,014,111.	2,953,110.	726,894.	334,107.
<b>9</b> Other employee benefits	7,242,290.	5,578,748.	942,860.	720,682.
<b>10</b> Payroll taxes	2,952,433.	2,172,053.	534,640.	245,740.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	301,244.		301,244.	
<b>c</b> Accounting	337,833.		337,833.	
<b>d</b> Lobbying	159,974.		159,974.	
<b>e</b> Professional fundraising services. See Part IV, line 17	267,942.			267,942.
<b>f</b> Investment management fees	2,317,437.	1,407,870.	877,738.	31,829.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,476,557.	5,600,843.	15,120.	860,594.
<b>12</b> Advertising and promotion	2,651,245.	2,651,245.		
<b>13</b> Office expenses	2,750,259.	2,490,543.	190,953.	68,763.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	3,368,340.	3,359,238.	9,102.	
<b>17</b> Travel	1,090,917.	925,483.	29,709.	135,725.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	416,434.	262,511.	58,198.	95,725.
<b>20</b> Interest	1,809,443.	1,809,443.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	12,865,019.	10,935,266.	1,157,852.	771,901.
<b>23</b> Insurance	1,366,853.	685,073.	340,890.	340,890.
<b>24</b> 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.)				
<b>a</b> <b>NON CAP CONSTRUCTION EX</b>	2,814,978.	1,356,651.	1,458,327.	
<b>b</b> <b>MISC-OTHER</b>	2,696,705.	1,566,504.	1,019,908.	110,293.
<b>c</b> <b>EQUIPT PURCHASES &amp; RENT</b>	1,897,224.	1,317,735.	544,341.	35,148.
<b>d</b> <b>PRINTING AND PUBLICATIO</b>	1,543,237.	1,040,285.	453,632.	49,320.
<b>e</b> All other expenses	1,829,273.	1,822,608.		6,665.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	101,039,592.	77,266,746.	16,379,034.	7,393,812.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>			
	<b>2</b> Savings and temporary cash investments .....	39,215,369.	<b>2</b>	32,979,465.		
	<b>3</b> Pledges and grants receivable, net .....	18,633,340.	<b>3</b>	16,208,484.		
	<b>4</b> Accounts receivable, net .....	1,533,716.	<b>4</b>	1,377,788.		
	<b>5</b> 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 .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....	777,212.	<b>8</b>	879,597.		
	<b>9</b> Prepaid expenses and deferred charges .....	1,318,950.	<b>9</b>	692,839.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 403,537,714.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 218,694,589.	193,842,791.	<b>10c</b>	184,843,125.	
	<b>11</b> Investments - publicly traded securities .....	71,459,063.	<b>11</b>	86,745,858.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	310,584,064.	<b>12</b>	311,467,364.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	637,364,505.	<b>16</b>	635,194,520.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,885,625.	<b>17</b>	8,373,740.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....	721,727.	<b>19</b>	886,910.		
	<b>20</b> Tax-exempt bond liabilities .....	42,638,250.	<b>20</b>	38,896,425.		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,433,137.	<b>25</b>	7,538,073.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	60,678,739.	<b>26</b>	55,695,148.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	290,454,793.	<b>27</b>	288,044,897.		
	<b>28</b> Net assets with donor restrictions .....	286,230,973.	<b>28</b>	291,454,475.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	576,685,766.	<b>32</b>	579,499,372.		
	<b>33</b> Total liabilities and net assets/fund balances .....	637,364,505.	<b>33</b>	635,194,520.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	87,150,788.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	101,039,592.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-13,888,804.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	576,685,766.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	16,702,410.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	579,499,372.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>X</b>	
<b>b</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 _____	<b>X</b>	

SCHEDULE A (Form 990)

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

2022

Open to Public Inspection

Name of the organization NEW YORK BOTANICAL GARDEN Employer identification number 13-1693134

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.



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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 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); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 88.04%; 15 Public support percentage from 2021 Schedule A, Part II, line 14 88.73%; 16a 33 1/3% support test - 2022. 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 [X]; b 33 1/3% support test - 2021. 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 - 2022. 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 - 2021. 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support details.

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

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

**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.

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

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

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
<b>2</b>	Enter 0.85 of line 1.		
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)		
<b>4</b>	Enter greater of line 2 or line 3.		
<b>5</b>	Income tax imposed in prior year		
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

**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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2018 AMOUNT: \$ 858,139.

2019 AMOUNT: \$ 222,410.

2020 AMOUNT: \$ 495,339.

2021 AMOUNT: \$ 1,431,770.

2022 AMOUNT: \$ 3,184,002.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**NEW YORK BOTANICAL GARDEN**

Employer identification number

**13-1693134**

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), 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), 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).



Name of organization

Employer identification number

**NEW YORK BOTANICAL GARDEN**

**13-1693134**

**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		\$ 2,060,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEW YORK BOTANICAL GARDEN

13-1693134

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>NEW YORK BOTANICAL GARDEN</b>	Employer identification number <b>13-1693134</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

NEW YORK BOTANICAL GARDEN

Employer identification number

13-1693134

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	159,974.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	159,974.													
<b>d</b> Other exempt purpose expenditures .....	100879618.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	101039592.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	134,162.	132,450.	141,050.	159,974.	567,636.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	134,162.	132,450.	141,050.	159,974.	567,636.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-A, LINE 1A:

THE GARDEN INCURS LOBBYING EXPENDITURES FOR THE PURPOSE OF RAISING PUBLIC FUNDS FOR ITS OPERATING PROGRAMS AREAS AND CAPITAL SUPPORT.

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

2022

Open to Public Inspection

Name of the organization NEW YORK BOTANICAL GARDEN Employer identification number 13-1693134

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.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art collections, elected to report art collections with revenue and asset amounts, and received or held works of art for financial gain.

**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             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 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	387,996,808.	440,106,301.	354,631,393.	369,185,692.	352,848,019.
b Contributions	1,086,118.	6,442,037.	4,736,592.	1,098,000.	6,401,510.
c Net investment earnings, gains, and losses	31,569,313.	-39,044,832.	104,099,543.	5,880,782.	27,401,259.
d Grants or scholarships	867,335.	869,434.	922,117.	686,399.	1,002,886.
e Other expenditures for facilities and programs	15,774,312.	19,506,698.	22,439,110.	20,846,682.	16,462,210.
f Administrative expenses					
g End of year balance	404,010,592.	387,127,374.	440,106,301.	354,631,393.	369,185,692.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 29.7500 %
  - b Permanent endowment 50.6600 %
  - c Term endowment 19.5900 %
- 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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		9,053,130.		9,053,130.
b Buildings		281,618,806.	146,317,249.	135,301,557.
c Leasehold improvements				
d Equipment		27,335,560.	23,696,517.	3,639,043.
e Other		85,530,218.	48,680,823.	36,849,395.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>184,843,125.</b>



**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>ALTERNATIVE INVESTMENT</b>		
(B) <b>AND REAL ESTATE</b>	311,467,364.	<b>END-OF-YEAR MARKET VALUE</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>311,467,364.</b>	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" 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) <b>ACCRUED VACATION LIABILITY</b>	2,014,905.
(3) <b>CONDITIONAL ASSET RETIREMENT</b>	
(4) <b>OBLIGATION</b>	3,169,611.
(5) <b>INTEREST RATE SWAP VALUATION</b>	
(6) <b>LIABILITY</b>	1,967,462.
(7) <b>CAPITAL LEASE OBLIGATIONS</b>	386,095.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>7,538,073.</b>

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 ...

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

**PART III, LINE 4:**

**COLLECTIONS AND RELATION TO EXEMPT PURPOSE: THE GARDEN'S COLLECTIONS**

**INCLUDE LIVING PLANTS, HERBARIUM SPECIMENS, ART OBJECTS, BOOKS, PRINTS, AND EPHEMERA. THE GARDEN HAS NOT CAPITALIZED THE COLLECTIONS. THE GARDEN'S COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FOR FINANCIAL GAIN.**

**COLLECTIONS ARE THE MOST VALUABLE ASSETS OF THE GARDEN AND ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED. GARDEN POLICY REQUIRES THAT PROCEEDS FROM DEACCESSIONING WILL BE USED TO EITHER ACQUIRE OTHER ITEMS OR TO PROVIDE DIRECT CARE TO EXISTING COLLECTIONS.**

**Part XIII** Supplemental Information (continued)

PART V, LINE 4:

THE GARDEN HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS TO PROVIDE LONGTERM CAPITAL APPRECIATION TO SUPPLY FUNDS FOR THE SPECIFIED PURPOSES FOR WHICH THE ORIGINAL ENDOWED GIFTS WERE GIVEN. THE TIME HORIZON FOR THE ENDOWMENT IS PERPETUITY. THE INVESTMENT ASSETS OF THE GARDEN ARE FULLY OUTSOURCED ON A DISCRETIONARY BASIS TO AN EXTERNAL PROFESSIONAL INVESTMENT MANAGEMENT FIRM. THE INVESTMENT COMMITTEE OF THE BOARD OF TRUSTEES HAS RESPONSIBILITY FOR SETTING THE GARDEN'S INVESTMENT POLICY STATEMENT.

PART X, LINE 2:

TAX STATUS: THE GARDEN IS A SECTION 501(C)(3) CHARITABLE ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE US INTERNAL REVENUE CODE (IRC). IT HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED CHARITABLE ORGANIZATION UNDER SECTION 509 (A)(1) AND QUALIFIES FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION BY DONORS. IN ADDITION, THE STATE AND THE CITY OF NEW YORK (THE "CITY") HAVE CLASSIFIED THE GARDEN AS NONPROFIT IN CHARACTER, AND AS SUCH, THE GARDEN IS EXEMPT FROM PAYMENT OF INCOME TAXES TO THE STATE AND THE CITY. FASB ASC 740-10-05-6, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, PRESCRIBES THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION MUST MEET IN CONNECTION WITH ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN BY AN ENTITY BEFORE BEING MEASURED AND RECOGNIZED IN THE FINANCIAL STATEMENTS. THE GARDEN HAS REPORTED NO POTENTIAL LIABILITIES FOR UNCERTAIN TAX POSITIONS AT JUNE 30, 2023 AND 2022. ON DECEMBER 22, 2017, THE TAX CUTS AND JOBS ACT OF 2017 (THE "ACT") WAS SIGNED INTO LEGISLATION. THE ACT INCLUDES NUMEROUS CHANGES IN TAX LAW RELATED TO TAX-EXEMPT ORGANIZATIONS, INCLUDING, BUT NOT LIMITED TO, A 21% EXCISE TAX ASSESSED AGAINST EXECUTIVE

**Part XIII** Supplemental Information *(continued)*

COMPENSATION OF COVERED INDIVIDUALS, UNRELATED BUSINESS INCOME TAXES ON QUALIFIED TRANSPORTATION FRINGE BENEFITS, AND A REDUCTION IN THE FEDERAL INCOME TAX RATE FOR CORPORATIONS FROM 35% TO 21%, WHICH TOOK EFFECT FOR TAXABLE YEARS BEGINNING ON OR AFTER JANUARY 1, 2018. THE GARDEN RECORDED A DEFERRED TAX ASSET (DTA) BECAUSE IT WAS DETERMINED THAT THE DTA WILL BE FULLY UTILIZED PRIOR TO THE EXPIRATION OF ITS NET OPERATING LOSSES. THESE PROVISIONS WERE CONSIDERED, AND NONE WERE IDENTIFIED THAT WOULD AFFECT THE TAX-EXEMPT STATUS OF THE GARDEN AS OF JUNE 30, 2023.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization  <b>NEW YORK BOTANICAL GARDEN</b>	Employer identification number  <b>13-1693134</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA			PROGRAM SERVICES	MERCHANDISE VENDOR	329,112.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SERVICE PROVIDER	17,282.
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICES	SERVICE PROVIDER	19,898.
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICES	MERCHANDISE VENDOR	29,960.
SOUTH AMERICA			PROGRAM SERVICES	SERVICE PROVIDER	99,281.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		24,971,903.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		3,147,755.
<b>3 a</b> Subtotal .....	0	0			28,615,191.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			28,615,191.

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

Schedule F (Form 990) 2022

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**SCHEDULE F, PART II AND PART III**

**ACCRUAL METHOD OF ACCOUNTING USED TO DETERMINE AMOUNT TO DISCLOSE FOR CASH GRANTS.**

Multiple horizontal lines for providing supplemental information.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization NEW YORK BOTANICAL GARDEN Employer identification number 13-1693134

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 2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

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

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. AK, AL, AR, CO, CT, FL, HI, IL, KS, MA, ME, MI, MN, NC, NJ, NV, NY, OH, OK, PA, RI, SC, TN, UT, VA, WA, WI, WV

**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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ORCHID DINNER	CONSERVATORY BALL	5	
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts .....	854,038.	1,392,849.	694,935.	2,941,822.
2	Less: Contributions .....	725,932.	1,183,922.	590,695.	2,500,549.
3	Gross income (line 1 minus line 2) .....	128,106.	208,927.	104,240.	441,273.
<b>Direct Expenses</b>					
4	Cash prizes .....				
5	Noncash prizes .....				
6	Rent/facility costs .....				
7	Food and beverages .....				
8	Entertainment .....				
9	Other direct expenses .....	214,769.	644,529.	287,302.	1,146,600.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				1,146,600.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				-705,327.

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

**16** Gaming manager information:

Name \_\_\_\_\_

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

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

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: BUCKLEY HALL EVENTS

(I) ADDRESS OF FUNDRAISER: 17-19 MARBLE AVENUE, PLEASANTVILLE, NY 10570

(I) NAME OF FUNDRAISER: BUCKLEY HALL EVENTS

(I) ADDRESS OF FUNDRAISER: 17-19 MARBLE AVENUE, PLEASANTVILLE, NY 10570

(I) NAME OF FUNDRAISER: BUCKLEY HALL EVENTS

**Part IV** Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 17-19 MARBLE AVENUE, PLEASANTVILLE, NY 10570

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>NEW YORK BOTANICAL GARDEN</b>	Employer identification number <b>13-1693134</b>
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**Part I Questions Regarding Compensation**

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

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> 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 .....

**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? .....

**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.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

**5** For persons listed 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

**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 and/or 1099-NEC 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				
(1) JENNIFER BERNSTEIN CEO	(i)	606,000.	150,000.	0.	33,855.	37,600.	827,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAUREN TURCHIO COO	(i)	429,677.	0.	0.	33,855.	37,600.	501,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOSEPH PIRES (THRU 6/6/22) CHIEF SCIENCE OFFICER	(i)	168,918.	0.	221,575.	33,855.	37,600.	461,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOSEPH V. COSSABOOM FORMER INTERIM CEO	(i)	437,017.	0.	0.	8,805.	14,913.	460,735.	357,690.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JUSTIN JAMAIL GENERAL COUNSEL	(i)	314,969.	0.	0.	33,855.	37,600.	386,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARAH A. GILLMAN (THRU 11/22) CFO	(i)	306,089.	0.	0.	33,855.	37,600.	377,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TODD FORREST ARTHUR ROSS VP - HORTICULTURE & LIVI	(i)	298,728.	0.	0.	33,159.	37,600.	369,487.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL CROWLEY CHIEF MARKETING OFFICER	(i)	294,691.	0.	0.	32,711.	37,600.	365,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) URSULA HOSKINS VP FOR CAPITAL PROJECTS, PLANNING AN	(i)	280,061.	0.	0.	31,087.	37,600.	348,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RAQUEL NAZARIO VP OF HUMAN RESOURCES	(i)	247,782.	0.	0.	27,504.	37,600.	312,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTIAN KECK (THRU 9/22) VP OF IT	(i)	239,292.	0.	0.	26,561.	37,600.	303,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOHN T. LANDI (THRU 08/21) FORMER CHIEF ADVANCEMENT OFFICER	(i)	223,558.	0.	0.	24,815.	37,600.	285,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) GREGORY LONG FORMER CEO	(i)	140,448.	0.	0.	0.	0.	140,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 3:

COMPENSATION FOR THE PRESIDENT & CEO AND CERTAIN OTHER KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF NYBG'S BOARD OF TRUSTEES. THE MEMBERS OF THE COMPENSATION COMMITTEE ARE ALL INDEPENDENT VOTING MEMBERS OF THE ORGANIZATION'S GOVERNING BODY. THE PRESIDENT & CEO AND OTHER OFFICERS MAY BE PRESENT AT MEETINGS OF THE COMPENSATION COMMITTEE EXCEPT WHERE THE COMPENSATION OF SUCH EMPLOYEES IS UNDER REVIEW. THE COMPENSATION COMMITTEE OBTAINS AND REVIEWS COMPARABILITY DATA WITH RESPECT TO COMPENSATION LEVELS PAID FOR COMPARABLE JOB POSITIONS OBTAINED THROUGH THE ASSISTANCE OF AN EXPERT COMPENSATION CONSULTANT WHEN APPROPRIATE, INCLUDING FORM 990 DATA FROM OTHER LEADING MUSEUMS AND CULTURAL AND EDUCATION INSTITUTIONS, AS WELL AS FOR PROFIT INSTITUTIONS WITH WHICH NYBG MAY COMPETE FOR STAFF. THE DELIBERATIONS, DECISIONS, AND BASIS OF DECISIONS MADE BY THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY SUBSTANTIATED AND DOCUMENTED IN MINUTES OF APPLICABLE MEETINGS.

PART I, LINE 4A:

THE FOLLOWING PERSONNEL RECEIVED A SEVERANCE OR CHANGE OF CONTROL PAYMENT IN CALENDAR YEAR 2022;



**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.

JOSEPH PIRES, CHIEF SCIENCE OFFICER \$221,575

PART II

THE NEW YORK BOTANICAL GARDEN HAS A FORMAL PROCEDURE AND SIGN-OFF  
PROCESS FOR REVIEW OF EXECUTIVE COMPENSATION.

PART II, LINE 2

THE PRESIDENT AND CEO'S COMPENSATION IS APPROVED BY THE COMPENSATION  
COMMITTEE OF THE BOARD OF TRUSTEES. THE PRESIDENT AND CEO'S  
COMPENSATION WAS REVIEWED BY THE COMPENSATION COMMITTEE, ALONG WITH  
APPROPRIATE COMPARABILITY DATA, AND WAS DETERMINED BY THE COMMITTEE TO  
BE REASONABLE.

PART II, LINES 2 - 13

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS BASED ON  
INSTITUTIONAL SALARY COMPARISONS CONDUCTED BY THE GARDEN'S HUMAN  
RESOURCES OFFICE, WHICH REVIEWS SALARIES PAID BY COMPARABLE  
ORGANIZATIONS TO THEIR OFFICERS AND KEY EMPLOYEES. THE COMPENSATION  
COMMITTEE PERIODICALLY REVIEWS THE COMPENSATION LEVELS OF THESE

**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.

EMPLOYEES. MERIT INCREASES ARE BASED ON A FORMAL PERFORMANCE EVALUATION  
PROCESS AND APPROVED BY THE PRESIDENT & CEO.

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

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**  
Open to Public  
Inspection

Name of the organization **NEW YORK BOTANICAL GARDEN** Employer identification number **13-1693134**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> TRUST FOR CULTURAL RESOURCES	13-1693134	649717QE8	08/14/09	68090000.	SEE PART IV		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired										
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	68,090,000.									
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	948,080.									
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds										
<b>11</b> Other spent proceeds	67,141,920.									
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X									
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
<b>16</b> Has the final allocation of proceeds been made?	X									
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) 2022

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		<b>X</b>						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		<b>X</b>						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		<b>X</b>						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		<b>X</b>						

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		<b>X</b>						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		<b>X</b>						
<b>b</b> Exception to rebate? .....		<b>X</b>						
<b>c</b> No rebate due? .....		<b>X</b>						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	<b>X</b>							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	<b>X</b>							
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....		<b>X</b>						
<b>e</b> Was the hedge terminated? .....		<b>X</b>						
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		<b>X</b>						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		<b>X</b>						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		<b>X</b>						

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		<b>X</b>						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**SCHEDULE K, PART I, COLUMN F - PURPOSE OF ISSUE DESCRIPTION**  
**TRUST FOR CULTURE RESOURCES:**

PROCEEDS OF THE BOND WERE USED TO REPAY A BRIDGE LOAN FROM JP MORGAN CHASE BANK, ORIGINATED IN 2008, FOR THE PURPOSE OF REDEEMING THEN OUTSTANDING TAX-EXEMPT BONDS WHICH HAD BEEN ISSUED IN 2002 AND 2006.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>NEW YORK BOTANICAL GARDEN</b>	Employer identification number <b>13-1693134</b>
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<b>Part I</b> Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	<b>X</b>	<b>31</b>	<b>1,834,745.</b>	<b>FMV</b>
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( _____ )				
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement .....	<b>29</b>	
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....	<b>30a</b>		<b>X</b>
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<b>31</b>		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	<b>32a</b>		<b>X</b>
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

NEW YORK BOTANICAL GARDEN

Employer identification number

13-1693134

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

USES. IT IS THE GARDEN'S MISSION TO IMPROVE PUBLIC UNDERSTANDING OF THE  
NATURAL WORLD, HORTICULTURE, AND THE RELATIONSHIPS BETWEEN PLANTS AND  
PEOPLE. IT IS ALSO THE GARDEN'S MISSION TO EXPAND HUMANITY'S KNOWLEDGE  
OF PLANTS AND HOW THEY ARE UTILIZED.

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

IT IS ALSO THE GARDEN'S MISSION TO EXPAND HUMANITY'S KNOWLEDGE OF  
PLANTS AND HOW THEY ARE UTILIZED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AUXILIARY SERVICES PROVIDE SERVICES AND AMENITIES FOR THE CONVENIENCE  
OF THE VISITING PUBLIC.

EXPENSES \$ 11,488,518. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,346,714.

FORM 990, PART VI, SECTION A, LINE 2:

WILSON NOLEN (TRUSTEE) AND MALCOLM NOLEN (TRUSTEE) HAVE A FAMILY  
RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

THE NEW YORK BOTANICAL GARDEN WAS FORMED IN 1891 AS A MEMBERSHIP  
CORPORATION. MEMBERSHIP ELECTS TRUSTEES AT THE ANNUAL MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11B:

NYBG'S 990 IS PREPARED BY THE CONTROLLER IN CONSULTATION WITH OTHER  
OFFICERS AND STAFF AS WELL AS OUTSIDE TAX ADVISORS. THE DRAFT IS REVIEWED



Name of the organization NEW YORK BOTANICAL GARDEN	Employer identification number 13-1693134
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BY THE CHIEF FINANCIAL OFFICER, THE CHIEF OPERATING OFFICER, THE OFFICE OF GENERAL COUNSEL, OTHER SENIOR STAFF, AND BY NYBG'S OUTSIDE TAX ADVISORS. BEFORE FILING, THE 990 DRAFT IS REVIEWED BY THE AUDIT COMMITTEE AND PROVIDED TO THE ENTIRE BOARD OF TRUSTEES VIA SECURE WEB ACCESS.

FORM 990, PART VI, SECTION B, LINE 12C:

NYBG HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY APPLICABLE TO TRUSTEES, OFFICERS, AND KEY EMPLOYEES AND A SEPARATE WRITTEN CONFLICT OF INTEREST POLICY APPLICABLE TO ALL EMPLOYEES. UNDER THESE POLICIES, TRUSTEES, OFFICERS AND EMPLOYEES ARE REQUIRED TO DECLARE CONFLICTS UPON BECOMING AWARE OF THEM. TRUSTEES, OFFICERS, AND CERTAIN OTHER EMPLOYEES ARE REQUIRED TO REVIEW, SIGN, AND RETURN TO THE OFFICE OF GENERAL COUNSEL AN ANNUAL FORM AFFIRMING THEIR KNOWLEDGE OF THE POLICY AND CONFIRMING THEIR COMMITMENT TO ABIDE BY THE TERMS OF THE POLICY. THE FORM ALSO ASKS THE RECIPIENT TO IDENTIFY CONFLICTS UNDER THE APPLICABLE POLICY. UNDER THE POLICY, CONFLICTS ARE DEALT WITH ON A CASE BY CASE BASIS. IN THE CASE OF EMPLOYEES, CONFLICTS ARE DEALT WITH BY MANAGEMENT UNDER THE GENERAL SUPERVISION OF THE AUDIT COMMITTEE, AND IN THE CASE OF TRUSTEES, BY THE AUDIT COMMITTEE. UNDER THE APPLICABLE POLICY, INDIVIDUALS WITH A CONFLICT MAY NOT PARTICIPATE IN THE CONSIDERATION OF THE RELEVANT MATTER OR THE ACTION TAKEN IN RESPONSE.

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

COMPENSATION FOR THE PRESIDENT & CEO AND CERTAIN OTHER KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF NYBG'S BOARD OF TRUSTEES. THE MEMBERS OF THE COMPENSATION COMMITTEE ARE ALL INDEPENDENT VOTING MEMBERS OF THE ORGANIZATION'S GOVERNING BODY. THE PRESIDENT & CEO AND OTHER OFFICERS MAY BE PRESENT AT MEETINGS OF THE

Name of the organization NEW YORK BOTANICAL GARDEN	Employer identification number 13-1693134
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COMPENSATION COMMITTEE EXCEPT WHERE THE COMPENSATION OF SUCH EMPLOYEES IS UNDER REVIEW. THE COMPENSATION COMMITTEE OBTAINS AND REVIEWS COMPARABILITY DATA WITH RESPECT TO COMPENSATION LEVELS PAID FOR COMPARABLE JOB POSITIONS OBTAINED THROUGH THE ASSISTANCE OF AN EXPERT COMPENSATION CONSULTANT WHEN APPROPRIATE, INCLUDING FORM 990 DATA FROM OTHER LEADING MUSEUMS AND CULTURAL AND EDUCATION INSTITUTIONS, AS WELL AS FOR PROFIT INSTITUTIONS WITH WHICH NYBG MAY COMPETE FOR STAFF. THE DELIBERATIONS, DECISIONS, AND BASIS OF DECISIONS MADE BY THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY SUBSTANTIATED AND DOCUMENTED IN MINUTES OF APPLICABLE MEETINGS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, FL, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA  
WI, WV

FORM 990, PART VI, SECTION C, LINE 19:  
FINANCIAL STATEMENTS, 990 FORMS AND ANNUAL REPORTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, WWW.NYBG.ORG. FORM 990 ARE ALSO AVAILABLE ON THIRD PARTY WEBSITES SUCH AS GUIDESTAR AND CHARITY NAVIGATOR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **NEW YORK BOTANICAL GARDEN** Employer identification number **13-1693134**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NORTH CENTRAL BRONX REAL ESTATE LCC 2900 SOUTHERN BOULEVARD RONX, NY 10458	REAL ESTATE	NEW YORK	347,755.	17,500,000.	NEW YORK BOTANICAL GARDEN

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2022

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
THE LUESTHER T. MERTZ LEGACY TRUST FOR THE NEW YORK BOTANICAL GARDEN - 87-63, 2900 SOUTHERN BOULEVARD, BRONX, NY 10458	SUPPORT NYBG	NY	NEW YORK BOTANICAL GARDEN	TRUST	133,002.	20,709,337.	10.00%	X	

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> THE LUESTHER T. MERTZ LEGACY TRUST FOR THE NEW YORK BOTANICAL GARDEN	C	750,000.	FMV
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

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

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

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for providing supplemental information, consisting of approximately 25 horizontal lines.