EXTENDED	TO	NOVEMBER	15,	2022	

Return of Organization Exempt From Income Tax

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

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

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



B Construction D Employee Identification number B Charge EROOKLYN BOTANIC GARDEN CORPORATION 11-2417338 Doing Dusiness as Doing Dusiness as 11-2417338 Number and stere (or P.0. box If mail is not delivered to streat address) Room/suite E Telephone number 1000 WASHINGTON AVENUE City or town, state or province, country, and ZIP or foreign postal code G orear secues 3 53, 781, 051. H(a) Itaxe accompt status; X 301(c)(3) 501(c) () (insert nc.) 4947(a)(1) or 527 I Taxe accompt status; X 301(c)(3) 501(c) () (insert nc.) 4947(a)(1) or 527 I Taxe accompt status; X 301(c) (2) 501(c) () (insert nc.) 4947(a)(1) or 527 I Taxe accompt status; X 301(c) (2) 501(c) () (insert nc.) 4947(a)(1) or 527 I Taxe accompt status; X 301(c) (2) (insert nc.) 4947(a)(1) or 527 I Taxe accompt addition industry Taxe accompt addition industry M State of legal domicile; MY Particity Garany Sontalion Taxe accompt addition industry	A	For the	2021 calendar year, or tax year beginning and e	ending		
BROUKLYN BOTANIC CARDEN CORPORATION BROWLYN Bother and steel (of P.0. box if mail is not delivered to street address) 1000 WASHINGTON AVEXUE BROWLYN, NY 11225-1008 BROWLYN, NY 11225-1008 BROWLYN, NY 11225-1008 BROWLYN, NY 11225-1008 Fame and address of principal officer. ADRIAN BENEPE SAME AS C ADOVE I Tak-exempt status: S01(c)(3) Website: WWM, BBG. 080 H(b) real status: S01(c)(3) Website: WWM, BBG. 080 HC ford (vescribe the organization's mission or most significant activities: AN URBAN BOTANIC GARDEN THAT CONNECTS PEOPLE TO THE WORLD OF PLANTS (SEE SCHEDULE 0). 2 Check fits box Image of the organization's discontinued its operations or disposed of more than 25% of its net assets. 3 Number of indipendent voting members of the governing body (Part VI, line 1a) 4 Number of indipendent voting members of the governing body (Part VI, line 2a) 5 Total number of individuals employed in calendar year 2021 (Part VI, line 2b) 6 Total number of individuals employed in calendar year 2021 (Part VI, line 2b) <t< td=""><td>В</td><td>Check if</td><td></td><td></td><td>D Employer identif</td><td>ication number</td></t<>	В	Check if			D Employer identif	ication number
Number Network Network Doing business as 11-2417338 Number and street (or P.0. box II mail is not delivered to street address) Room/Suite E Telephone number 718-623-7222 City or town, state or province, country, and ZIP or foreign postal code Answard G Cross receipts 5 53, 781, 051. Amended Attender BinoxXL/XN, NY 11225-1008 G Cross receipts 5 S3, 781, 051. Amended Attender File Amended address of principal officer: ADRIAN BENEPE BinoxXL/XN, NY 11225-1008 Yes N Yes N J BriotXL/XN, NY 11225-1008 (insort no.) 4947(a)(1) or S27 Yes No I Tax.exempt status: X 501(c)(3) 501(c) ((insort no.) 4947(a)(1) or S27 Part II Summary Corporation Trust Association Other L Year of formation: 1977 M State of legal domicile: NY Part II Summary If the organization discontinue dits operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part V, line 1a) 4 3 4 Total number of independent voting members of the governing body (Part V, line 1a) 4 3 5 Total n		Address change	BROOKLYN BOTANIC GARDEN CORPORATION			
Institution Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 718-623-7222 Anonote manual manua		Name		11-2417338	이번 그는 아이지요.	
Big City or town, state or province, country, and ZIP or foroign postal code BROKLYN, NY 11225-1008 G cossreeejsts \$ 53,781,051. Manual Control BROKLYN, NY 11225-1008 Hal Is this a group return obsolution. Manual Control SAME AS C ABOVE Hal Is this a group return or subordinates? Hal Is this a group return or subordinates? Manual Control I Tax-exampt status: X 501(c)(3 501(c) ()		Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
BROOKLYN, NY 11225-1008 H(a) Is this a group return for subordinates? F Name and address of principal officer, ADRIAN BENEPE penderg H(a) Is this a group return for subordinates? Yes No I Taxexempt status: \$ 501(c)(3) 501(c)(.) (insert no.) 4947(a)(1) or 527 J Website: >WWW. BBG, OKG H(b) Xes all subordinates included? Yes No J Website: >WWW. BBG, OKG H(c) Is this a group return for subordinates? No J Website: >WWW. BBG, OKG H(c) Is this a group return for subordinates? No Z Check this tox I Briefly describe the organization is mission or most significant activities: AN URBAN BOTANIC GARDEN THAT 2000 (Constructions) 3 311 A Number of voting members of the governing body (Part VI, line 1a) 3 311 3 311 A Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 2724 6 750 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 274 6 750 B Contributions and grants (Part VIII, column For Form Form 990-T, Part I, line 11 Prior Year 19, 658, 086, 222, 597, 060. B Program service rovenue (Part VIII, column (A), lines 3, 4, and 7d) -66, 332. -27, 1470. I O three wenue (Part VIII,		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	53,781,051.
Periodic F Name and address of principal officer: ADRIAN BENEPE for subordinates? Yes ∑ No Image: Addition of the status: Significant address of principal officer: ADRIAN BENEPE for subordinates? No Image: Addition of the status: Significant address of principal officer: ADRIAN BENEPE No H(b) Are all subordinates? No Image: Addition of the status: Significant address of principal officer: ADRIAN BOTANIC GARDEN THAT No H(c) Group exemption number No Image: Addition of the organization's mission or most significant activities: AN URBAN BOTANIC GARDEN THAT CONNECTS PEOPLE TO TILE WORLD OF PLANTS (SEE SCIEDULE 0). Image: Addition of addition of the organization discontinued its operations or disposed of more than 25% of its net assets. Image: Addition of individuals employed in calendar year 2021 (Part V, line 1a) Image: Addition of additional income from Form 990-T, Part I, line 11 Image: Addition of Addition Addition of Addition Addition of Addition Addition of Addition		Amende				
I Tax-exempt status: X 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions J Website: ▶ WWW, BBG, ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1977 M State of legal domicile; NY Part I Summary I Briefly describe the organization's mission or most significant activities: NN URBAN BOTANIC GARDEN THAT CONNECTS PEOPLE TO TITE WORLD OF PLANTS (SEE SCIEDULE O). 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 3 3 4 Number of individuals employed in calendar year 2021 (Part VI, line 2a) 5 274 6 Total number of voluncers (estimate if necessary) 7a 0. 7 a total unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 9 Porgram service revenue (Part VIII, line 2g) 940,752. 4,737,877. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -66,382. -27,187. 11 Other revenue (P		Applica- tion			for subordinate	s? Yes X No
J Website: WWW. BBG. ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1977 M State of legal domicile: NY Part II Summary M State of legal domicile: NY M State of legal domicile: NY I Briefly describe the organization's mission or most significant activities: AN URBAN BOTANIC GARDEN THAT CONNECTS PEOPLE TO THE WORLD OF PLANTS (SEE SCHEDULE 0). 3 31 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voling members of the governing body (Part VI, line 1a) 3 31 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 2774 6 Total number of volunteers (estimate if necessary) 6 750 0. 7 A turnelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) -68, 382, -27, 187. 10 11 Other revenue Chart VIII, line 10, line 3, 4, and 7d) -68, 382, -27, 187. 12 Total nurelated business	-1-	Tax-exen	not status: $X = 501(c)(3) = 501(c)(2) \le 100 (c)(3) (c$	r 527	1	
K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1977 M State of legal domicile: NY Part II Summary Briefly describe the organization's mission or most significant activities: AN URBAN BOTANIC GARDEN THAT 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 3 31 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 5 274 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 2 2 7a 0. 7 Total numelated business revenue from Part VIII, column (C), line 12 7a 0. 0. 0. 9 Porgram service revenue (Part VIII, line 1h) 19,658,086. 22,597,060. 9 940,752. 4,737,877. 10 Investment income (Part VIII, line 2g) 940,752. 4,737,773,775. 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d) -68,382. -27,187. 10 Investment income (Part VIII, colum (A), lines 1:3) <td></td> <td></td> <td></td> <td>021</td> <td></td> <td></td>				021		
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CONNECTS PEOPLE TO THE WORLD OF PLANTS (SEE SCHEDULE 0). 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 5 Cotal number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 750 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 6 Number of individuals employed in calendar year 2021 (Part V, line 2a) 6 7 a Total unrelated business revenue from Form 990-T, Part I, line 11 7b 0 D 0. 9 Prior Year Current Year 8 Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d) -68, 382. -27, 187. 10 Investment income (Part VIII, column (A), lines 5, 64, 62, 9c, 10c, and 11e) 333, 511. 1, 273, 775. 12 Total revenue (Part VII, column (A), lines 1-3) 0. 0. 0. 11 Other revenue (Part XI, column (A), lines 1-3) 0. 0. 0. 0. 12 Total revenue add lines 8 through 11		1 B	riefly describe the organization's mission or most significant activities: AN URBA	N BOTANI	C GARDEN THAT	
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 339, 511. 1, 273, 773. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20, 869, 967. 28, 581, 525. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15, 434, 089. 17, 055, 249. 16a Professional fundraising fees (Part IX, column (D), line 25) 1, 339, 718. 5, 469, 216. 6, 690, 000. 17 Other expenses (Part IX, column (D), line 25) 1, 339, 718. 11, 339, 718. 11, 339, 718. 17 Other expenses (Part IX, column (A), line 11e, 114, 11f-24e) 5, 469, 216. 6, 690, 000. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20, 988, 655. 23, 818, 749. 19 Revenue less expenses. Subtract line 18 from line 12 -118, 688. 4, 762, 776. 8eginning of Current Year End of Year 20 Total assets (Part X, line 16) 121, 330, 909. 140, 872, 078. <tr< td=""><td></td><td>10 Ir</td><td></td><td></td><td>-68,382</td><td></td></tr<>		10 Ir			-68,382	
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Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 121,330,909. 140,872,078. 21 Total liabilities (Part X, line 26) 24,459,297. 25,571,357.					-118,688	4,762,776.
State 20 Total assets (Part X, line 16) 121,330,909. 140,872,078. 24 459,297. 25,571,357. 25,571,357.	or	EN CONTRACTOR			ginning of Current Year	End of Year
Žů 21 Total liabilities (Part X, line 26) 24,459,297. 25,571,357. 22 Net assets or fund balances. Subtract line 21 from line 20 96,871,612. 115,300,721.	ets	д 20 Т	otal assets (Part X, line 16)			
호텔 22 Net assets or fund balances. Subtract line 21 from line 20	Ass		otal liabilities (Part X, line 26)		24,459,297	. 25,571,357.
	Net	22 N			96,871,612	. 115,300,721.

Part II Signature Block

Form **990**

Department of the Treasury

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

Sign Here	Signature of officer A SEIM BENEPE, P. Type or print name and title		Date	11/2/2022	
Paid	Print/Type preparer's name ALEXANDER LAZZARUOLO	Preparer's signature Alexander Lazzaruolo	Date 10/23/2022	Check PTIN if self-employed P01775353	
Preparer	Firm's name 🍺 CONDON O'MEARA MCGINTY &			EIN 🕨 13-3628255	
Use Only	Firm's address NONE BATTERY PARK PLAZA,	7TH FL.	,		
	NEW YORK, NY 10004		Phone	eno.212-661-7777	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes	No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) BROOKLYN BOTANIC GARDEN CORPORATION	11-2417338	Page
ar	t III Statement of Program Service Accomplishments		X
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		A
	SEE SCHEDULE O		
	Did the organization undertake any significant program services during the year which were not listed on the		es 🗵 N
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Y	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 🗵 N
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as n Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.		, and
I	(Code:) (Expenses \$5,010,056. including grants of \$) (Revenue)	e\$	
	HORTICULTURE: SEE SCHEDULE O.		
	4,000,000		
)	(Code:) (Expenses \$4,903,689. including grants of \$) (Revenue to the second secon	e\$	
	/		727 077
;	(Code:) (Expenses \$3,271,883. including grants of \$) (Revenue EDUCATION AND OUTREACH PROGRAMS: SEE SCHEDULE O.	e\$4,	131,011.
	·		
	Other pressure convinces (Decervine on Selecture O)		
d	Other program services (Describe on Schedule O.) (Expenses \$ 6,586,714. including grants of \$) (Revenue \$)	
)	
,	Total program service expenses ► 19,772,342.		

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Form 990 (2021) BROOKLYN BOTANIC G BROOKLYN BOTANIC GARDEN CORPORATION

11 - 2417338Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
h	Part VI	<u>11a</u>	А	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
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Form	990	(2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50		30		x
31	contributions? <i>If</i> "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I	31		x
32	Did the organization requirate, terminate, or dissolve and cease operations? <i>If yes, complete Schedule N, Part I</i>	- 51		
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<u>م</u> ح -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^^
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	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?			v
07	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			
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1 0				
	Check if Schedule O contains a response or note to any line in this Part V		X -	
			Yes	No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 70			
b	Enter the number of roms wize included of the ra. Enter of inflot applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X 000	0.000
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Form	990 (2021) BROOKLYN BOTANIC GARDEN CORPORATION 11-241733	8	Р	age 5
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 274			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		x
Ь	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 contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ũ	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
		9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	- 55		
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?N/A	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			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the experimentian of a structure limit the subject to the experime 1000 surjection and investment in some 0	16		x
.0	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			
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		1 3111	–	(

	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
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	-		
	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.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 31 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	–		
5	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a				
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
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 reached at the			
	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 Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	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 arrangement with a			v
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10		
200	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)	-1 <i>C</i>	-:-!	
40	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u tinan	cial	
19	statements available to the public during the tax year.			
	> toto the name, address, and telephone number at the nerven whe necessary the ergenization's books and records			
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DOROTA RASHID - 718-623-7222 1000 WASHINGTON AVENUE, BROOKLYN, NY 11225			

Form 990 (2021)	BROOKLYN BOTANIC GARDEN CORPORATION	11-2417338	Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees, High	lest Compensated	
Employee	es, and Independent Contractors		
Check if Sch	nedule O contains a response or note to any line in this Part VII		
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employees	5	
1a Complete this table	or all persons required to be listed. Report compensation for the calendar year	r ending with or within the organization's	tax year.
 List all of the organ 	nization's current officers, directors, trustees (whether individuals or organizati	ions), regardless of amount of compensa	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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		rson i	is botł	n an	compensation	compensation	amount of
	week		officer and a director/true		or/trus	tee)	from	from related	other	
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trustee		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ADRIAN BENEPE	40.00	_	_			<u> </u>				
PRESIDENT				х				350,280.	0.	16,369.
(2) KATHRYN GLASS	40.00									
CHIEF OF MARKETING						Х		219,106.	Ο.	30,409.
(3) DOROTA RASHID	40.00									
CFO/VP OF FINANCE				Х				207,918.	٥.	30,409.
(4) LESLIE FINDLEN	40.00									
SR. V.P. OF INST. ADV.						X		224,268.	0.	11,535.
(5) ROWAN BLAIK	40.00									
V.P. OF HORTICULTURE						X		136,872.	٥.	29,779.
(6) TRACEY FAIRELAND	40.00									
V.P. OF CAPITAL PROJECTS						X		140,794.	٥.	11,535.
(7) SONAL BHATT	40.00									
V.P. OF EDUCATION						X		142,527.	٥.	0.
(8) DIANE H. STEINBERG	5.00									
BOARD CHAIR		Х		Х				٥.	٥.	0.
(9) JENNIFER ROGG EISENSTADT	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(10) SUZANNE T. MARQUARD	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) LLOYD M. METZ	5.00									
VICE CHAIR		Х		Х				٥.	٥.	0.
(12) MARTHA MAST WATTS	5.00									
TREASURER		Х		Х				0.	0.	0.
(13) ELIZABETH GILE	5.00									
SECRETARY		Х		Х				٥.	٥.	0.
(14) JEB STUART ARMSTRONG	5.00									
TRUSTEE		Х						٥.	٥.	0.
(15) SASHA BASS	5.00									
TRUSTEE		Х						0.	0.	0.
(16) FREDERICK BLAND	5.00									
TRUSTEE		Х						0.	0.	0.
(17) COURTNEY BROADWATER	5.00									
TRUSTEE		Х						٥.	0.	0.
										Form 990 (2021)

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Form 990 (2021)

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2021.04030 BROOKLYN BOTANIC GARDEN C 74362V_1

Form 990 (2021) BROOKLYN BOTA	NIC GARDEN	CO	RPO	RAT:	ION				11-2417	338		Paç	ge X
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not cl , unles	ss per	ition more rson i	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		Estii amo	F) nated unt of her	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	,	ompe fror orgar and i	ensation n the nization related ization	on d
(18) MADELINE CARSON TRUSTEE	5.00	x						0.).			٥.
(19) EMME LEVIN DELAND	5.00									-			
TRUSTEE		x						0.	(0.
(20) STEPHEN DIETZ	5.00									<u> </u>			
TRUSTEE		x						0.	(0.
(21) DANA DIRICKSON	5.00									+			
TRUSTEE		x						0.					0.
(22) KEISHA DIXON	5.00									+			
TRUSTEE		x						0.					0.
(23) LISA DONNESON	5.00									-			
TRUSTEE		x						0.	(0.
(24) ADAM DURRETT	5.00									-			
TRUSTEE		х						0.	().			0.
(25) DONALD A. GOLDSMITH	5.00												
TRUSTEE		х						0.	().			Ο.
(26) KRYSTYNA HOUSER	5.00												
TRUSTEE		х						0.	().			Ο.
1b Subtotal		•						1,421,765.).	1	30,0	36.
c Total from continuation sheets to Part VI								0.	().			٥.
d Total (add lines 1b and 1c)								1,421,765.	().	1	30,0	36.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													12
											Y	'es 🗌	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	mpl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual								-	:	3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual		. 4	1	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich c	bers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of compen	satior	n from	ı	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg wi	ith c	or wi	thin	the organization's tax y	ear.				
(A)			(B)							_	(C)		
Name and business								Description of s	ervices	Corr	pens	ation	
VENTUCOM LLC, 275 WEST 39TH STREET, 4	1TH												
FLOOR, NEW YORK, NY 10018								CONSULTING IT			2	85,3	22.
ELITE INVESTIGATIONS, LTD - NY											_		
2001 CENTRAL PARK AVENUE, YONKERS, NY	10710						_	CONTRACT SECURITY			2	73,3	89.
NY TENT LLC													
1401 LAKELAND AVENUE, BOHEMIA, NY 117	/16							PARTY RENTAL			1	11,8	89.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nitec	d to t		se lis [.] 3	ted	above) who received mo	ore than				
SEE PART VII, SECTION A CONTINU		TS								Fo	rm 9	90 (20)21)
132008 12-09-21													

 8 2021.04030 brooklyn botanic garden c $74362V_1$

Form 990 BROOKLYN BOTANIC GARDEN CORPORATION							11-2417338				
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest							est (Compensated Employe	es (continued)		
(A)	(B)			(0				(D)	(E)	(F)	
Name and title	Average		Position					Reportable	Reportable	Estimated	
	hours	(cł	neck	all t	that	app	ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week	r				loyee		the	organizations	compensation	
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	related	e or c	stee			sated		(00-2/1099-00130)		organization and related	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest com pensated em ployee				organizations	
	below	idual	tution	er	Key employee	est cc	er			5	
	line)	Indiv	Insti	Officer	Key	High	Former				
(27) STEPHEN MERKEL	5.00										
TRUSTEE		х						٥.	0.	0.	
(28) MARSHALL MILLER	5.00										
TRUSTEE		х						٥.	0.	Ο.	
(29) MIMI MORRIS	5.00										
TRUSTEE		х						0.	0.	0.	
(30) PRISCILLA NEWBURY	5.00										
TRUSTEE		х						0.	0.	Ο.	
(31) RYAN O'CONNELL	5.00										
TRUSTEE		х						0.	0.	Ο.	
(32) ELLEN PETERSEN	5.00										
TRUSTEE		х						0.	0.	0.	
(33) DONALD REED	5.00										
TRUSTEE		х						0.	0.	0.	
(34) MICHAEL RUIZ	5.00										
TRUSTEE		х						0.	0.	0.	
(35) JUDITH STEINHARDT	5.00										
TRUSTEE		x						0.	0.	0.	
(36) SERGE VATEL	5.00										
TRUSTEE		x						0.	0.	0.	
(37) EARL D. WEINER	5.00										
TRUSTEE		x						0.	0.	0.	
(38) ROBERT W. WHITEFORD	5.00										
TRUSTEE		x						0.	0.	0.	
(39) BEVIN CLINE	5.00										
FORMER TRUSTEE		x						0.	0.	0.	
(40) CARLOS P. NAUDON	5.00										
FORMER TRUSTEE		x						0.	0.	0.	
(41) MICHAEL ROSENTHAL	5.00										
FORMER TRUSTEE		х						0.	0.	0.	
		1									
		1									
		1									
		1									
		1									
Total to Part VII, Section A, line 1c											
								1			

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irt										-
		Check if Schedule O o	conta	iins a respor	nse or i	note to any line		(D)	(<u>)</u>	(D)
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclu
							I ULAI I EVEI IUE		business revenue	from tax und
-										sections 512 -
2		Federated campaigns								
5	b	Membership dues		1b		2,167,692.				
	с	Fundraising events		1c		884,731.				
3	d	Related organizations		1d						
	е	Government grants (contri	ibutio	ons) 1e		9,034,917.				
5	f	All other contributions, gifts,	grant	s, and						
		similar amounts not included	abov	e 1 f	1	0,509,720.				
	g	Noncash contributions included in	lines 1	a-1f 1g \$		1,664,581.				
	h	Total. Add lines 1a-1f				>	22,597,060.			
						usiness Code				
	2 a	ADMISSIONS				900099	3,477,937.	3,477,937.		
		LIGHTSCAPE				900099	898,821.	898,821.		
2	~	EDUCATIONAL PROGRAM	S			900099	361,119.	361,119.		
	d				$-\vdash$		· · · · · · · ·	,•		
					_					
1	e f	All other program service	rovor		- -					
							4,737,877.			
┢		Total. Add lines 2a-2f Investment income (includ					-,,,,,,,,,,,,,			
	3	· ·	0	,	,		315,210.			315,2
1		other similar amounts)					515,210.			515,2
	4	Income from investment of		•	•					
1	5	Royalties								
1	_	•		(i) Real		(ii) Personal				
1		Gross rents		1,045,05						
		Less: rental expenses	6b	1 0 1	0.					
		Rental income or (loss)	6c	1,045,05	52.					
1		Net rental income or (loss))				1,045,052.			1,045,0
	7 a	Gross amount from sales of		(i) Securitie		(ii) Other				
1		assets other than inventory	7a	24,381,40	05.					
1	b	Less: cost or other basis								
		and sales expenses	7b	24,723,80						
1	с	Gain or (loss)	7c	-342,39	97.					
	d	Net gain or (loss)					-342,397.			-342,3
		Gross income from fundraisin		1						
1		including \$	-							
		contributions reported on								
1		Part IV, line 18		,	8a	98,454.				
	b	Less: direct expenses			8b	402,135.				
		Net income or (loss) from			<u> </u>	· · · · ·	-303,681.			-303,6
1		Gross income from gamin		-		····· F	,			
	. a	Part IV, line 19			9a					
	h	Less: direct expenses			9a 9b					
					<u> </u>					
		Net income or (loss) from	-	-		····· P				
1	υa	Gross sales of inventory, I				105 040				
		and allowances			10a	195,848.				
		Less: cost of goods sold			10b	73,589.	100.050	100.050		
\vdash	С	Net income or (loss) from	sales	of inventory		····· •	122,259.	122,259.		
			_			Susiness Code				
1	1 a	SPECIAL FEES - OTHE	Ŕ		_ [-	900099	410,145.	410,145.		
	b				_					
	с				_					
1	d	All other revenue								
L	е	Total. Add lines 11a-11d		<u></u>	<u></u> .	►	410,145.			
	2	Total revenue. See instruction					28,581,525.	5,270,281.	0.	714,1

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Form 990 (2021) BROOKLYN BOTANIC GARDEN CORPORATION
Part IX Statement of Functional Expenses

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Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	(X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	604,976.	490,177.	71,426.	43,373.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,080,750.	8,951,419.	1,319,562.	809,769.
8	Pension plan accruals and contributions (include				.
	section 401(k) and 403(b) employer contributions)	1,136,078.	953,138.	120,279.	62,661.
9	Other employee benefits	3,342,873.	2,804,572.	353,921.	184,380.
10	Payroll taxes	890,572.	747,165.	94,287.	49,120.
11	Fees for services (nonemployees):				
-	Management	4E 406		20.016	6 500
b		45,406. 70,871.	9,200.	38,816. 61,671.	6,590.
	Accounting	70,071.	5,200.	01,071.	
a	Lobbying Professional fundraising services. See Part IV, line 17	73,500.			73,500.
f	Investment management fees	148,758.		148,758.	10,000.
, a		,,			
9	column (A), amount, list line 11g expenses on Sch 0.)	2,688,723.	2,009,395.	678,953.	375.
12	Advertising and promotion	29,065.	-1,190.	28,851.	1,404.
13	Office expenses	240,682.	149,599.	61,420.	29,663.
14	Information technology		482,138.	-520,569.	38,431.
15	Royalties				
16	Occupancy	670,479.	655,174.	11,547.	3,758.
17	Travel	40,194.	23,028.	8,902.	8,264.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,326,703.	1,249,519.	77,184.	
23	Insurance	340,328.	260,133.	55,648.	24,547.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)	447 209	426 214	10 100	2 904
a	REPAIRS	447,298. 339,557.	426,214. 333,849.	18,180.	2,904.
b	EQUIPMENT	274,043.	201,755.	72,111.	177.
c d	BOOKS AND PERIODICALS	274,043.	27,057.	34.	802.
		27,055.			
е 25	All other expenses	23,818,749.	19,772,342.	2,706,689.	1,339,718.
26	Joint costs. Complete this line only if the organization	,			_, ,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form 990 (2021)
		11			

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2021.04030 BROOKLYN BOTANIC GARDEN C 74362V_1

Form 990 (2021)

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,265,075.	1	10,371,845
	2	Savings and temporary cash investments			4,574,420.	2	2,057,720
	3	Pledges and grants receivable, net	3,380,826.	3	3,475,849		
	4	Accounts receivable, net			1,389,673.	4	2,505,339
	5	Loans and other receivables from any current or			, ,		, ,
	•	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
	U	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
ets	-				14,453.	8	7,185
Assets	8	Inventories for sale or use			189,803.	 9	473,779
<u> </u>	9				105,003.	9	±13,113
	10a	Land, buildings, and equipment: cost or other	10	59,062,814.			
		basis. Complete Part VI of Schedule D			27,830,597.	10	27,210,752
		Less: accumulated depreciation	106	31,852,062.			, ,
	11	Investments - publicly traded securities			75,268,379.		91,009,529
	12	Investments - other securities. See Part IV, line 1			3,417,683.	12	3,760,080
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15	4.40, 0.50, 0.50		
	16	Total assets. Add lines 1 through 15 (must equa			121,330,909.	16	140,872,078
	17	Accounts payable and accrued expenses	3,979,541.	17	5,969,400		
	18	Grants payable		18			
	19	Deferred revenue	3,742.	19	3,855		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial con	tributor, or 35%			
ab		controlled entity or family member of any of thes		22			
┙╽	23	Secured mortgages and notes payable to unrela	ted third	parties	5,652,534.	23	4,366,520
	24	Unsecured notes and loans payable to unrelated	I third par	ties		24	
	25	Other liabilities (including federal income tax, page	yables to	elated third			
		parties, and other liabilities not included on lines	17-24). C	omplete Part X			
		of Schedule D		L	14,823,480.	25	15,231,582
	26	Total liabilities. Add lines 17 through 25			24,459,297.	26	25,571,357
		Organizations that follow FASB ASC 958, chee	ck here	X			
See		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			74,884,424.	27	91,562,457
Ва	28	Net assets with donor restrictions	21,987,188.	28	23,738,264		
		Organizations that do not follow FASB ASC 95	58, check	here 🕨 🗌			
리		and complete lines 29 through 33.					
ק ס	29	Capital stock or trust principal, or current funds				29	
ser	30	Paid-in or capital surplus, or land, building, or eq				30	
AS	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			96,871,612.	32	115,300,721
<	33	Total liabilities and net assets/fund balances			121,330,909.	33	140,872,078

BROOKLYN BOTANIC GARDEN CORPORATION

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

Form 9	90 (2021) BROOKLYN BOTANIC GARDEN CORPORATION	11-241733	8	Pa	_{ae} 12		
Part	XI Reconciliation of Net Assets				9		
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1 1	Fotal revenue (must equal Part VIII, column (A), line 12)	1	28,	581,	525.		
2	Fotal expenses (must equal Part IX, column (A), line 25)	2	23,	818,	749.		
3 F	Revenue less expenses. Subtract line 2 from line 1						
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,	871,	612.		
5 1	Vet unrealized gains (losses) on investments	5	13,	434,	078.		
6 [Donated services and use of facilities	6					
	nvestment expenses	7					
	Prior period adjustments	8					
9 (Other changes in net assets or fund balances (explain on Schedule O)	9		232,	255.		
10 N	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	115,	300,	721.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				Yes	No		
1 /	Accounting method used to prepare the Form 990: Cash 🛛 🖾 Accrual Other						
	f the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.					
2a \	Nere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
ľ	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
s	eparate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
ь \	Nere the organization's financial statements audited by an independent accountant?		2b	X			
ľ	f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
C	consolidated basis, or both:						
	X Separate basis Both consolidated and separate basis						
C I	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
r	eview, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	f the organization changed either its oversight process or selection process during the tax year, explain on Sch						
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
A	Act and OMB Circular A-133?		3a		X		
b li	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
c		1					

Form **990** (2021)

132012 12-09-21

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	
2021	

Open to Public

	Inspection
nlovor	identification number

Nan	Name of the organization Employer BROOKLYN BOTANIC GARDEN CORPORATION												
	11-2417338												
Ра	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.					
The	organi	zation is not a private found			-	-							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org			-	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g				-		-	-				
		university:						•					
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from				
		activities related to its exem	•					-	•				
		income and unrelated busir		•				••					
		See section 509(a)(2). (Cor		,		•	, .		,				
11		An organization organized a	• •	vely to test for public sa	fety. See	section 50)9(a)(4).						
12		An organization organized a	-	•	•			rry out the	purposes of one or				
		more publicly supported or	-	-	-			•					
		lines 12a through 12d that	-										
а		Type I. A supporting orga	• •					-	giving				
		the supported organization		-	• • •	-							
		organization. You must c											
b		Type II. A supporting org			tion with its	s supporte	ed organizatio	n(s). bv hav	/ina				
		control or management o	-				-		-				
		organization(s). You mus			·		·	5 11					
с] Type III functionally inte	•		in connect	ion with, a	and functional	ly integrate	ed with,				
		its supported organization						, ,					
d] Type III non-functionally		-				ted organiz	zation(s)				
		that is not functionally int	• •					•					
		requirement (see instructi			•		-						
е		Check this box if the orga		•				II. Type III					
		functionally integrated, or					·) ·, ·)	··, · , - ···					
f	Ente	r the number of supported c			9 - 9								
q	Prov	ride the following information	about the supporte										
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed no document?	(v) Amount of	fmonetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)				
Tota	al												

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15,056,012.	6,827,229.	16,698,828.	19,658,086.	22,597,060.	80,837,215.
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	15 056 010	6 005 000	16 600 000	10 (50 00)	00 505 060	00 035 015
	Total. Add lines 1 through 3	15,056,012.	6,827,229.	16,698,828.	19,658,086.	22,597,060.	80,837,215.
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)						5,554,990.
6	Public support. Subtract line 5 from line 4.						75,282,225.
	ction B. Total Support						,0,202,220.
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	15,056,012.	6,827,229.	16,698,828.	19,658,086.	22,597,060.	80,837,215.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,756,865.	1,442,617.	2,919,860.	548,662.	1,360,262.	9,028,266.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	183,443.	153,853.	151,924.	50,398.	410,145.	949,763.
11	Total support. Add lines 7 through 10						90,815,244.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	15,499,634.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I		-			14	82.90 %
	Public support percentage from 2020					15	81.64 %
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2020. If the o	-					
47.	and stop here. The organization qual						
1/2	1 10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	-	
L	meets the facts-and-circumstances te	-			-	17a and line 15 is 1	
Ľ	 10% -facts-and-circumstances test more, and if the organization meets th 	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•		•••••		
				.,,,	, <u>street</u> and <u>box</u> a		(Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Section C. Computation of Public	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	ck this box and s	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ►
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
132023 01-04-22					Sched	lule A (Form 990) 2021
		16	<u>,</u>			

2021.04030 BROOKLYN BOTANIC GARDEN C 74362V_1

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

17

132024 01-04-21

BROOKLYN BOTANIC GARDEN CORPORATION

Yes No

No

Yes No

2

Fart iv Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c 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		
ection B. Type I Supporting Organizations			

Section B. Type I Supporting Organizations

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) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	
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). Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

r (see instructions)	est during the year	art Test duri	e Integral Par	d to satisfv	organization L	e method that the	k the box next to the	1 Chec
	est during the year	antiestuun	e integral Far	u lo salisiy	organization		<i>x lite dox tiext to the</i>	- Crieci

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

c		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entit	y (see instruction <u>s</u>	s).
---	--	--	---	-----------------------------	-----

- 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Part IV Supporting Organizations (contin

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Sche	edule A (Form 990) 2021 BROOKLYN BOTANIC GARDEN CORPORATIO	DN		11-2417338	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (<i>explain ii</i>	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must			· ,	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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 (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
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 Y	/ear
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			

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

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	5	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			-	
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

chedule A (Form 990) 2021 BROOKL Part VI Supplemental Information.	YN BOTANIC GARDEN CORPORATION	11-2417338 Pag
Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; and Pa	Provide the explanations required by Part II, line 10; P c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Par rt V, Section E, lines 2, 5, and 6. Also complete this par	Section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V,
(See instructions.)		
HEDULE A, PART II, LINE 10, EXPLAN	NATION FOR OTHER INCOME:	
HER INCOME		
17 AMOUNT: \$ 183,443.		
18 AMOUNT: \$ 153,853.		
19 AMOUNT: \$ 151,924.		
20 AMOUNT: \$ 50,398.		
21 AMOUNT: \$ 410,145.		
2028 01-04-22	21	Schedule A (Form 990) 2

		Supplemente	L Einanaial	Statamont	· •			ИВ No. 15	545-0047
	SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,							201	71
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 10,	, 11a, 11b, 11c, 11d	, 11e, 11f, 12a, or 1				ZU	
	ment of the Treasury I Revenue Service	►Go to www.irs.gov/Form99	Attach to Form 990. O for instructions a		nation.			Open to Inspecti	
	e of the organizatio				nationi	Emp	loyer iden	•	
		BROOKLYN BOTANIC GARDEN COR						417338	
Par		tions Maintaining Donor Advised		r Similar Funds	s or Ac	coun	ts. Comp	olete if th	ne
	organizatior	n answered "Yes" on Form 990, Part IV, line		de estatue de					
_			(a) Donor ad	vised funds	(b) Fund	ds and othe	er accou	nts
1		nd of year							
2		f contributions to (during year)							
3 4		f grants from (during year)							
- 5		n inform all donors and donor advisors in v		s held in donor advi	l sed func	le			
Ű	-	n's property, subject to the organization's	-					Yes	No
6		on inform all grantees, donors, and donor a						100	
-	•	oses and not for the benefit of the donor or	•	•		-			
	impermissible priva			• • •		•		Yes	No No
Par	t II Conserva	ation Easements. Complete if the org							
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that app	bly).					
	Preservation	of land for public use (for example, recreat	tion or education)	Preservation of	of a histo	rically	important l	and area	ı
	Protection of	f natural habitat		Preservation of	of a certi	fied his	toric struct	ture	
	Preservation	of open space							
2	•	through 2d if the organization held a qualif	ied conservation con	tribution in the form	n of a cor	nservat			
	day of the tax year						Held at the	End of th	e Tax Year
		onservation easements				2a			
	-					2b			
		vation easements on a certified historic stru				2c			
d		vation easements included in (c) acquired a							
•		al Register				2d			
3		vation easements modified, transferred, rele	eased, extinguisned,	or terminated by th	e organi	zation	buring the	lax	
4	year	 where property subject to conservation eas	ement is located						
5		tion have a written policy regarding the peri		pection handling of	-				
Ũ	•	orcement of the conservation easements it	h a lala 0					Yes	No
6	,	r hours devoted to monitoring, inspecting, l							
		с, т. с,	U	, G				0)	
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and	d enforcing conserv	ation eas	sement	s during th	e year	
	▶\$								
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requiren	nents of section 170)(h)(4)(B)	(i)			
	and section 170(h)	(4)(B)(ii)?					🗆	Yes	No No
9		be how the organization reports conservation		-					
		I include, if applicable, the text of the footn	ote to the organization	on's financial staten	nents tha	at desc	ribes the		
Dor	organization's acco	ounting for conservation easements. Itions Maintaining Collections of	Art Historiaal]	Francisco or O	thor 6	imilor	Acato		
Par		-	-	reasures, or u	uner 5	imiar	Assets.		
	-	the organization answered "Yes" on Form							
та	•	elected, as permitted under FASB ASC 95	· ·						
		easures, or other similar assets held for pub				ice ot p	JIIQUI		
h		Part XIII the text of the footnote to its finan elected, as permitted under FASB ASC 956				shaat	worke of		
U	-	ures, or other similar assets held for public							
		ng amounts relating to these items:	canonican, education	, or research in ful		or pub		1	
		• •					6		
	.,	· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • •				

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

b	Assets included in Form 990), Part X
1.0	For Domonius de Doduction	A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

\$

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Sche		TANIC GARDEN CO				2417338	Pag	_{ge} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar Ass	ets _{(contir}	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant use of i	ts		
	collection items (check all that apply):	,	· · ·	Ū	0			
а		d	I oan or exc	hange program				
b	X Scholarly research	e		hange program				
	X Preservation for future generations	C						
c	-	llesticus and surlaim	le e the e finite en the		ment in the D			
4	Provide a description of the organization's co	•		•		art XIII.		
5	During the year, did the organization solicit o					<u> </u>	T	
De	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arrange		te if the organizatio	n answered "Yes" o	n Form 990, Part I	IV, line 9, or		
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
						Amoun	t	
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on Fo					Yes		No
	If "Yes," explain the arrangement in Part XIII.							
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ick (e) Four	r years ba	ack
19	Beginning of year balance	82,281,904.	73,995,135.	66,623,295.	1, ,	. ,	,037,9	03.
		4,844,738.	7,387,837.				,957,1	
	Contributions	13,435,910.	7,296,578.				307,1	
	Net investment earnings, gains, and losses	13,433,910.	7,250,570.	10,000,002.	5,105,70	<u>,</u> -,	507,1	52.
	Grants or scholarships							
е	Other expenditures for facilities	2 5 2 6 1 2	6 207 646	7 527 255	2 006 45	c	100 1	70
	and programs	3,520,012.	6,397,646.	7,537,255.	2,906,45	o. 3,	,122,1	79.
f	Administrative expenses							
g	End of year balance	97,033,940.	82,281,904.	73,995,135.	66,623,29	5. 73,	,179,9	96.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	75.5000	_%					
	Permanent endowment 8.3000	%						
с	Term endowment 16.2000	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	d administered for t	he organization			
	by:						Yes	No
	(i) Unrelated organizations					3a(i)		х
	(ii) Related organizations							х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the						I	
	t VI Land, Buildings, and Equipm	<u>u</u>						
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Part X	. line 10.			
	Description of property	(a) Cost or of			Accumulated	(d) Boo	k valuo	
	Description of property	basis (investm	• •		epreciation	(u) 600	r value	
10	Land							
	Land		<u> </u>	,683,898.	2,565,944.	7	,117,9	54
	Buildings							
	Leasehold improvements			,425,773.	25,889,387.	10,	536,3	
	Equipment			,010,818.	3,396,731.	-	614,0	
	Other			,942,325.		,	,942,3	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	(, column (B), line 1	<u>)c.)</u>			,210,7	
					Sched	lule D (Forn	ו 990) 2	2021

Schedule D (Form 990) 2021 BROOKLYN BOTANIC GARDEN CORPORATIO

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	Complete if the organization answered "Yes"			- f
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
Part IX	b) must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description		(b) Book value
(1)	(4)	Decemption		
<u>(1)</u>				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	15)		
Part X	Other Liabilities.	, 10.,		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability			(b) Book value
	deral income taxes			.,
	STRETIREMENT BENEFITS			15,231,582.
(3)				, , , , , , , , , , , , , , , , , , , ,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	25)		15,231,582.
<u> </u>	<u></u>	· _ U. /	·····	, , ,

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 BROOKLYN BOTANIC GARDEN CORPORATION			11-24173	338 Pag	e 4
_	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With I	Revenue per Ret	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	42,172,68	39.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	13,434,078.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	305,844.			
е	Add lines 2a through 2d			2e	13,739,92	22.
3	Subtract line 2e from line 1			3	28,432,76	57.
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	148,758.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	148,75	58.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	28,581,52	25.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	leturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	23,743,58	30.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	73,589.			
е	Add lines 2a through 2d			2e	73,58	
3	Subtract line 2e from line 1			3	23,669,99	1.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	148,758.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	148,75	58.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	23,818,74	19.
Pa	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b a	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 additi	onal inform	nation.			
PART	III, LINE 4:					
THE	BROOKLYN BOTANIC GARDEN CORPORATION (THE "GARDEN") MAINTAINS A	SET OF				
1,28	0 RARE BOOKS, PERIODICALS, EPHEMERA AND MANUSCRIPTS ALL ON THE	SUBJECT				
OF E	OTANY AND HORTICULTURE. THE COLLECTION FURTHERS THE GARDEN'S EX	KEMPT				
PURF	OSE AS IT SUPPORTS OUR MISSION TO ENGAGE IN RESEARCH IN PLANT S	SCIENCES				
1'O E	XPAND HUMAN KNOWLEDGE OF PLANTS, AND DISSEMINATING THE RESULTS	'1'0				
SCIE	NCE PROFESSIONALS AND THE GENERAL PUBLIC.					

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THE GARDEN'S COLLECTIONS, WHICH CONSIST OF RARE BOOKS AND ARTWORK, ARE NOT

CAPITALIZED IN THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF ITEMS ARE

EXPENSED IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. CONTRIBUTED

COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS.

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Schedule D (Form 990) 2021

PART V, LINE 4:

THE GARDEN'S ENDOWMENTS CONSIST OF VARIOUS INDIVIDUAL FUNDS ESTABLISHED

FOR A VARIETY OF PURPOSES. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED

ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES. AS REQUIRED

BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF

AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS

DESIGNATED BY THE GARDEN TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND

REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

TEMPORARILY RESTRICTED ENDOWMENTS INCLUDE ENDOWMENT FUNDS ESTABLISHED BY

DONOR-RESTRICTED GIFTS THAT ARE MAINTAINED TO PROVIDE A SOURCE OF INCOME

FOR EITHER A SPECIFIC PERIOD OF TIME OR UNTIL A SPECIFIC EVENT OCCURS (SEE

SFAS 117 (ASC 958-205-45)), AS WELL AS ALL OTHER TEMPORARILY RESTRICTED

NET ASSETS HELD IN A DONOR-RESTRICTED ENDOWMENT. INCLUDING UNAPPROPRIATED

INCOME FROM PERMANENT ENDOWMENTS THAT IS NOT SUBJECT TO A PERMANENT

RESTRICTION.

PERMANENT (TRUE) ENDOWMENTS ARE ENDOWMENT FUNDS THAT ARE ESTABLISHED BY

DONOR-RESTRICTED GIFTS AND ARE MAINTAINED TO PROVIDE A PERMANENT SOURCE OF

INCOME, WITH THE STIPULATION THAT PRINCIPAL MUST BE INVESTED AND KEPT

INTACT IN PERPETUITY, WHILE ONLY THE INCOME GENERATED CAN BE USED BY THE

ORGANIZATION.

BOARD-DESIGNATED ENDOWMENTS, OR QUASI-ENDOWMENTS, ARE ENDOWMENTS

ESTABLISHED BY THE ORGANIZATION ITSELF, EITHER FROM UNRESTRICTED DONOR OR

30

ORGANIZATIONAL FUNDS, OVER WHICH THE ORGANIZATION ITSELF IMPOSES

RESTRICTIONS ON THEIR USE, AND WHICH RESTRICTIONS CAN BE TEMPORARY OR

Schedule D (Form 990) 2021

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Part XIII Supplemental Information (continued)

PERMANENT IN NATURE. SEE SFAS 117 (ASC 958-205-45).

A VERY SMALL PORTION OF OUR PERMANENT ENDOWMENT IS FOR THE PURPOSES OF

CHILDREN'S EDUCATION. THE REMAINING BALANCE IS BOARD DESIGNATED ENDOWMENT,

WHICH HAS BEEN DESIGNATED FOR OPERATING GROWTH AND SUPPORT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:		
EFFECT OF POST-RETIREMENT ADJUSTMENT	-85,142.	
COST OF GOODS SOLD	73,589.	
THIRD PARTY TRUST UNREALIZED GAIN (LOSS), NET	342,397.	
LOSS ON DISPOSAL OF ASSETS	-25,000.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	305,844.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
COST OF GOODS SOLD	73,589.	

Schedule D (Form 990) 2021

132055 10-28-21

(Form 990) Complete if the organization naiseweed 'Ves' or form 990, Part IV, line 17, its, or 18, or	SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047								
The difference status In order the organization number in the constructions and the latest information. In process of the organization number in the organization number is addition of non-government grants Indicate whether the organization reased finds through any of the following activities. Check all that apply. I addition of non-government grants I be internet and email solicitations I be internet and email solicitation I be internet and email solicitations I be internet and email solicitations I be internet and email solicitation I be internet and email solicitations I be internet and email solicitation I be internet and email solicitation I be internet and email solicitation I concentration I be internet and email solicitation I be internet andemail andin andifference andiff	(Form 990)			or if the	2021					
Name of the organization Employer Control registron constrained and the data infinition mathematical and the data infinition. Employer Addition mathematical and the data infinition. Employer Addition mathematical and the data infinition. Employer Addition matching of the data infinition. Employer Addition of the data infinition. Employer is the data infinition. Employeris is the data infinition. Employere	Department of the measury									
BEOORLYN: BOCHTING GABUER CORPORATION 11-2417339 Indexising Activities. Complete the organization answered Year on Form 990, Part IV, line 17, Form 990-EZ. Here are not required to complete the part. Indexise whether the organization raised funds through any of the following activities. Check all that apply. Addition of non-government grants B [2] Internet and email solutations I [2] Solutation of ong operament grants D [2] Solutation of non-government grants D [2] Solutation form 990, Part VIII or entity in connection with professional fund-asing services D [2] Organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in form 990, Part VIII) or entity in connection with professional fund-asing services D [2] Organization have and written or oral agreement with any individual of including officers, directors, trustees, or key employees listed in form 990, Part VIII or entity in connection with professional fund-asing services O [1] Organization (0] Name and address of individual (0) Activity Will Constrained by issued in ooc. (0) (0) Activity Will Constrained by issued in ooc. (0) (0) Activity Will Constrained by issued in ooc. (0) (0) Activity Will Constrained by issued in ooc. (0) (0) Activity Will Constrained by issued in ooc. (0) (0) Activity Will Constrained by issued in ooc. (0) (0) Activity Will Constrained by issued in ooc. (0) (0) Activity Will Constrained by issued in ooc. (0) (0) Activity Will Constrained by issued in ooc. (0) (0) Activity Will Constrained by issued in ooc. (0) (0) Activity (0) Activity (0) Activity (0) Activity (0) A			o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer id	•	
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c ≧ Phone solicitations g ∑ Special fundraising events d ☐ In-purson solicitations 2 D Other organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VI) or entity in connection with professional fundraising services? D I ''''yes' list the 10 highest bail individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (fundraiser) with the organization is to be interest (fundraiser) with the fundraiser is to be organization in the organization is possible with the fundraiser is to be organization in the organization is possible with the fundraiser is to be organization in the organization is possible with the fundraiser is to be organization in the organization is possible with the fundraiser is to be organization in the organization is possible with the fundraiser is to be organization in the organization is possible with the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or incidenting. NT Tetal					-	-				
2 a Did he organization have a written or roal agreement with any individual including officers, furstens; or iso in the semployees listed in Form 390, Part VII) or entity in connection with professional fundraising services? If version is one of the semployees listed in Form 390, Part VII) or entity in connection with professional fundraises are set to a semployees listed in form 390, Part VII) or entity in connection with professional fundraises are semployees listed in form 390, Part VII) or entity in connection with professional fundraises are semployees listed in form 390, Part VII) or entity in connection with professional fundraises are semployees listed in col. (i) the organization or entity (fundraiser) is solicitations. The BNAIL VIEW of the organization is professional versions. The semployees listed in col. (i) the organization or entity (fundraiser) is solicitations. The BNAIL VIEW of the organization is solicitations. The semployees listed in col. (i) the organization of the organization is registered or license to solicit contributions or has been notified it is exempt from registration. The semploy of the organization is registered or license to solicit contributions or has been notified it is exempt from registration or licenses or the second from the organization is registered or license to solicit contributions or has been notified it is exempt from registration is registered or license to solicit contributions or has been notified it is exempt from registration is registered or license to solicit contributions or has been notified it is exempt from registration is registered or license to solicit contributions or has been notified it is exempt from registration is registered or license to solicit contributions or has been notified it is exempt from registration is registered or license to solicit contributions or has been notified it is exempt from registration is the SEC ART IV FOR CONTINUATIONS. Set the form 200 or 990-EZ.					-	-				
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COMMUNICATIONS, LLC (NKDK) - SOLICITATIONS X 0, 73,500, -73,500, - 73,500, -73,500,	or entity (fund	draiser)		or con	trol of	from activity				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS	or licensing.	-	-					-	-	
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BROOKLYN BOTANIC GARDEN CORPORATION

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA	DINNER IN THE GARDEN	1	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Ine			(event type)	(total hambol)	
	Gross receipts	786,465.	137,950.	58,770.	983,185
2	Less: Contributions	728,396.	116,590.	39,745.	884,731
3	Gross income (line 1 minus line 2)	58,069.	21,360.	19,025.	98,454
4	Cash prizes				
5	Noncash prizes				
6 7	Rent/facility costs				
7 19	Food and beverages				
8	Entertainment	88,041.	23,813.	19,373.	131,227
9	Other direct expenses	234,630.	21,628.	14,650.	270,908
9 10		,	21,628.	,	270,908 402,135
10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	n 9 in column (d) ine 3, column (d)		×	
10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I III Gaming. Complete if the organization	n 9 in column (d) ine 3, column (d)		×	402,135
10 11 Part	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	n 9 in column (d) ine 3, column (d)		×	402,135 -303,681 (d) Total gaming (add
10 11 Part	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I III Gaming. Complete if the organization	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	402,135 -303,681 (d) Total gaming (add
10 11 art	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I III Gaming. Complete if the organization	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	402,135 -303,681 (d) Total gaming (add
10 11 Part	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	402,135
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10 11 Part	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	402,135 -303,681 (d) Total gaming (add
10 11 Part 1 2 2	 Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes 	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	402,135 -303,681 (d) Total gaming (add
10 11 Part 2 3 4	 Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses 	n 9 in column (d) ine 3, column (d) answered "Yes" on Form	h 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than	402,135 -303,681 (d) Total gaming (add
10 11 Prevenues 1 2 3 3 4 5	 Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor 	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	402,135 -303,681 (d) Total gaming (add

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

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

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Schedule G (Form 990) 2021

No

No

Sch	edule G (Form 990) 2021	BROOKLYN BOTANIC GARDEN CORPORATION	L1-24173	38	Page 3
		aming activities with nonmembers?] Yes	No
		eficiary or trustee of a trust, or a member of a partnership or other entity formed			
			🗆] Yes	No No
13	Indicate the percentage of gaming	g activity conducted in:	i.		
					%
			13k		%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and records:			
	Name ►				
	Address 🕨				
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?] Yes	No No
b		ing revenue received by the organization \blacktriangleright \$ and the amount e third party \blacktriangleright \$			
c	If "Yes," enter name and address				
	Name 🕨				
	Address 🕨				
16	Gaming manager information:				
	Gaming manager compensation	▶ \$			
	Description of convices provided				
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
a	Is the organization required under	r state law to make charitable distributions from the gaming proceeds to		1	
	retain the state gaming license?		∟	Yes	No
b		required under state law to be distributed to other exempt organizations or spent in th	е		
Da	organization's own exempt activit rt IV Supplemental Infor				01-101-
1 4		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and sapplicable. Also provide any additional information. See instructions.	a Part III, I	nes 9,	90, 100,
	150, 150, 16, and 170, as	s applicable. Also provide any additional information. See instructions.			
1320	83 10-21-21		hedule G	(Form	990) 2021
		34			

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

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SC	HEDULE J	Compens	ation Information	1	OMB No. 1	545-004	47
	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				0001		
1	···· · · · ,	Comp	ensated Employees		20	21	
			nswered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service		tach to Form 990. 0 for instructions and the latest information.		Inspe		
Nam	e of the organizatio			Employer id	entificatio	on nui	mber
		BROOKLYN BOTANIC GARDEN COF	RPORATION	11-24	17338		
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any o	of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any rele	vant information regarding these items.				
	First-class or c	harter travel	Housing allowance or residence for perso	nal use			
	Travel for com		Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fee	S			
	Discretionary	pending account	Personal services (such as maid, chauffer	ır, chef)			
b	•		follow a written policy regarding payment or				
			ove? If "No," complete Part III to explain		. 1b		
2			or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, rec	garding the items checked on line 1a?		2		_
-							
3			establish the compensation of the organization's				
			boxes for methods used by a related organization	on to			
		tion of the CEO/Executive Director, but exp					
	X Compensation		Written employment contract				
	·	ompensation consultant	X Compensation survey or study				
	Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Se	ction A, line 1a, with respect to the filing				
•	organization or a re						
а	•	e payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonquali	fied retirement plan?		4b		X
с	-	eive payment from an equity-based compen			4c		x
	If "Yes" to any of lir	es 4a-c, list the persons and provide the app	olicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization:	s must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation	n			
	contingent on the r	evenues of:					
а	The organization?				5a		X
b	Any related organiz	ation?			. 5 b		X
	If "Yes" on line 5a of	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation	n			
	contingent on the r	0					
							X
b					. 6b		X
		r 6b, describe in Part III.					
7			the organization provide any nonfixed payments				
					. 7		X
8	-		ued pursuant to a contract that was subject to th	ne			
		ption described in Regulations section 53.49			8		X
9		d the organization also follow the rebuttable					
					. 9		<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions f	for Form 990.	Schedu	le J (Forn	n 990)	2021

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Schedule J (Form 990) 2021

11-2417338

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) ADRIAN BENEPE	(i)	350,280.	0.	0.	0.	16,369.	366,649.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHRYN GLASS	(i)	219,106.	0.	٥.	0.	30,409.	249,515.	0.
CHIEF OF MARKETING	(ii)	0.	0.	٥.	0.	0.	0.	0.
(3) DOROTA RASHID	(i)	207,918.	0.	0.	0.	30,409.	238,327.	0.
CFO/VP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LESLIE FINDLEN	(i)	224,268.	0.	٥.	0.	11,535.	235,803.	0.
SR. V.P. OF INST. ADV.	(ii)	0.	0.	٥.	0.	0.	0.	0.
(5) ROWAN BLAIK	(i)	136,872.	0.	٥.	0.	29,779.	166,651.	0.
V.P. OF HORTICULTURE	(ii)	0.	0.	٥.	0.	0.	0.	0.
(6) TRACEY FAIRELAND	(i)	140,794.	0.	٥.	0.	11,535.	152,329.	0.
V.P. OF CAPITAL PROJECTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

2021 **Open to Public** Inspection

Employer identification number

Name of the	organization
-------------	--------------

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

	 	~	~~~~~
Inization			

	BROOKLYN BOTANIC G	ARDEN COR	PORATION		11-2	41733	8	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermin	•	S
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	X	37	1,664,581.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			Yes	No
30-2	During the year, did the organization receive by	v contributio	n any property rop	orted in Part L lines 1 throug	h 28. that it		162	
50 a	must hold for at least three years from the date		• • • • •					
						30a		x
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	۰				SUd		
	Does the organization have a gift acceptance	nolicy that ro	ouires the review	of any nonstandard contribut	ions?	31		x
31 222	Does the organization have a gift acceptance p Does the organization hire or use third parties	-	-	•				<u> </u>
JZd	Does the organization hire or use third parties	or related or	yanizations to soli	on, process, or sell noncash		220		x

contributions?

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

32a

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b If "Yes," describe in Part II.

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

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	4.0	

11-2417338

SCHEDULE	0
(Form 990)	

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization

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 11-2417338

PART I - LINE 1 PART III - LINE 1

BROOKLYN BOTANIC GARDEN CORPORATION (THE "GARDEN") IS AN URBAN BOTANIC

BROOKLYN BOTANIC GARDEN CORPORATION

GARDEN THAT CONNECTS PEOPLE TO THE WORLD OF PLANTS, FOSTERING DELIGHT

AND CURIOSITY WHILE INSPIRING AN APPRECIATION AND SENSE OF STEWARDSHIP

OF THE ENVIRONMENT.

IN THE GARDEN, IN ITS COMMUNITY, AND WELL BEYOND, THE GARDEN INSPIRES

PEOPLE OF ALL AGES THROUGH THE CONSERVATION, DISPLAY, AND ENJOYMENT OF

PLANTS; WITH EDUCATIONAL PROGRAMS THAT EMPHASIZE LEARNING BY DOING; AND

WITH RESEARCH FOCUSED ON UNDERSTANDING AND CONSERVING REGIONAL PLANTS

AND PLANT COMMUNITIES.

PART III - LINE 4A

HORTICULTURE: THE FOUNDATION OF THE GARDEN IS ITS WORLD CLASS

HORTICULTURE COLLECTION FEATURING MORE THAT 10,000 PLANT SPECIES AND

CULTIVARS ON 52 ACRES. THE GARDEN PROTECTS, PRESERVES AND CATALOGS ITS

LIVING COLLECTIONS FOR THE BEAUTY THEY OFFER THE PUBLIC AND FOR THEIR

HORTICULTURAL, SCIENTIFIC, ECOLOGICAL AND EDUCATIONAL MERIT. SOME OF

THE GARDEN'S RARE AND WORLD-CLASS LIVING PLANT COLLECTIONS INCLUDE

BONSAI, ORCHIDS, TROPICAL PLANTS, CACTI & SUCCULENTS, WARM-TEMPERATE

REGION PLANTS, CHERRIES, MAGNOLIAS, WATER LILIES AND NATIVE FLORA

COLLECTION. NESTLED IN THE HEART OF ONE OF THE DENSEST URBAN SETTINGS

IN NORTH AMERICA, THESE COLLECTIONS ARE LAID OUT IN THE ICONIC

LANDSCAPE DISPLAY GARDENS, MANY OF WHICH WERE THE FIRST OF THEIR KIND,

INCLUDING THE HISTORIC JAPANESE GARDEN, ROCK GARDEN, FRAGRANCE GARDEN,

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

Schedule O (Form 990) 2021

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Name of the organization	Employer identification number
BROOKLYN BOTANIC GARDEN CORPORATION	11-2417338
ROSE GARDEN, AND SHAKESPEARE GARDEN. THE GARDEN'S LIVING COLLECTIONS	
MANAGEMENT INCLUDES RECORDING AND KEEPING DETAILED ACCESSION,	
ACQUISITION AND DISSEMINATION RECORDS ALIGNING WITH THE SCIENTIFIC	
RESEARCH PROGRAMS, EDUCATIONAL PROGRAMS, AND PUBLIC INTERPRETATION,	
LABELS AND SIGNAGE. THE GARDEN WELCOMES APPROXIMATELY 850,000 VISITORS	
ANNUALLY.	
PART III - LINE 4B	
MAINTENANCE: THE FACILITIES DEPARTMENT AT THE GARDEN OVERSEES THE	
REPAIR AND MAINTENANCE OF ALL BUILDINGS AND OUTDOOR HARDSCAPE	
INFRASTRUCTURE. THE GARDEN'S INFRASTRUCTURE MAINTENANCE INCLUDES	
CUSTODIAL SERVICES, FLEET & GROUNDS EQUIPMENT SERVICES, IRRIGATION,	
PLUMBING, ELECTRICAL, HEATING, GEOTHERMAL, AND PHONE SYSTEMS.	
INTERDEPARTMENTAL COLLABORATION AND CONTRACTOR MANAGEMENT FOR NEW	
CAPITAL AND RENOVATION PROJECTS IS ALSO A SIGNIFICANT RESPONSIBILITY OF	
THE FACILITIES DEPARTMENT, AS IS SUPPORT FOR PRIVATE FUNCTIONS AND	
PUBLIC EVENTS.	
PART III - LINE 4C	
EDUCATION AND OUTREACH PROGRAMS: MORE THAN 150,000 CHILDREN AND ADULTS	
ARE SERVED THROUGH A CONTINUUM OF PROGRAMS AIMED TO TEACH PEOPLE ABOUT	
THE SCIENCE AND CARE OF PLANTS, AROUSE PUBLIC AWARENESS OF THE	
FRAGILITY OF OUR NATURAL ENVIRONMENT, AND HELP THE PEOPLE OF ALL OUR	
DIVERSE URBAN NEIGHBORHOODS TO ENHANCE THE QUALITY OF THEIR	
SURROUNDINGS AND THEIR DAILY LIVES THROUGH THE CULTIVATION AND	
ENJOYMENT OF PLANTS. PROGRAMS RANGE FROM SUPPLEMENTAL SCIENCE EDUCATION 132212 11-11-21	Schedule O (Form 990) 202
42	. ,

Name of the organization	Employer identification numbe
BROOKLYN BOTANIC GARDEN CORPORATION	11-2417338
IN PUBLIC SCHOOLS TO LECTURES INTO CONTACT WITH THE BEAUTY AND HEALTH	
BENEFITS OF NATURE AS A VITAL FIRST STEP TO NOT ONLY IMPROVING THE	
QUALITY OF ALL OUR LIVES, BUT TO HELP INSPIRE CURRENT AND FUTURE	
GENERATIONS OF ENVIRONMENTAL STEWARDS.	
FORM 990 PART VI SECTION B LINE 11B:	
FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE THEN PROVIDED TO THE FULL	
THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE THEN PROVIDED TO THE FULL	
THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE THEN PROVIDED TO THE FULL	

THAT ARISES IS BROUGHT IN FRONT OF THE AUDIT COMMITTEE FOR RESOLUTION.

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

COMPENSATION IS ESTABLISHED THROUGH THE USAGE OF AN INDEPENDENT

COMPENSATION CONSULTANT, COMPENSATION SURVEYS/STUDIES OF COMPARABLE

ORGANIZATIONS, AND APPROVED BY A BOARD COMPENSATION COMMITTEE.

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

THE GARDEN CURRENTLY PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC UPON REQUEST. THE

GARDEN POSTS ITS AUDITED FINANCIAL STATEMENTS AND APPROVED IRS FORM 990 ON

ITS WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

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Schedule O (Form 990) 2021 Name of the organization BROOKLYN BOTANIC GARDEN CORPORATION		Employer identification number 11-2417338
PROGRAM SERVICE EXPENSES	2,009,395.	
MANAGEMENT AND GENERAL EXPENSES	678,953.	
FUNDRAISING EXPENSES	375.	
TOTAL EXPENSES	2,688,723.	
COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,688,723.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
EFFECT OF POST-RETIREMENT ADJUSTMENTS	-85,142.	
THIRD PARTY TRUST UNREALIZED GAIN (LOSS), NET	342,397.	
LOSS ON DISPOSAL OF ASSETS	-25,000.	
TOTAL TO FORM 990, PART XI, LINE 9	232,255.	
32212 11-11-21		Schedule O (Form 990) 20

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o	r Name of exempt organization or other filer, see instru	uctions.		Taxpayer	identificatio	n number (TIN)
print	BROOKLYN BOTANIC GARDEN CORPORATION				11-241	7338
File by the due date f filing your	or Number, street, and room or suite no. If a P.O. box, s 1000 WASHINGTON AVENUE	see instruct	ions.			
return. Se instructior		oreign add	ress, see instructions.			
Enter th	he Return Code for the return that this application is for (fi	le a separat	te application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation)	07				
 If the If this box > 1 I the the<	phone No. ► 718-623-7222 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until request an automatic 6-month extension of time until request an automatic 6-month extension is for the org . Calendar year or tax year beginning the tax year entered in line 1 is for less than 12 months, or Change in accounting period	Group Exe and atta NOVEMBE ganization's , an	mption Number (GEN) ch a list with the names and TINs of <u>R 15, 2022</u> , to file return for: d ending	If this is fo all membe	r the whole g ers the exter npt organizat	group, check this
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and		, ř.	
	stimated tax payments made. Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
u	sing EFTPS (Electronic Federal Tax Payment System). Se	<u>e instructio</u>	ns.	3c	\$	0.
	n: If you are going to make an electronic funds withdrawa			453-TE and	d Form 8879	TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 8	3868 (Rev. 1-2022)