PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 046245 | Return of Organization Exempt From Income Tax

990 Form

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



ΑΙ	For the	e 2023 calendar year, or tax year beginning and	ending							
B	Check if applicab	C Name of organization		D Employer identific	ation number					
	Addre	THE GARDEN CONSERVANCY, INC.								
	Name Chang	Doing business as	13-3570145							
	Initial return		Room/suite	E Telephone number						
	Final return	P.O. BOX 608		845-424-6						
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,081,968.					
	Amen	GARRISON, NI 10524		H(a) Is this a group re						
	Applic tion pendi	F Name and address of principal officer: IERRENCE D. DANIEL	S	for subordinates						
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
		empt status: X $501(c)(3)$ $501(c)()$ $)$ (insert no.) $4947(a)(1)$	or 527	,	list. See instructions					
	Websi			H(c) Group exemption						
		f organization: X Corporation Trust Association Other	L Year	of formation: 1989 N	State of legal domicile: NY					
Pa	art I	Summary								
é	1	Briefly describe the organization's mission or most significant activities: $\underline{TO P}$								
anc		CELEBRATE AMERICA'S GARDENS AND DIVERSE G								
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed by the second seco			ets. 30					
õ	3				30					
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)	·····	22						
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			456					
îtivi	72	Total number of volunteers (estimate if necessary)			<u></u> 0.					
Ac	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		2,625,371.	4,201,567.					
Revenue	9	Program service revenue (Part VIII, line 2g)		1,122,734.	972,068.					
evel evel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		391,545.	1,431,830.					
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-41,646.	-50,735.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,098,004.	6,554,730.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		189,600.	254,318.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,999,856.	2,067,833.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	81,458.					
ę	. b	Total fundraising expenses (Part IX, column (D), line 25) 561, 3	50.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,042,653.	2,506,729.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,232,109.	4,910,338.					
	19	Revenue less expenses. Subtract line 18 from line 12		-134,105.	1,644,392.					
S OF			Be	ginning of Current Year	End of Year					
Assets	20	Total assets (Part X, line 16)		31,370,878.	37,301,612.					
tAs	-	Total liabilities (Part X, line 26)		365,808.	667,399.					
ER.		Net assets or fund balances. Subtract line 21 from line 20		31,005,070.	36,634,213.					

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

Sign	Signature of officer	Date								
Here	JAMES BRAYTON HALL, PRESIDENT & CEO									
	Type or print name and title									
	Print/Type preparer's name Preparer's signature Date	Check PTIN								
Paid	KERRI N. BOGDA, CPA KERRI N. BOGDA, CPA 05/14/	24 self-employed P00760402								
Preparer	Firm's name BAKER TILLY US, LLP	Firm's EIN 39-0859910								
Use Only	Firm's address 1570 FRUITVILLE PIKE, SUITE 400									
	LANCASTER, PA 17601	Phone no. 717. 740. 4863								
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

	n 990 (2023) THE GARDEN CONSERVANCY, INC. 13-3570145 Pag rt III Statement of Program Service Accomplishments	je
r al		Х
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
•	TO PRESERVE, SHARE, AND CELEBRATE AMERICA'S GARDENS AND DIVERSE	
	GARDENING TRADITIONS FOR THE EDUCATION AND INSPIRATION OF THE PUBLIC.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	N
	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?	N
	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 \$3,658,577. including grants of \$254,318.) (Revenue \$972,068	
ти	OUR ORGANIZATIONAL PRACTICES FOCUS ON THREE MAIN AREAS: PRESERVATION,	•
	EDUCATION, AND ADVOCACY. WE WORK TO RESTORE HISTORIC AMERICAN GARDENS,	
	ASSIST PRIVATE GARDENS IN THEIR DESIRE TO BECOME PUBLIC AMENITIES,	
	PRESENT EDUCATIONAL PROGRAMS FOR ALL AGES RELATING TO THE HISTORY AND	
	CULTURAL SIGNIFICANCE OF GARDENS AND GARDENING, AND OPEN PRIVATE	
	GARDENS ACROSS THE NATION TO THE PUBLIC THROUGH OUR "OPEN DAYS"	
	PROGRAM.	
	CONTINUED ON SCHEDULE O.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		_
4d	Other program services (Describe on Schedule O.)	
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 3,658,577.	
4e	Total program service expenses 3,658,577.	00
		UŻ
32002	$\frac{2}{2} = 22221-23$	
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10	TA TAATOO TODDDO CONDERVANCI, I IUS	12

Form	990	(2023)

 Form 990 (2023)
 THE GARDEN CONSERVANCY, INC.

 Part IV
 Checklist of Required Schedules

1 bit the organization described in section 501(x)) or 497(a)(1) (ther than a private brundation? 1 x 2 x bit the organization require field or Indiced political campaign activities on behalf of or in opposition to candidates for public offee? <i>If ''xs</i> , 'complete Schedule <i>0</i> , <i>Part I</i> 3 X 3 Section 501(g)(G) organizations. Do the organization engage in bobbying activities, or have a section 501(h) election in effect diviting the lax yea? <i>If ''xs</i> , 'complete Schedule 0, <i>Part I</i> 4 X 5 Is the organization mean in other organization engage in bobbying activities, or have a section 501(h) election in effect diviting the lax yea? <i>If ''xs</i> , 'complete Schedule 0, <i>Part I</i> 5 X 6 Did the organization mean in or investment of anomatics in activities or chave a section 501(h) election or investment of anomatics in activities or chave be a section 501(h) election or investment of anomatics in activities or previse activities. <i>J ''xs</i> , 'complete Schedule D, <i>Part I</i> 6 X 7 Did the organization mean in or orivestment of anomatics in the previse activities. <i>J ''xs</i> , 'complete Schedule D, <i>Part I</i> 7 X 8 Did the organization mean in orivestment of anomatics in the complete Schedule D. <i>Part I</i> 7 X 9 Did the organization mean or in orivestment of anomatics in the complete Schedule D. Part II X X X				Yes	No
2 Is the organization engage in direct or index policital campaign activities on behalf of or is opposition to candidates for public office? If ''res,' complete Schedule C, Part I 3 X 3 Did the organization engage in direct or index policital campaign activities, or have a section 501(h) election in effect 4 X 4 Section 501(k)(k) organizations. Dd the organization engage in koblying activities, or have a section 501(h) election in effect 4 X 5 Is the organization ascents at other in the models of accounts for which doners have the right to provide advise. None. 981-197 / Wrs,' complete Schedule C, Part I 5 X 6 Did the organization matriain any done advised funds or any similar funds or accounts? If Y'ws,' complete Schedule C, Part I 6 X 7 Z X 5 X 7 Did the organization matriain collections of varies of art, listorical treasures, or other similar assets? If Y'ws,' complete Schedule D, Part I 7 X 8 X 10 Did the organization matriain collections of varies of art, listorical treasures, or other similar assets? If Y'ws,' complete Schedule D, Part I 8 X 9 Did the organization metry organization induct organization, directly or through a related organization, induction through a related organization, induction throused metry organization inductio	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect policial campaign activities on bahal of or in opposition to candidates for public official "I "reg." complete Schedule C, Part I 3 X 4 Section 501(QI) organizations. Did the organization engage in koblying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Did the organization asternal on divides 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution the interture assement, including easements to preserve open space, the environment, historic land areas, or historic structures // "Yes," complete Schedule D, Part II 6 X 9 Did the organization neither of mody a related organization, hold assets in donor restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part IV 7 X 9 Did the organization report an amount for inad, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 10 X 10 X 11 X 10 X 10 X 10 X 10 X 10 X 10 X		If "Yes," complete Schedule A	1		
public office? If ''res,' complete Schedule C, Part I 3 X 4 Section 50((kg) organizations. Dd the organization engage in lobbying activities, or have a section 50((k) election in effect 4 X 5 Is the organization a section 50((kg), 50((k	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
4 Section 501(c)(3) organizations. Did the organization induces the organization function is section 501(b) section in effect 4 X 5 Is the organization is ascion 501(b)(b), 501(b)(b), or 501(b),	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4 Section 501(c)(3) organizations. Did the organization angue in lobbying activities, or have a section 501(h) election in effect 4 X 5 In the organization ascion 501(c)(k), for 501(c)(b), or 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in the Proc. 98:107 // Pros.; complete Schedule D, Put II 5 X 6 Did the organization maintain any donor advised Ands or any similar funds or accounts for which donors have the right to provide advice on hold a conservation assement, including easements to preserve open space. The environment, historic land areas, or historic structures? If "res," complete Schedule D, Part II 7 X 8 Did the organization mainten and account site of an. historical resurses, or other similar asset2? If "res," complete Schedule D, Part II 7 X 9 Did the organization receive on any other similar asset2? If "res," complete Schedule D, Part II 8 X 10 Did the organization and areas, or thorous pleasions in "res," then complete Schedule D, Part V 8 X 10 Did the organization report an amount for read comenization, hold assets in donor restricted endowments? 7 X 11 the organization report an amount for read endowing questions in "res," then complete Schedule D, Part V 10 X 12 Did the organization report an amount for read endowine quest		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a sectors 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 991-97. If Yes, "complete Schedule C, Part II. S X D Dd the organization maintain any doorn advised funds or any similar funds or accounts? If Yes, "complete Schedule D, Part II. 6 X D Dd the organization nearbox. Including assements to preserve open space, the environment, historic land areas, or historic structures? If Yes, "complete Schedule D, Part II. 7 X D Dd the organization nearbox. Including assements to preserve open space, the environment, historic land areas, or historic atreasures, or other similar assets? If 'Yes, "complete Schedule D, Part III. 7 X D Dd the organization nearbox. The organization, hold assets in donor-restricted endowments or in quasi-endowments? If 'Yes, "complete Schedule D, Part V 8 X D Dd the organization services? 9 X 10 X If the organization services? 9 X 10 X D Dd the organization memory of the following questions is 'Yes," then complete Schedule D, Part XI, III '1, X 10 X 111 X D Dd the organization report an amount for land, buildings, and equipment in Part X, line 12, this 15% or more of its total assets report in Part X, line 167 If 'Yes, 'complete Schedule D, Part X 111 X	4				
5 Is the organization action 501(o)(4), 501(o)(b), or 501(o)(b) organization that receives membership dues, assessments, or similar amounts as defined in Nev Proc. 98.199 (2) "Yes," completes Schedule D, Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on hold a conservation assemet. Including assements to preserve open space, the environment, historic land areas, or historic structures? If "yes," complete Schedule D, Part II I </td <td>5</td> <td></td> <td></td> <td></td> <td></td>	5				
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9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>II</i> "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II</i> "Yes," complete Schedule D, Part V 11a X 12 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>II</i> "Yes," complete Schedule D, Part X 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," complete Schedule D, Part X 11a X 14 Did the organization report an amount for other assets in Part X, line 27: <i>II</i> "Yes," complete Schedule D, Part X 11d X 11 Did the organization solution suder FIN 48 (SC 7407) "Yes," complete Schedule D, Part X 11d X 11 Did the organization isolation and FIN 48 (SC 7407) "Yes," complete Schedule D, Part X 11d X 12 Did the organization report an amount for other asse	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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 Form 990 (2023)
 THE GARDEN CONSERVANCY, INC.
 13-3570145
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Vac
 Na

22 Did the organization report more than 55,000 of grants or other assistance to or for densets individuals on Part K. Count W., Lee 21, ***********************************				Yes	No
23 Did the organization asswer 'Yes' 'b Fart WI, Section A, line 3, 4, or 5, about compensation of the organization's current and former officer, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last div of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 240 through 244 and complete Schedule K. If Yos,' to prince 26a 24a X 24b Did the organization matrix in proceeds of tax-exempt bonds beyend a temporary period exception? 24a X 24b Did the organization matrix in proceeds of tax-exempt bonds outstanding at any time during the year? 24d X 25 Section 50(45), 50(4)(4), 400(4)(4) organization. Did the organization and period as a final one base benefit transaction have the updaged in an excess benefit transaction have the updaged in an excess benefit transaction have to year and the the transaction have to year and the the transaction have to year and the the prasmization aver that the regarged in an excess benefit transaction have to year and the the period scapet on the advised tax and any of the organization applies benefit to ransaction the advised tax and any of the organization applies to a solice the transaction have to tax and the period any of the organization applies tax any tax and the theraped of an ax occess benefit transaction have to tax and the period scapet on the advised tax and the tax and the the transaction have to advise transaction have tax and the ta	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, ' complete Schedule 1 23 X 240 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002 [II 'Yes,' arrower lines 240 through 240 and complete Schedule V. Hos, 'po to line 256 24a X 240 Did the organization mixes any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization argae in an excess benefit transaction with a discualified period of the trans are thing section 41 mit (1) weight organization in a prior year, and that the transaction has not been reported on any of the organization. Biol for organization is prior year, and that the transaction has not been reported on any of the organization committee methor, or 53% controlled entity or family member of any of these periods. J 'Yes,' complete Schedule L, Fart I 25b X 25b Did the organization provide grant or the assistantial contributor, or 35% controlled entity or family member of any of these periods? If 'Yes,' complete Schedule L, Fart II 25b X 26 Did the organization approves transaction with or of the following parters? (See the Schedule L, Part II). 26 X 27 Z Z Z Z Z Z Z Z 27 Z X Z Z Z Z Z <		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 23 X 44 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K if No; "go to line 25a 24a X b Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Did the organization mantain an escrew account other than a refurding secrew at any time during the year to detease any tax-escent bonds? 24d 24d 25 Section 50(2(3), 501(4)(4), and 501(4)(2) organizations. Did the organization regas in an excrew scents benefit transaction with a disqualified person during the year? 24d 24d 25 Section 50(2(3), 501(4)(4), and 501(4)(2) organizations. Did the organization spice forms 950 or 9302 cr? if 'Yea,' complete Schedule L, Part I 24a 24d 26 Did the organization are port any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustes, key employee, creator or founder, director, trustes, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons? If 'Yea,' complete Schedule L, Part I 26 X 27 Did the organization are part or ab abianes tar maccount or found or cilector, trustes, key employee, creator or founder, cilector, trustes, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If 'Yea,' complete Schedule L, Part N, instrucout resources than \$25,000 in noncest tor f	23				
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 601(c)(3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1%e b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pior year, and that the transaction has not been reported on any of the organization's pior Forms 900 or 990-E27. // *Yas, 'complete Schedule L, Part I 25a 25b Did the organization provide any of the enginization sprice form or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee digrant or there assistance to any current or form follow, or these persons? // *Yes, 'complete Schedule L, Part II 26 X 28 Was the organization provide agrant or other assistance to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor? # 28a X 28 Was the organization provide thereof of armity member of any individual described in line 28a? If *Yes, 'complete Schedule L, Part IV 28a X 28 A summember of any individual described in line 28a? If *Yes, 'complete Schedule M, Part I 30 X		Schedule K. If "No," go to line 25a	24a		X
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b Is the organization aware that it engaged in an excess benefit transaction with a disquified person in a prives, " complete Schedule L, Part I 256 260 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 260 X 270 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 260 X 271 Did the organization apprivate a grant or other assistance to not no ormore of the following parties? (Bee the Schedule L, Part II) 27 X 283 Was the organization apprivate breado in line 28a? If 'Yes,' complete Schedule L, Part IV 28a X 294 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28a X 295 Did the organization requires more than 355,000 in noncash contributions? If 'Yes,' complete Schedule I, Part IV 28a X 295 Did the organization requires or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 30 X 395		transaction with a disqualified person during the year? If "Yes." complete Schedule L. Part I	25a		X
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, furector, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of netiling member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 33% controlled entity (including an employee) thereol of rand y of these persons? If "Yes," complete Schedule L, Part II 26 X 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions); a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 Dd the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part I 30 X 30 Dt the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part I 31 X 31 Dt the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part I 31 X 32 </td <td>b</td> <td></td> <td></td> <td></td> <td></td>	b				
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34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 9 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Yes 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 0	33		22		v
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45 1b 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 45 1b 0 1c c Did the organization comply with backup withholding rules for repor	~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36a X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 9 Note: All Form 990 filers are required to complete Schedule O 38 X 9 Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 1a 455 0 0 0 0 0 1a 45 0 0 0 0 0 0 1a enter the number of Forms W-2G included on line 1a. Enter -0 if not applicable 1a 45 0 0 0 0 0	34				v
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 9 Note: All Form 990 filers are required to complete Schedule O 38 X X 9 Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 1a Enter the number reported in box 3 of Form 1096. Enter -0· if not applicable 1a 45 1b 0 b Enter the number of Forms W-2G included on line 1a. Enter -0· if not applicable 1a 45 1b 0 1c 1a Check if schedule or prove withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners	05 -				
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 45 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45 1b 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 45 1b 0 1c 1c			പാമ		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Yes, " compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45 1b 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 45 1b 0 1c 1c Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c 1c	d		051		
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 9 Note: All Form 990 filers are required to complete Schedule O 38 X 9 Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V Image: Schedule O for Part V in the second provide on line 1a. Enter -0- if not applicable 1a 45 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Image: Schedule graining granining granining graining graining graining graining g	00		350		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Note: All Form 990 filers are required to complete Schedule O 38 X 99 Fart V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45 1b 0 1c 1c b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 1c 1c	36				v
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	~-		36		
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Organization complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 45 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	37				v
Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 45 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c			37		<u> </u>
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 45 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 45 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	38			37	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 45 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 45 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	Par		38	X	
Yes No 1a 45 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	rar				
1a 45 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		Uneck it Schedule U contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
(gambling) winnings to prize winners?					
	С				
332004 12-21-23 Form 990 (2023)		(gambling) winnings to prize winners?		0000	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	s (FBAR).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution of the statement that such contribution of the statement that such contribution of the statement of the	ons or	gifts	C 1		
-	were not tax deductible?	•••••		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vione n	ouidad to the neuron	7-	Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	ovided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		irad	10	- 23	
C		•		7c		x
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		2	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contra		? 	76 7f		X
' a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		9 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incor	202	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Ves." complete Form 4720. Schedule O	ncon	IC (16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivition				
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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THE GARDEN CONSERVANCY, INC.

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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	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	30				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4	Х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X	
6	Did the organization have members or stockholders?			6	Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?		•	8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х		
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	on Schedule O how this was done			12c	х		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official			15a	Х		
	Other officers or key employees of the organization			15b	Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedNY, AL, CA, CT, F	L,I	L, MA, MO, NJ	,PA	, SC ,	, VA	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)	s only)	availal	ble	
	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 Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial		
	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 boo	ks and	l records				
	DONNA MORTENSEN, COO - (845) 424-6500						
	PO BOX 608, GARRISON, NY 10524						
332006	12-21-23			Form	990	(2023)	
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	Î
	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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week			uau		1/1/1/1/1/1		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		iyee	mper		1099-NEC)	1000 1120)	and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	est cc loyee	ler	,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) JAMES BRAYTON HALL	40.00									
PRESIDENT & CEO				Х				248,815.	0.	35,811.
(2) DONNA MORTENSEN	40.00									
CHIEF OPERATING OFFICER				Х				171,536.	0.	30,793.
(3) BRIDGET CONNORS	40.00									
DIRECTOR OF DEVELOPMENT						Х		113,563.	0.	25,443.
(4) PAMELA GOVERNALE	40.00									
DIRECTOR OF PRESERVATION						Х		110,721.	0.	24,276.
(5) TERRENCE D. DANIELS	15.00									
CHAIR		Х		Х				0.	0.	0.
(6) ROBERT BALENTINE	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) COLEMAN P. BURKE	5.00									
SECRETARY		Х		Х				0.	0.	0.
(8) SHARON PRYSE	5.00									
TREASURER		Х		Х				0.	0.	0.
(9) MARY RANDOLPH BALLINGER	2.00									
DIRECTOR		Х						0.	0.	0.
(10) SHELLEY BELLING	2.00									
DIRECTOR		Х						0.	0.	0.
(11) ALLISON K. BOURKE	2.00									
DIRECTOR		Х						0.	0.	0.
(12) CAMILLE BUTRUS	2.00									
DIRECTOR		Х						0.	0.	0.
(13) BARBARA WHITNEY CARR	2.00									_
DIRECTOR		Х						0.	0.	0.
(14) J. BARCLAY COLLINS	2.00									
DIRECTOR		Х						0.	0.	0.
(15) KATE CORDSEN	2.00									
DIRECTOR		Х						0.	0.	0.
(16) ELIZABETH EVERDELL	2.00									
DIRECTOR		Х						0.	0.	0.
(17) ALEASE FISHER	2.00									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23				_	-					Form 990 (2023)

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Form 990 (2023) THE GAR	DEN CONSE	ERV	7AN	ICY	Ζ,	IN	C.		13-3570	145 Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do				ו than than	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	erson i	is botl	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		ee/	m pen		1099-NEC)	1033-1120)	and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	est col	er			organizations
	line)	Indivi	Instit	Officer	Key ei	Highest compensated employee	Former			
(18) LIONEL GOLDFRANK, III	2.00									
DIRECTOR		Х						0.	0.	0.
(19) CATHY BARANCIK GRAHAM	2.00									
DIRECTOR		Х						0.	0.	0.
(20) SUSAN ZISES GREEN	2.00	1								
DIRECTOR		Х						0.	0.	0.
(21) KAYE HEAFEY	2.00									
DIRECTOR		Х						0.	0.	0.
(22) SUZANNE KAYNE	2.00								0	
DIRECTOR		Х						0.	0.	0.
(23) FREDERICK A. LANDMAN	2.00							0	0	
DIRECTOR	2.00	X						0.	0.	0.
(24) BENJAMIN F. LENHARDT, JR. DIRECTOR	2.00	x						0.	0.	0.
(25) ELIZABETH LOCKE	2.00					-		0.	0.	0.
DIRECTOR		x						0.	0.	0.
(26) JOSEPH MAREK	2.00	<u> </u>								
DIRECTOR		х						0.	0.	0.
1b Subtotal	•							644,635.	0.	116,323.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								644,635.	0.	116,323.
2 Total number of individuals (including but								eceived more than \$100,	000 of reportable	
compensation from the organization										4
										Yes No
3 Did the organization list any former offic	er, director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on	
line 1a? If "Yes," complete Schedule J for										3 X
4 For any individual listed on line 1a, is the										
and related organizations greater than \$1										4 X
5 Did any person listed on line 1a receive of								•	lual for services	
rendered to the organization? <i>If</i> "Yes." <i>co</i> Section B. Independent Contractors	omplete Schedul	e J f	or si	ich i	pers	son				5 X
1 Complete this table for your five highest	componented inc	lono	ndor	ot co	ontr	acto	re th	at received more than ¢	100 000 of compone	tion from
the organization. Report compensation for	•	•							· ·	
(A)				<u>.g</u>				(B)		(C)
Name and busine	ss address	N	ONE	2				Description of s	ervices	Compensation
							_			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0							ore than			
SEE PART VII, SECTIO		IN	UA	ΤI	_	-	HE	ETS		Form 990 (2023)
•										· · · · · · · · · · · · · · · · · · ·

332008 12-21-23

Form 990 THE GARD	c.	. 13-3570145								
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd ⊦	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all :	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	tor				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				ed em		(W-2/1099-MISC)		organization
	related	tee or	ustee			ensate		(and related
	organizations	ul trus	nal tr		loyee	dmoc				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	pul		0#	Ke	∃	For			
(27) JEAN-PAUL MONTUPET	2.00	x						0.	0.	0
DIRECTOR (28) STEPHEN ORR	2.00			-		-		0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(29) KATIE RIDDER	2.00	Δ								
DIRECTOR		x						0.	0.	0.
(30) ANN COPELAND ROSE	2.00									
DIRECTOR		х						0.	0.	0.
(31) JORGE A. SANCHEZ	2.00									
DIRECTOR		х						0.	0.	0.
(32) CHRISTOPHER SPITZMILLER	2.00									
DIRECTOR		Х						0.	0.	0.
(33) MARSHALL WATSON	2.00									<u>^</u>
DIRECTOR	0.00	X						0.	0.	0.
(34) DANA SCOTT WESTRING	2.00								0	0
DIRECTOR		Х						0.	0.	0.
		i								
		1								
		ĺ								
		ļ								
	I	I	I	1	<u> </u>	I	L			
Total to Part VII, Section A, line 1c										

332201 04-01-23

	<u>1 990</u> rt V					CO	NSERVANCY	Y, INC.		13-3570	145 F	- _{age} 9
Га	11 V		Check if Schedule O			nse (or note to any lin	e in this Part VIII				
				001112				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exe from tax u sections 512	ınder
nts Its	1	а	Federated campaigns		1a							
àran oun			Membership dues				445,744.					
Am C			Fundraising events				40,850.					
Gift			Related organizations .									
ns, Simi			Government grants (contr									
utio er S		f	All other contributions, gifts,				2 714 072					
tribı Oth		~	similar amounts not included				3,714,973.					
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in Total. Add lines 1a-1f	lines i	ia-if ig ļo)	27,713.	4,201,567.				
0 0			Total. Add lines faith .				Business Code	_,,				
Ð	2	а	BENEFITS/SPECIAL EV	ENTS	5		900099	717,487.	717,487.			
e vic		b	OPEN DAYS PROGRAMS			_	900099	254,581.	254,581.			
Program Service Revenue		с										
am		d										
-ogr B		е									L	
Ъ			All other program service									
		g	Total. Add lines 2a-2f					972,068.				
	3		Investment income (inclue					757 144				1 4 4
								757,144.			757	,144.
	4		Income from investment o		-							
	5		Royalties		(i) Real		(ii) Personal					
	6	~	Gross rents	6a	(i) rical							
			Gross rents Less: rental expenses	6b								
			Rental income or (loss)	6c								
			Net rental income or (loss									
			Gross amount from sales of	<u> </u>	(i) Securiti		(ii) Other					
			assets other than inventory	7a	6,110,4	26.						
		b	Less: cost or other basis									
Iue			and sales expenses	7b		40.						
venue		с	Gain or (loss)	7c	674,6	86.						
Other Re			Net gain or (loss)			. <u></u>		674,686.			674	,686.
the	8	а	Gross income from fundraisi	•								
Ò			including \$		-							
			contributions reported on		-	0-	38,200.					
		h	Part IV, line 18 Less: direct expenses			8a 8b	91,498.					
			Net income or (loss) from					-53,298.			-53	,298.
			Gross income from gamin					,				
			Part IV, line 19			9a						
		b	Less: direct expenses			9b						
		с	Net income or (loss) from	gami	ing activities	s						
	10	а	Gross sales of inventory,									
			and allowances			10a						
			Less: cost of goods sold			10b						
		С	Net income or (loss) from	sales	s of inventor	у	Durala C. 1					
sr							Business Code	1 000			1	0.06
leot	11		MONITORING FEE PUBLICATIONS				900099 900099	1,996. 567.				,996. 567.
Miscellaneous Revenue		~					300033	./ 0C				507.
sce Bev		с С	All other revenue			_						
Ä			All other revenue Total. Add lines 11a-11d				1	2,563.				
	12	0	Total revenue. See instruction					6,554,730.	972,068.	0.	138	1095.
33200		21-:							· · ·	•	Form 990	(2023)

10

2023.03040 THE GARDEN CONSERVANCY, I 103539_1

THE GARDEN CONSERVANCY 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).

INC.

Check if Schedule O contains a respons	<u>e or note to</u> any line in t	his Part IX		X
not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	254,318.	254,318.		
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
Compensation of current officers, directors,			100 505	
	486,955.	263,710.	123,626.	99,619
	1 010 400	000 645	144 000	1 4 7 0 4 4
	1,213,4//.	920,645.	144,988.	147,844.
	10 161	21 000	1 101	ΛΛΓΑ
	40,404.		4,104.	4,464
	<u>213,400</u> .		20,994.	16,326
	113,53/.	/9,//4.	1/,43/.	10,320
	27 200	20 051	E 027	2 001
		29,051.		3,001
	42,050.		42,000.	
	91 / 59			81,458
			155 756	01,400
	100,700.		100,100.	
	1 080 299	972 523	59 622	18 151
		23 3/9	1 /35	<u>48,154</u> 5,225
				19,685.
				19,005
	04,205:	55,405.	0,070.	
	16 802.	7 343.	8 235.	1,224.
				49,305.
	27070201			19,900
	6,920.	4,870.	2,050.	
· · · · · · · · · · · · · · · · · · ·				720
· · · · · · · · · · · · · · · · · · ·	.,			•
	118,384.	90,657.	14,642.	13,085.
	30,033.	19,407.	8,484.	2,142.
above. (List miscellaneous expenses on line 24e. If				
amount, list line 24e expenses on Schedule 0.)				
MEALS & CATERING	188,744.	167,741.	15,239.	5,764.
BENEFITS & EVENTS	37,002.	700.		36,302.
GIFTS	27,802.	20,398.		7,404.
DUES AND SUBSCRIPTIONS	18,787.	15,052.	3,435.	300.
All other expenses	18,699.	5,788.	12,144.	767.
Total functional expenses. Add lines 1 through 24e	4,910,338.	3,658,577.	690,411.	561,350.
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on Schedule 0.)	not include amounts reported on lines 6b, (A) Bb, 9b, and 10b of Part VIII. Total expenses Grants and other assistance to domestic 254, 318. Grants and other assistance to domestic 254, 318. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 0rganizations, foreign governments, and foreign organizations, foreign governments, directors, trustees, and key employees 486, 955. Compensation of included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1, 213, 477. Other salaries and wages 1, 213, 400. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 40, 464. Other employee benefits 213, 400. Payroll taxes 113, 537. Fees for services (nonemployees): 41, 458. Management 242, 850. Legal 37, 289. Accounting 1, 080, 2999. Advertising and promotion 30, 009. Office expenses 64, 283. Royatties 278, 828. Payments of travel or entertainment expenses 30, 033. Int	Include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII. Total expenses Program service expenses Carnats and other assistance to domestic and domestic governments. See Part IV, line 21 254, 318. 254, 318. Grants and other assistance to domestic individuals. See Part IV, line 22 254, 318. 254, 318. Grants and other assistance to domestic individuals. See Part IV, line 22 254, 318. 254, 318. Grants and other assistance to domestic individuals. See Part IV, line 22 254, 318. 254, 318. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 256, 710. Benefits paid to or for members 263, 710. 263, 710. Compensation not included above to disqualified persons described in section 4986(c)(3)(B) 1, 213, 477. 920, 645. Other employee benefits 213, 400. 167, 845. 213, 400. 167, 845. Payrol taxes 113, 537. 79, 774. Fees for services (nonemployees): 31, 458. 113, 537. 79, 774. Management 29, 051. Accounting 30, 009. 23, 349. 00 Lobbying 972, 523. 30, 009. 23, 349.	Abs. Sol. and 10b of Part VII. Total expenses Program and ensities of the solution of

Form 990 (2023)

Part X Balance Sheet

THE GARDEN CONSERVANCY, INC.

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

					(A) Beginning of year		(B) End of year
	4	Cook non interest bearing			308,057.	1	532,831.
	1	Cash - non-interest-bearing			1,410,569.	2	2,670,206.
	2	Savings and temporary cash investments			2,923.	2	506,370.
	3	Pledges and grants receivable, net			4,943.	3	500,570.
	4 5	Accounts receivable, net Loans and other receivables from any current or				4	
	5	-					
		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes		Γ		5	
	6	Loans and other receivables from other disqualif	-			5	
	U	under section 4958(f)(1)), and persons described		6			
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ase	9	— · · · · · · · · · · · · · · · · · · ·			158,409.	9	219,656.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	250,681.			
	b	Less: accumulated depreciation		230,007.	5,433.	10c	20,674.
	11	Investments - publicly traded securities			29,407,854.	11	33,109,256.
	12	Investments - other securities. See Part IV, line 1	· · ·	12	· · ·		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		77,633.	15	242,619.	
	16	Total assets. Add lines 1 through 15 (must equa			31,370,878.	16	37,301,612.
	17	Accounts payable and accrued expenses			287,334.	17	342,405.
	18	Grants payable		18			
	19	Deferred revenue	4,000.	19	84,525.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Schedule D		21		
Se	22	Loans and other payables to any current or form	er officer	, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
iabi		controlled entity or family member of any of thes	e person	s		22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	-	T T T T T T T T T T T T T T T T T T T		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). C	Complete Part X			240 460
		of Schedule D			<u>74,474.</u> 365,808.	25	<u>240,469.</u> 667,399.
	26	Total liabilities. Add lines 17 through 25		X	505,000.	26	007,399.
S		Organizations that follow FASB ASC 958, che	ck nere				
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		-	15,914,320.	27	20,154,604.
ala	28	Net assets with donor restrictions			15,090,750.	28	16,479,609.
Ыd	20	Organizations that do not follow FASB ASC 9			15,050,150.	20	10,175,005.
Net Assets or Fund Balances		and complete lines 29 through 33.	,				
ç	29	Capital stock or trust principal, or current funds	ľ		29		
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
let ,	32	Total net assets or fund balances			31,005,070.	32	36,634,213.
Z	33	Total liabilities and net assets/fund balances			31,370,878.	33	37,301,612.
				·····	, , , , , , , , , , , , , , , , , , , ,		990 (2020)

Form 990 (2023)

Form	990 (2023) THE GARDEN CONSERVANCY, INC.	13-3	570145	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3	6,554 4,910 1,644 31,005),3: 1,3:	38. 92.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,984				
5	Net unrealized gains (losses) on investments	5 6	5,904	±,/.	<u></u>		
6 7	Donated services and use of facilities	7					
8	Investment expenses	8					
9	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	36,634	1,2			
Pa	rt XII Financial Statements and Reporting		•				
	Check if Schedule O contains a response or note to any line in this Part XII						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0.	-	Yes	No		
2a			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:						
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	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: Image: Separate basis Image: Consolidated basis Image: Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	x	1		
	review, or compilation of its financial statements and selection of an independent accountant?						
25	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		2		x		
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	rod audit	<u>3a</u>				
U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
	er addre, explain why en conclude o and describe any steps taken to undergo such addres			000	<u> </u>		

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

I.

Name	οτ τ	ne organization							Identification number	ər			
				SERVANCY, ING					3-3570145				
Part	Ι	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The or	gani	ization is not a private found	lation because it is: (F	For lines 1 through 12, cl	neck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative				(b)(1)(A)(ii	i).						
4	7	A medical research organiz					•	(iiii). Enter	the hospital's name.				
• _		city, and state:		,			·····	(<i>)</i> -	,				
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in				
•		section 170(b)(1)(A)(iv). (0			or operat								
6		A federal, state, or local go		ontal unit described in	soction 17	70(6)(1)(1)	60						
7		· · · ·	-					o goporal r	ublic deceribed in				
1	2												
o [section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8 [4	•											
9 🗌		An agricultural research org	-			-		-	-				
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or				
_	_	university:											
10 🗌		An organization that norma	•					-					
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.				
_	See section 509(a)(2). (Complete Part III.)												
11 🗋	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or												
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on												
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring				
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	orted				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally inte	grated. A supporting	a organization operated	in connect	tion with. a	and functional	lv integrate	d with.				
		its supported organization	• • • •					, 0	,				
d] Type III non-functionally		-				ted organiz	ration(s)				
-		that is not functionally int	• • •					•	.,				
		requirement (see instruct			•		-						
е		Check this box if the orga	,	•				I Type III					
C	L	functionally integrated, or					турс і, турс	n, rype m					
f	Into	er the number of supported of	ragnizationa			ation.							
		vide the following information	•	d organization(s)									
9 '		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10	in your governi	I	support (see ir	-	support (see instructions	s)			
		-		above (see instructions))	Yes	No							
Total													

Part II

THE GARDEN CONSERVANCY, INC.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2390916.	4870638.	3089955.	2625371.	4201567.	17178447.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	2390916.	4870638.	3089955.	2625371.	4201567.	17178447.
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)						1275141.
	Public support. Subtract line 5 from line 4.						15903306.
Sec	ction B. Total Support	1			1	1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2390916.	4870638.	3089955.	2625371.	4201567.	17178447.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	520,748.	504,341.	682,787.	635,908.	757,144.	3100928.
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	FC 010	4 004		44 001	40 762	1 7 2 2 0 7
	assets (Explain in Part VI.)	56,913.	4,994.	26,406.	44,221.	40,763.	
	Total support. Add lines 7 through 10						20452672.
	Gross receipts from related activities,		,				,991,771.
13	First 5 years. If the Form 990 is for th						
500	organization, check this box and stor ction C. Computation of Publi		contago				
				olumn (f))		14	77.76 %
	Public support percentage for 2023 (I					14	80.62 %
	Public support percentage from 2022 33 1/3% support test - 2023. If the c			ling 13 and ling 1			
104	stop here. The organization qualifies	-			14 13 33 17370 01 111		
h	33 1/3% support test - 2022. If the c		•				
~	and stop here. The organization qual						
1 7a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te					une enganne	
b	10% -facts-and-circumstances test	•	•		•		
_	more, and if the organization meets th	0				-	
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio				• •		s
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A (Form 990) 2023	THE	GARDEN	CONSERVANCY	, INC.
Part III Support Schedule for	r Orga	nizations	Described in Section	on 509(a)(2)

THE GARDEN CONSERVANCY INC

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
	check this box and stop here	-			·····		
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Income	e Percentage				
17	Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2023. If the	e organization did r				33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2022. If the	e organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	structions	
3320	23 12-21-23					Sche	dule A (Form 990) 2023
			16	5			

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THE GARDEN CONSERVANCY, INC.

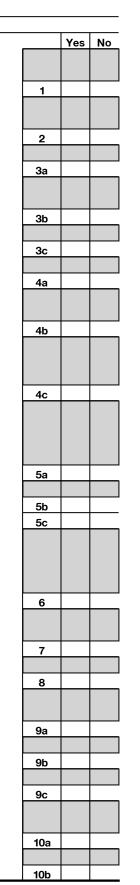
Part IV Supporting Organizations

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023

17

	(Form 990) 2023	THE	GARDEN	CONSERVANCY,	INC
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Sche	edule A (Form 990) 2023 THE GARDEN CONSERVANCY, INC. 13-	<u>357014</u>	5 Pa	ige 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	;,	100	110
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		· 1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	~		
U	significant voice in the organization's investment policies and in directing the use of the organization's			

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)
		•

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с	The organization supported a governmental entity.	Describe in Part VI how you se	supported a governmental entity	(see instruction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2023

З

2a

2b

3a

Yes No

332025 12-21-23

18

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

THE GARDEN CONSERVANCY, INC.

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

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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332026 12-21-23

THE GARDEN CONSERVANCY, INC.

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount

i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 THE GARDEN CONSERVANCY, INC. 13-3570145 Page 8
Part VISupplemental 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
2019 AMOUNT: \$ 5,738.
2020 AMOUNT: \$ 4,994.
2021 AMOUNT: \$ 1,906.
2022 AMOUNT: \$ 512.
NON-CHARITABLE FUNDRAISING RECEIPTS
2019 AMOUNT: \$ 51,175.
2021 AMOUNT: \$ 24,500.
2022 AMOUNT: \$ 43,709.
2023 AMOUNT: \$ 38,200.
MONITORING FEE
2023 AMOUNT: \$ 1,996.
PUBLICATIONS
2023 AMOUNT: \$ 567.

332028 12-21-23

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Sch	edu	le	В
Form	0001		

Department of the Treasury Internal Revenue Service

Name of the organization

THE	GARDEN	CONSERVANCY,	INC.
Organization type (check one)	:		

3-	3	5	7	0	1	4	5
----	---	---	---	---	---	---	---

1

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

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

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

General Rule

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

X 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 for an *exclusively* set in the set of the set of the parts unless to the set of the

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023) Name of organization

THE GARDEN CONSERVANCY, INC.

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
		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>353,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>275,253.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>251,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

13400514 144198 103539

Employer identification number

13-3570145

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023)

25 2023.03040 THE GARDEN CONSERVANCY, I 103539_1

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Schedule B (Form 990) (2023)

THE GARDEN CONSERVANCY, INC.

Name of organization

Schedule I	B (Form 990) (2023)		Page
Name of o	rganization		Employer identification number
THE G	ARDEN CONSERVANCY, INC.		13-3570145
Part III	Exclusively religious, charitable, etc., contributi		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gif	ft
	T		
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		e) Transfer of gif	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Transfer of sit	
		(e) Transfer of gif	it.
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
000454 10 55			
323454 12-26	5-20		Schedule B (Form 990) (202

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SCHEDULE D Supplemental Financial Statements					OMB No. 1545-004	47
	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Publi Inspection	ic
	e of the organizati	-		Employ	yer identification num	her
Nam	e of the organizati	THE GARDEN CONSERVA	ANCY, INC.		13-3570145	ibei
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ad	counts	Complete if the	
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds	and other accounts	
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised fund	ds		_
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes	No
6	•		dvisors in writing that grant funds can be used o	2		
			r donor advisor, or for any other purpose conferr	-		1
Pa	impermissible priv				Yes	No
			ganization answered "Yes" on Form 990, Part IV	, line 7.		
1		servation easements held by the organization of land for public use (for example, recrea		aria allu ina	nortant land area	
	X Protection of		Ition or education Image: Constraint of a mistic Image: Constraint of a cert Image: Constraint of a cert	•		
	X Preservation			ineu fiistoi		
2			fied conservation contribution in the form of a co	nservatior	easement on the last	
-	day of the tax yea	. .			eld at the End of the Tax '	
а				2a	8	}
b				2b	160.46	5
с	Number of conser	vation easements on a certified historic stru	ucture included on line 2a	2c	3	3
d	Number of conser	vation easements included on line 2c acqu	ired after July 25, 2006, and not			
				2d	0)
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	ization du	ring the tax	
	year		1			
4		where property subject to conservation eas				
5	0	tion have a written policy regarding the per			X Yes	No
6		forcement of the conservation easements it	noids? handling of violations, and enforcing conservation			
U		29		on caseine	and during the year	
7			lling of violations, and enforcing conservation ea	sements o	luring the year	
	16,35		5		5 ,	
8	Does each conser	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, descri	be how the organization reports conservation	on easements in its revenue and expense statem	nent and		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements the	at describ	es the	
De		counting for conservation easements.				
Pa		•	Art, Historical Treasures, or Other S	oimilar A	issets.	
		f the organization answered "Yes" on Form				
18	•		8, not to report in its revenue statement and bala			
			blic exhibition, education, or research in furtherar			
h	•		ncial statements that describes these items. 8, to report in its revenue statement and balance	a shaat wa	orks of	
U U	-	· ·	exhibition, education, or research in furtherance			
		ing amounts relating to these items.				
	-			\$		
				•		
2			asures, or other similar assets for financial gain,			
	-	upto required to be reported upder EASP A				

LH	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
	b Assets included in Form 990, Part X	\$
	a Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	

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Sche		DEN CONSERV				<u>13-35</u>		D P	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply).								
а	a Public exhibition d Loan or exchange program								
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang				n Form 990	. Part IV. li	ne 9. or		
	reported an amount on Form 990, Par		0			, ,	,		
1a	Is the organization an agent, trustee, custodi	an, or other intermedi	iary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
		·	C				Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				oilitv?		Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •		_		Ī
Par		the organization answ	wered "Yes" on For	m 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years	back
1a	Beginning of year balance	28,258,251.	33,943,355.	29,519,027.	. 24,2	276,768.	19,868,37		370.
b	Contributions	905,489.	146,187.	901,390.	01,390. 2,752,280.				319.
с	Net investment earnings, gains, and losses	5,300,723.	-5,285,073.	4,500,159.	. 3,4	412,638.	5,282,241		241.
d	Grants or scholarships								
	Other expenditures for facilities								
-	and programs	909,022.	546,218.	977,221.	. 9	922,659.	904,162.		162.
f	Administrative expenses	155,756.		,		,		,	
g	End of year balance	33,399,685.	28,258,251.	33,943,355.	29,5	519,027.	24	276,	768.
2	Provide the estimated percentage of the curr	, ,			· · ·	,	,	,	
- a	Board designated or quasi-endowment	53.7800	%						
h	Permanent endowment 46.2200	%	_/0						
r c		%							
Ŭ	The percentages on lines 2a, 2b, and 2c sho								
39	Are there endowment funds not in the posse		ion that are held ar	nd administered for	tho				
ou	organization by:			a administered for			ſ	Yes	No
	(i) Unrelated organizations?						3a(i)		X
							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organizations						3b		<u> </u>
1	Describe in Part XIII the intended uses of the						50		L
Par	t VI Land, Buildings, and Equipm		inent funds.						
	Complete if the organization answere		Part IV. line 11a. S	ee Form 990. Part >	K. line 10.				
	Description of property	(a) Cost or ot			Accumulat	ba	(d) Boo	k valu	
	Description of property	basis (investm	()		lepreciatior		(4) 000	i valu	5
1a	Land		, ,	. ,					
	Buildings								
	Leasehold improvements		9	2,401.	73,3	51.	1	9.0	50.
				8,280.	156,6			1,6	
	Equipment				100,0			_,	<u> </u>
	Other		(line 10 !				21	0,6	74
Total	Aud intes la through le. (Column (d) must e	gual Form 990, Part X	<u>, ine IUC, column</u>	(B))					

Schedule D (Form 990) 2023

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		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	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(E) (F)			
(F) (G)			
(H)			
Fotal . (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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	d-of-year market value
(1)	()		,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o			
Complete in the organization anowered into o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) [11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col.	Description		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o	Description		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability	Description		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes	Description (<i>B</i>)) n Form 990, Part IV, line		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes	Description (B)) n Form 990, Part IV, line PACE		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY - OFFICE S (3) LEASE LIABILITY - EQUIPMEN	Description (B)) n Form 990, Part IV, line PACE		
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY - OFFICE S (3) LEASE LIABILITY - EQUIPMEN (4)	Description (B)) n Form 990, Part IV, line PACE		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY - OFFICE S (3) LEASE LIABILITY - EQUIPMEN (4) (5)	Description (B)) n Form 990, Part IV, line PACE		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY - OFFICE S (3) LEASE LIABILITY - EQUIPMEN (4) (5) (6)	Description (B)) n Form 990, Part IV, line PACE		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY – OFFICE S (3) LEASE LIABILITY – OFFICE S (3) LEASE LIABILITY – EQUIPMEN (4) (5) (6) (7)	Description (B)) n Form 990, Part IV, line PACE		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY - OFFICE S (3) LEASE LIABILITY - EQUIPMEN (4) (5) (6)	Description (B)) n Form 990, Part IV, line PACE		(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

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Schedule D (Form 990) 2023 THE GARDEN CONSERVANCY, INC.

	dule D (Form 990) 2023 THE GARDEN CONSERVANCY, IN					<u>35/0145</u>	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Witl	h Reven	ue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
1	Total revenue, gains, and other support per audited financial statements				1	10,630) <u>,979.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	3,98	<u>34,751.</u>			
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d				2e		.,751.
3	Subtract line 2e from line 1				3	6,646	5,228.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a					
b	Other (Describe in Part XIII.)	4b	- 9	91,498.			
	Add lines 4a and 4b				4c		.,498.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				5		,730.
с 5	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expe	nses per F	•		.,730.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) At XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expe	nses per l	•	n	
с 5	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expe	nses per F	•	n	.,836.
c 5 Pa	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expe	nses per F	Retur	n	
с 5 Ра	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wi	th Expe	nses per F	Retur	n	
c 5 Pai 1 2 a	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expe	nses per F	Retur	n	
c 5 Pai 1 2 a	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wi	th Expe	nses per F	Retur	n	
c 5 Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wi	th Expe	nses per F	Retur	n	
c 5 Par 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents Wi	th Expe	nses per F	Retur	n <u>5,001</u> 91	., <u>836.</u>
c 5 Par 1 2 a b c d	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Exper	nses per F	1	n <u>5,001</u> 91	.,836.
c 5 Par 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Exper	nses per F	1 2e	n <u>5,001</u> 91	., <u>836.</u>
c 5 Pai 1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Exper	nses per F	1 2e	n <u>5,001</u> 91	., <u>836.</u>
c 5 Pai 1 2 a b c d e 3 4 a	t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wi	th Exper	nses per F	1 2e	n <u>5,001</u> 91	., <u>836.</u>
c 5 Par 1 2 a b c d e 3 4 a b	t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	th Exper	nses per F	1 2e	n 5,001 91 4,910	<u>,498.</u> , <u>338.</u>
c 5 Pau 1 2 a b c d e 3 4 a b c 5	XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	sth Experience	nses per F	1 2e 3	n 5,001 91 4,910	., <u>498.</u>), <u>338.</u>

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 II, LINE 9:

CONSERVATION EASEMENTS ARE VALUED AT \$100 EACH.

PART V, LINE 4:

THE CONSERVANCY ESTABLISHED A GENERAL ENDOWMENT FUND TO PROVIDE A STABLE

SOURCE OF UNRESTRICTED REVENUES, IN PERPETUITY, FOR THE CONSERVANCY'S

PROGRAMS AND OPERATIONS.

PART X, LINE 2:

THE CONSERVANCY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. NO PROVISION FOR FEDERAL OR STATE

INCOME TAXES OR FOR TAXES ON UNRELATED BUSINESS INCOME HAS BEEN RECORDED.

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Schedule D (Form 990) 2023 THE GARDEN CONSERVANCY, INC.	13-3570145 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	-91,498.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
	01 409
FUNDRAISING EXPENSES	91,498.
	Schedule D (Form 990) 2023

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ties	OMB No. 1545-0047	
(Form 990)	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.							2023	
Department of the Treasury		Attach to Form 990 or Form 990-EZ.							
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n		Inspection	
Name of the organization	n							entification number	
		DEN CONSERVANCY, I					13-3570		
required to	complete this par						7. Form 990-E	Z filers are not	
	-	ed funds through any of the followin	-						
a X Mail solicitat				•	overnment grants				
	email solicitations				nment grants				
c Phone solici		g Special	fundra	aising	events				
d In-person so									
U U		or oral agreement with any individual	•	Ũ					
, , ,		art VII) or entity in connection with p			•		X Ye		
		viduals or entities (fundraisers) pursu	ant to	agreei	ments under which t	he fur	idraiser is to b	e	
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres or entity (fund		(ii) Activity fundraiser (iv) Gross receipts to (or re bave custody from activity fundraiser			Amount paid r retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization			
CREATIVE FUNDRAISI	NG ADVISORS		Yes	No					
- 1041 GRAND AVENU		CAPITAL CAMPAIGN		x	o.		81,458,	-81,458.	
	,						,	,	
								 	
<u>Total</u>			<u></u>				81,458.	-81,458.	
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	l it is e	exempt from re	egistration	

AL, CA, CT, FL, IL, MA, MO, NJ, NY, PA, SC, VA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

THE GARDEN CONSERVANCY, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 NY HOLIDAY EVENT	(b) Event #2 SAN FRANCISCO FA	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
	1 Gross receipts	56,650.	22,400.		79,050
	2 Less: Contributions	26,550.	14,300.		40,850
	3 Gross income (line 1 minus line 2)	30,100.	8,100.		38,200
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,500.	5,000.		8,500
	7 Food and beverages	28,855.	16,652.		45,507
	8 Entertainment				
	9 Other direct expenses	15,898.	21,593.		37,491
ŀ	10 Direct expense summary. Add lines 4 through	9 in column (d)			<u>91,498</u> -53,298
	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
	2 Cash prizes				
-	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
		cts gaming activities:			

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

332082 09-13-23

Schedule G (Form 990) 2023

Sche	dule G (Form 990) 2023	THE GARDEN	CONSERVANCY,	INC.	13-3	57014	15 Page 3
11	Does the organization conduct gar					Ye	s 🗌 No
	s the organization a grantor, benefi						
	o administer charitable gaming?					Ye	s 🔄 No
	ndicate the percentage of gaming a						0/
	The organization's facility An outside facility					13a 13b	<u> %</u> %
	Enter the name and address of the						///
			с с				
	Name						
	Adross						
	Address						
15a	Does the organization have a contra	act with a third party fi	rom whom the organizat	ion receives gaming	revenue?	. 🗌 Ye	s 🗌 No
b	f "Yes," enter the amount of gamin	g revenue received by	the organization \$		_ and the amount		
	of gaming revenue retained by the t						
С	f "Yes," enter name and address o	the third party:					
	Name						
	Address						
16	Gaming manager information:						
16	daming manager information.						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	· · ·						
	Director/officer	Employee	Independent	contractor			
				contractor			
17	Mandatory distributions:						
	s the organization required under s	tate law to make char	itable distributions from	the gaming proceed	s to		
						└── Ye	s 🛄 No
	Enter the amount of distributions re organization's own exempt activitie	•	v to be distributed to oth \$	ier exempt organizati	ions or spent in the		
Par				Part I, line 2b, colum	nns (iii) and (v); and Par	t III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as a	pplicable. Also provid	e any additional informa	tion. See instructions	3.		
SCI	EDULE G, PART I, I		ያጥ ሰፑ ጥፑክ ዘፕ		FIINDRATCERC	•	
001	<u></u>					•	
/ T \							
(I)	NAME OF FUNDRAIS	SR: CREATIV	E FUNDRAISIN	G ADVISORS			
(I)	ADDRESS OF FUNDR	AISER:					
	_						
104	1 GRAND AVENUE, S	SUITE 225, 8	ST. PAUL, MN	55105			
PAF	T I, LINE 2B, COL	UMN (V):					
CAI	ITAL CAMPAIGN AND	A FEASIBIL	ITY STUDY.				
33208	09-13-23		24		Schedu	ule G (Fo	rm 990) 2023

Sche	edule	G	(Form	990

Part IV Supplemental Information (continued)	
	Schedule G (Form 990)

332084 04-01-23

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury	Comple	ete in the organizatio	Attach to Form		rt IV, line 2 i or 22.		Open to Public	
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection	
Name of the organization THE GARDE	N CONSERVA	ANCY, INC.					Employer identification number $13 - 3570145$	
Part I General Information on Grants a								
 Does the organization maintain records a criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?							
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
BARD COLLEGE 30 CAMPUS RD. ANNANDALE-ON-HUDSON, NY 12504	14-1713034	501 (C) (3)	71,423.	0.			COMMISSIONING OF CONSTRUCTION DOCUMENTS FOR THE RESTORATION OF BLITHEWOOD GARDENS	
GANNA WALSKA LOTUSLAND 695 ASHLEY RD. SANTA BARBARA, CA 93108	23-7082550	501 (C) (3)	30,000.	0.			LOTUSLAND'S CAPITAL CAMPAIGN	
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK ST. OAKLAND, CA 94607	45-3138892	501 (C) (3)	20,000.	0.			TO SUPPORT THE GARDEN RELATED ASPECTS OF THE ALL IN: THE CAMPAIGN OF OMCA	
NEIGHBORHOOD GARDENS TRUST 100 N 20TH ST., STE. 405 PHILADELPHIA, PA 19103	22-2741750	501 (C) (3)	10,000.	0.			GENERAL OPERATING SUPPORT	
HUNGER AND HEALTH COALITION PO BOX 1837 BOONE, NC 28607	56-1322973	501 (C) (3)	10,000.	0.			GENERAL OPERATING SUPPORT	
PORT GAMBLE SKLALLUM FOUNDATION 31912 LITTLE BOSTON RD. NE KINGSTON, WA 98346	91-1145489	501 (C) (3)	10,000.	0.			GENERAL OPERATING SUPPORT - HERONSWOOD GARDEN	
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization: 			e line 1 table				9.	

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

LHA 332101 11-01-23

Schedule I (Form 990) 2023

Schedule I (Form 990) THE GARDEN CONSERVANCY, INC.

Page 1

Part II Continuation of Grants and Othe	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
GAINING GROUND, INC.								
PO BOX 374								
CONCORD, MA 01742	04-3083976	501 (C) (3)	10,000.	0.			GENERAL OPERATING SUPPORT	
BROOKLYN QUEENS LAND TRUST 30 3RD AVE., APT. 842								
BROOKLYN, NY 11217	61-1441052	501 (C) (3)	10,000.	0.			GENERAL OPERATING SUPPORT	
BOISE VERTICAL FARM, INC. 5810 W CASTLE DR.								
BOISE, ID 83703	83-3345521	501 (C) (3)	10,000.	0.			GENERAL OPERATING SUPPORT	
		1		1	1	1		

Schedule I (Form 990)

Schedule | (Form 990) 2023 THE GARDEN CONSERVANCY, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE GARDEN CONSERVANCY MAINTAINS COMMUNICATION WITH THE GRANTEE

ORGANIZATIONS THROUGHOUT THE YEAR TO ENSURE THAT THE GRANTS ARE BEING USED

IN ACCORDANCE WITH THE GRANT AGREEMENTS/CONTRACTS.

13-3570145

Page **2**

sc	SCHEDULE J			OMB No. 1545-0047		47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	<u>ZJ</u>)	
Depa	rtment of the Treasury	Attach to Form 990.		Open to Public			
Interr	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nan	ne of the organization			identificatio		mber	
De		THE GARDEN CONSERVANCY, INC.	13-	357014	5		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
та		ate box(es) if the organization provided any of the following to or for a person listed on Forr	n 990,				
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.					
	Travel for com						
		ation and gross-up payments I Health or social club dues or initiation fe					
	Discretionary spending account Personal services (such as maid, chauffeur, o						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
~	-	in the second		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
	,	, , , , , , , , , , , , , , , , , , , ,					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization	's				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organiza	tion to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation	n committee Written employment contract					
	X Independent of	compensation consultant I Compensation survey or study					
	Form 990 of o	ther organizations I 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 re	lated organization:					
а		e payment or change-of-control payment?		4a		X	
b		eive payment from a supplemental nonqualified retirement plan?				X	
С		eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
-		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	1011				
~	contingent on the r			50		X	
		ation?				X	
U		ation?		50			
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion				
U	contingent on the r						
а	-			6a		X	
		ation?				x	
		or 6b, describe in Part III.					
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen	ts				
	not described on lines 5 and 6? If "Yes," describe in Part III			7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			8		X		
9							
	Regulations section		<u></u>	9			
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2023	

LHA 332111 11-06-23

Schedule J (Form 990) 2023

13-3570145

Page **2**

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES BRAYTON HALL	(i)	248,815.	0.	0.	12,666.	23,145.	284,626.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONNA MORTENSEN	(i)	171,536.	0.	0.	8,748.	22,045.	202,329.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDUI	LE M
(Form 990))

Noncash Contributions

OMB No. 1545-0047

Open to Public

13-3570145

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

Department of the Treasury Internal Revenue Service

Dort I

Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
	Employer	identification number

Name of the organization

THE GARDEN CONSERVANCY, INC.

Fai			(1)	()				
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contributior amounts reported on Form 990, Part VIII, line	noncash contril	determin	•	S
				Form 990, Fart VIII, IIIle				
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		7	27,74	9.NYSE			
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 - Oth							
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 co	ontributions				
	for which the organization completed Fo	orm 8283, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization rec	eive by contributio	n any property rep	orted in Part I, lines 1 thr	ough 28, that it			
	must hold for at least 3 years from the d	ate of the initial co	ntribution, and whi	ch isn't required to be us	sed for			
	exempt purposes for the entire holding			·		30a		Х
b	If "Yes," describe the arrangement in Pa							
31	Does the organization have a gift accept		quires the review o	of any nonstandard contr	ibutions?	31	Х	
	22 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?		•			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amou	nt in column (c) fo	r a type of property	for which column (a) is a	checked,			
	describe in Part II.							
For F	Paperwork Reduction Act Notice, see the	a Instructions for	Form 990		Schedule	M (Forr	n 990)	2023

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization 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 for the latest information.



Employer identification number

13 - 3570145

THE GARDEN CONSERVANCY, INC.

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

THE GARDEN CONSERVANCY CONTINUED TO STRENGTHEN AND EXPAND ITS IN 2023. PROGRAMS THANKS TO THE GENEROSITY AND ENGAGEMENT OF A GROWING COMMUNITY AND EVENT PARTICIPANTS. THE CONSERVANCY PROVIDED OF MEMBERS, DONORS, IN-PERSON AND VIRTUAL EDUCATION OPPORTUNITIES FOR ITS MEMBERS AND THE PUBLIC TO EXPLORE AND LEARN ABOUT THE MANY WAYS GARDENS INFLUENCE AND IMPROVE OUR LIVES. DURING THE 2023 SEASON, THE OPEN DAYS GARDEN-VISITING PROGRAM SOLD OVER 31,000 TICKETS TO 286 GARDEN OPENINGS OFFERED IN 18 STATES. WE PRESENTED 17 VIRTUAL PROGRAMS TO OVER 6,000 PARTICIPANTS FROM 45 STATES. THE 2023 NATIONAL SPEAKING TOUR FEATURED SUE STEWART SMITH, A PSYCHIATRIST, PSYCHOTHERAPIST, AND AUTHOR, WHO ENTERTAINED AUDIENCES IN FOUR CITIES. MORE THAN 250 GARDENING ENTHUSIASTS FROM ACROSS THE COUNTRY ATTENDED THE CONSERVANCY'S GARDEN FUTURES SUMMIT, A TWO-DAY EVENT IN NEW YORK CITY, THAT FOCUSED ON THE ISABELLA TREE, ENVIRONMENT, COMMUNITY AND CULTURE. RENOWNED AUTHOR AND REWILDING ADVOCATE DELIVERED THE KEYNOTE ADDRESS AT THE SUMMIT. MS. TREE THEN EMBARKED ON A THREE-CITY TOUR AROUND THE COUNTRY. OUR GARDEN FUTURES GRANTS PROGRAM (INCLUDING THE PAGE DICKEY GRANT FOR AMERICAN GARDENS AND THE JEAN AND JOHN GREENE PRIZE FOR EXCELLENCE IN THE FIELD OF AMERICAN GARDENING) SUPPORTED 20 NON-PROFIT ORGANIZATIONS MAKING A DIFFERENCE IN THEIR LOCAL COMMUNITIES THROUGH GARDEN-BASED PROGRAMMING.

 THROUGH OUR PRESERVATION PROGRAM, WE CONTINUED TO OFFER GUIDANCE AND

 ASSISTANCE TO THOSE LOOKING TO PRESERVE OR RESTORE GARDENS, WHILE ALSO

 ENSURING THE LONGEVITY OF THE EIGHT GARDENS THE GARDEN CONSERVANCY

 PROTECTS THROUGH CONSERVATION EASEMENTS. THROUGH THE SUZANNE AND

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
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Schedule O (Form 990) 2023	Page 2
Name of the organization THE GARDEN CONSERVANCY, INC.	Employer identification number $13 - 3570145$
FREDERIC RHEINSTEIN GARDEN DOCUMENTATION PROGRAM, WE CONTI	NUED THE FILM
DOCUMENTATION OF TWO ADDITIONAL GARDENS, THE ANNE SPENCER	HOUSE AND

GARDEN MUSEUM IN LYNCHBURG, VA AND THE SPECTACULAR WOODLAND GARDEN OF

LOUISE AGEE WRINKLE OF BIRMINGHAM, AL.

FORM 990, PART VI, SECTION A, LINE 4:

THE TERM LIMITS FOR CHAIR AND VICE CHAIR WERE CHANGED FROM TWO 3-YEAR TERMS TO TWO 2-YEAR TERMS.

FORM 990, PART VI, SECTION A, LINE 6:

THE PUBLIC IS WELCOME TO BECOME MEMBERS. THERE ARE DIFFERENT LEVELS OF MEMBERSHIP, EACH OF WHICH HAS A VARIETY OF COMPLIMENTARY AND DISCOUNTED ADMISSIONS TO OPEN DAYS AND VIRTUAL TALKS, INVITATIONS TO EVENTS AND SPECIAL PROGRAMS, AND SUBSCRIPTIONS TO PRINT AND ELECTRONIC NEWSLETTERS.

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

MANAGEMENT REVIEWS THE FORM 990 AND ALL SCHEDULES FOR ACCURACY. ONCE

MANAGEMENT COMPLETES ITS REVIEW, THE FORM 990 IS DISTRIBUTED TO ALL BOARD

MEMBERS BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

PRIOR TO THE ANNUAL MARCH BOARD MEETING, BOARD MEMBERS RECEIVE THE CONFLICT OF INTEREST QUESTIONNAIRE. THE CHIEF OF STAFF AND BOARD LIAISON ARE RESPONSIBLE FOR COLLECTING COMPLETED QUESTIONNAIRES. PER THE ORGANIZATION'S BYLAWS, THE AUDIT, FINANCE AND INVESTMENTS COMMITTEE IS CHARGED WITH

45

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

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

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization THE GARDEN CONSERVANCY, INC.	Employer identification number 13-3570145
BOARD LEADERSHIP MEETS ANNUALLY TO REVIEW AND APPROVE COMP	ENSATION OF THE
PRESIDENT. THE ORGANIZATION ENGAGED A FIRM SPECIALIZING IN	COMPENSATION
THAT PERFORMED A STUDY THAT WAS COMPLETED DURING THE FISCA	L YEAR AND SHARED
WITH THE BOARD AND APPROPRIATE MANAGEMENT PERSONNEL.	
THE PRESIDENT MEETS ANNUALLY TO REVIEW AND APPROVE COMPENS	ATION OF SENIOR
MANAGEMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AR	E MADE AVAILABLE
UPON WRITTEN REQUEST TO THE ORGANIZATION. FINANCIAL STATEM	ENTS ARE ALSO
AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	862,448.
MANAGEMENT AND GENERAL EXPENSES	59,222.
FUNDRAISING EXPENSES	48,154.
TOTAL EXPENSES	969,824.
SPEAKER FEES AND TRAVEL:	
PROGRAM SERVICE EXPENSES	67,761.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	67,761.
ADMISSION FEES:	
PROGRAM SERVICE EXPENSES	42 , 314 . Schedule O (Form 990) 2023
Δ6	

13400514 144198 103539

⁴⁶ 2023.03040 THE GARDEN CONSERVANCY, I 103539_1

Schedule O (Form 990) 2023 Name of the organization THE GARDEN CONSERVANCY, INC.	Page 2 Employer identification number 13-3570145
MANAGEMENT AND GENERAL EXPENSES	400.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	42,714.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,080,299.
³³²²¹² 11-14-23 47 400514 144198 103539 2023.03040 THE GARDEN	Schedule O (Form 990) 2023 CONSERVANCY . I 10353

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