

Return of Organization Exempt From Income Tax

Form 990

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

2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending DEC 31, 2018

B Check if applicable: C Name of organization: BROOKLYN BOTANIC GARDEN CORPORATION D Employer identification number: 11-2417338 E Telephone number: 718-623-7222 G Gross receipts \$: 13,823,773. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: K Form of organization: L Year of formation: M State of legal domicile: NY

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and asset/liability totals.

Part II Signature Block

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

Signature block containing officer signature (SCOT MEDBURY, PRESIDENT), preparer signature (JAMES J. REILLY), and firm information (CONDON O'MEARA MCGINTY & DONNELLY LLP).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,457,268. including grants of \$) (Revenue \$) HORTICULTURE: SEE SCHEDULE O.

4b (Code:) (Expenses \$ 2,110,355. including grants of \$) (Revenue \$) MAINTENANCE: SEE SCHEDULE O.

4c (Code:) (Expenses \$ 1,947,729. including grants of \$) (Revenue \$ 257,990.) EDUCATION AND OUTREAH PROGRAMS: SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,849,797. including grants of \$) (Revenue \$ 1,152,522.)

4e Total program service expenses 9,365,149.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (34); 1b Enter the number of voting members included in line 1a, above, who are independent (34); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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) available 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 in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DOROTA RASHID - 718-623-7222
1000 WASHINGTON AVENUE, BROOKLYN, NY 11225

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE H. STEINBERG BOARD CHAIR	5.00	X		X				0.	0.	0.
(2) SUZANNE T. MARQUARD VICE CHAIR	5.00	X		X				0.	0.	0.
(3) JONATHAN M. WELD VICE CHAIR	5.00	X		X				0.	0.	0.
(4) LLOYD METZ VICE CHAIR	5.00	X		X				0.	0.	0.
(5) MARTHA MAST WATTS TREASURER	5.00	X		X				0.	0.	0.
(6) ELIZABETH GILE SECRETARY	5.00	X		X				0.	0.	0.
(7) EARL D. WEINER TRUSTEE	5.00	X						0.	0.	0.
(8) RICHARD W. HULBERT TRUSTEE	5.00	X						0.	0.	0.
(9) SCOTT FOUSHEE TRUSTEE	5.00	X						0.	0.	0.
(10) SASHA BASS TRUSTEE	5.00	X						0.	0.	0.
(11) LISA DONNISON TRUSTEE	5.00	X						0.	0.	0.
(12) BEVIN CLINE TRUSTEE	5.00	X						0.	0.	0.
(13) DONALD A. GOLDSMITH TRUSTEE	5.00	X						0.	0.	0.
(14) EMME LEVIN DELAND TRUSTEE	5.00	X						0.	0.	0.
(15) MICHAEL RUIZ TRUSTEE	5.00	X						0.	0.	0.
(16) JEB STUART ARMSTRONG TRUSTEE	5.00	X						0.	0.	0.
(17) DONALD REED TRUSTEE	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER ROGG EISENSTADT TRUSTEE	5.00	X						0.	0.	0.
(19) JUDITH STEINHARDT TRUSTEE	5.00	X						0.	0.	0.
(20) ALTHEA L. DUERSTEN TRUSTEE	5.00	X						0.	0.	0.
(21) ELLEN PETERSEN TRUSTEE	5.00	X						0.	0.	0.
(22) MICHAEL ROSENTHAL TRUSTEE	5.00	X						0.	0.	0.
(23) MIMI MORRIS TRUSTEE	5.00	X						0.	0.	0.
(24) RYAN O'CONNELL TRUSTEE	5.00	X						0.	0.	0.
(25) DANA DIRICKSON TRUSTEE	5.00	X						0.	0.	0.
(26) PRISCILLA NEWBURY TRUSTEE	5.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,321,662.	0.	81,025.
d Total (add lines 1b and 1c)								1,321,662.	0.	81,025.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MICHAEL VAN VALKENBURGH ASSOC. 231 CONCORD AVENUE, CAMBRIDGE, MA 02138	ARCHITECTS	252,456.
WEISS/MANFREDI ARCHITECTS, 200 HUDSON STREET, 10TH FL, NEW YORK, NY 10013	ARCHITECTS	174,412.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARSHALL MILLER TRUSTEE	5.00	X						0.	0.	0.
(28) KRISTYNA HOUSER TRUSTEE	5.00	X						0.	0.	0.
(29) JOHN E. OSNATO TRUSTEE	5.00	X						0.	0.	0.
(30) ROBERT W. WHITEFORD TRUSTEE	5.00	X						0.	0.	0.
(31) SERGE VATEL TRUSTEE	5.00	X						0.	0.	0.
(32) KIMIKO LUPFER TRUSTEE	5.00	X						0.	0.	0.
(33) FREDERICK BLAND TRUSTEE	5.00	X						0.	0.	0.
(34) COURTNEY BROADWATER TRUSTEE	5.00	X						0.	0.	0.
(35) SUSAN LEITNER FORMER TRUSTEE	5.00	X						0.	0.	0.
(36) KATHRYN MATTIS FORMER TRUSTEE	5.00	X						0.	0.	0.
(37) JOHN KIM FORMER TRUSTEE	5.00	X						0.	0.	0.
(38) SCOT MEDBURY PRESIDENT	40.00			X				358,806.	0.	22,955.
(39) DOROTA RASHID CFO/VP OF FINANCE	40.00			X				174,013.	0.	22,698.
(40) LESLIE FINDLEN SR. V.P. OF INST. ADVANCEMENT	40.00				X			225,358.	0.	8,843.
(41) JULIE LANG MAN. DIR. OF DONOR RELATIONS	40.00				X			130,218.	0.	8,843.
(42) TRACEY FAIRELAND VP OF CAPITAL PROJECTS	40.00				X			140,714.	0.	8,843.
(43) MARK FISHER VP HORTICULTURE & FACILITIES	40.00				X			150,157.	0.	8,843.
(44) SONAL BHATT V.P. OF EDUCATION	40.00				X			142,396.	0.	0.
Total to Part VII, Section A, line 1c								1,321,662.		81,025.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	626,778.				
	c Fundraising events	1c	40,696.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,177,961.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,981,794.				
	g Noncash contributions included in lines 1a-1f: \$		16,573.				
	h Total. Add lines 1a-1f		6,827,229.				
Program Service Revenue	2 a ADMISSIONS	Business Code	900099	933,084.	933,084.		
	b EDUCATIONAL PROGRAMS	Business Code	900099	257,990.	257,990.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,191,074.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			710,290.		710,290.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	732,327.				
		(ii) Personal	0.				
			732,327.				
	d Net rental income or (loss)			732,327.		732,327.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4,108,042.				
		(ii) Other					
		b Less: cost or other basis and sales expenses		4,109,753.			
		c Gain or (loss)		-1,711.			
	d Net gain or (loss)			-1,711.		-1,711.	
	8 a Gross income from fundraising events (not including \$ 40,696. of contributions reported on line 1c). See Part IV, line 18	a	11,371.				
		b Less: direct expenses	b	28,616.			
		c Net income or (loss) from fundraising events			-17,245.		-17,245.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	89,582.					
	b Less: cost of goods sold	b	24,002.				
	c Net income or (loss) from sales of inventory			65,580.	65,580.		
Miscellaneous Revenue			Business Code				
11 a SPECIAL FEES - OTHER	Business Code	900099	153,858.	153,858.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			153,858.			
12 Total revenue. See instructions			9,661,402.	1,410,512.	0.	1,423,661.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	267,147.	218,085.	29,773.	19,289.
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	5,222,685.	4,264,095.	579,221.	379,369.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	607,571.	495,286.	71,218.	41,067.
9 Other employee benefits	1,610,540.	1,312,896.	188,784.	108,860.
10 Payroll taxes	412,774.	336,489.	48,385.	27,900.
11 Fees for services (non-employees):				
a Management				
b Legal	32,290.		32,290.	
c Accounting	107,904.		102,904.	5,000.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	27,500.			27,500.
f Investment management fees	60,425.		60,425.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	697,977.	472,512.	210,360.	15,105.
12 Advertising and promotion	85,570.	75,000.	10,176.	394.
13 Office expenses	169,906.	93,436.	35,345.	41,125.
14 Information technology				
15 Royalties				
16 Occupancy	303,085.	295,467.	4,995.	2,623.
17 Travel	117,653.	71,245.	28,036.	18,372.
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	1,035,246.	892,468.	142,778.	
23 Insurance	148,624.	115,597.	23,041.	9,986.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES AND MATERIALS	308,322.	294,714.	12,438.	1,170.
b EQUIPMENT	134,265.	107,377.	26,888.	0.
c REPAIRS	81,339.	80,926.	413.	
d BOOKS AND PERIODICALS	17,405.	13,209.	3,852.	344.
e All other expenses		226,347.	-243,808.	17,461.
25 Total functional expenses. Add lines 1 through 24e	11,448,228.	9,365,149.	1,367,514.	715,565.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,106,118.	1	4,854,561.
	2 Savings and temporary cash investments	7,110,173.	2	5,583,222.
	3 Pledges and grants receivable, net	611,108.	3	715,324.
	4 Accounts receivable, net	5,020,386.	4	3,563,384.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	36,323.	8	41,358.
	9 Prepaid expenses and deferred charges	72,141.	9	247,844.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,313,710.		
	b Less: accumulated depreciation	10b 27,655,240.	21,975,638.	10c 23,658,470.
	11 Investments - publicly traded securities	64,145,129.	11	60,299,320.
	12 Investments - other securities. See Part IV, line 11	2,780,071.	12	2,598,499.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	107,857,087.	16	101,561,982.	
Liabilities	17 Accounts payable and accrued expenses	6,126,704.	17	5,353,014.
	18 Grants payable		18	
	19 Deferred revenue		19	123,553.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,951,306.	23	5,199,430.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,581,701.	25	11,319,695.
	26 Total liabilities. Add lines 17 through 25	22,659,711.	26	21,995,692.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	59,618,193.	27	55,604,317.
	28 Temporarily restricted net assets	19,978,288.	28	18,542,650.
	29 Permanently restricted net assets	5,600,895.	29	5,419,323.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	85,197,376.	33	79,566,290.	
34 Total liabilities and net assets/fund balances	107,857,087.	34	101,561,982.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,661,402.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,448,228.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,786,826.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,197,376.
5	Net unrealized gains (losses) on investments	5	-3,924,694.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	80,434.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	79,566,290.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: **BROOKLYN BOTANIC GARDEN CORPORATION**
Employer identification number: **11-2417338**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,088,324.	16,155,969.	14,177,729.	15,056,012.	6,827,229.	74,305,263.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22,088,324.	16,155,969.	14,177,729.	15,056,012.	6,827,229.	74,305,263.
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)						5,955,926.
6 Public support. Subtract line 5 from line 4.						68,349,337.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	22,088,324.	16,155,969.	14,177,729.	15,056,012.	6,827,229.	74,305,263.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,707,174.	1,924,352.	2,134,225.	2,756,865.	1,442,617.	9,965,233.
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.)	470,753.	160,945.	119,577.	183,443.	153,853.	1,088,571.
11 Total support. Add lines 7 through 10						85,359,067.
12 Gross receipts from related activities, etc. (see instructions)					12	5,941,512.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	80.07	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	81.79	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	1	
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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.		
	2a	
	2b	
	3a	
	3b	

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

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

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

OTHER INCOME

2014 AMOUNT: \$ 470,753.

2015 AMOUNT: \$ 160,945.

2016 AMOUNT: \$ 119,577.

2017 AMOUNT: \$ 183,443.

2018 AMOUNT: \$ 153,853.

PART II, SHORT YEAR EXPLANATION:

FOR PURPOSES OF SCHEDULE A, PART II, THE 2018 YEAR REPRESENTS A

SHORT-PERIOD ACCOUNTING YEAR (JULY 1ST THROUGH DECEMBER 31ST) AS A

RESULT OF AN AUTOMATIC CHANGE IN ACCOUNTING PERIOD MADE BY THE

ORGANIZATION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Name of the organization: BROOKLYN BOTANIC GARDEN CORPORATION; Employer identification number: 11-2417338

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	73,179,996.	69,037,903.	63,126,932.	61,193,477.	33,836,802.
b Contributions	1,459,536.	3,957,120.	3,628,748.	6,643,809.	12,373,275.
c Net investment earnings, gains, and losses	-5,109,781.	3,307,152.	5,738,976.	437,733.	21,508,320.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,906,456.	3,122,179.	3,456,753.	5,148,097.	6,524,920.
f Administrative expenses					
g End of year balance	66,623,295.	73,179,996.	69,037,903.	63,126,922.	61,193,477.

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

- a Board designated or quasi-endowment 64.03 %
- b Permanent endowment 8.13 %
- c Temporarily restricted endowment 27.83 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		9,577,799.	1,661,758.	7,916,041.
c Leasehold improvements		30,083,393.	23,136,346.	6,947,047.
d Equipment		4,263,656.	2,857,136.	1,406,520.
e Other		7,388,862.		7,388,862.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,658,470.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POSTRETIREMENT BENEFITS	11,319,695.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,319,695.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	6,012,361.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,924,694.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	336,078.	
e	Add lines 2a through 2d	2e		-3,588,616.
3	Subtract line 2e from line 1	3		9,600,977.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,425.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		60,425.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		9,661,402.

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

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

1	Total expenses and losses per audited financial statements		1	11,643,447.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	255,644.	
e	Add lines 2a through 2d	2e		255,644.
3	Subtract line 2e from line 1	3		11,387,803.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,425.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		60,425.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		11,448,228.

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE BROOKLYN BOTANIC GARDEN CORPORATION (THE "GARDEN") MAINTAINS A SET OF

1,280 RARE BOOKS, PERIODICALS, EPHEMERA AND MANUSCRIPTS ALL ON THE SUBJECT

OF BOTANY AND HORTICULTURE. THE COLLECTION FURTHERS THE GARDEN'S EXEMPT

PURPOSE AS IT SUPPORTS OUR MISSION TO ENGAGE IN RESEARCH IN PLANT SCIENCES

TO EXPAND HUMAN KNOWLEDGE OF PLANTS, AND DISSEMINATING THE RESULTS TO

SCIENE PROFESSIONALS AND THE GENERAL PUBLIC.

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 REFELCTED IN THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

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 AMERICAN, 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 RESTICTIONS.

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 ORGANIZATIONAL FUNDS, OVER WHICH THE ORGANIZATION ITSELF IMPOSES RESTRICTIONS ON THEIR USE, AND WHICH RESTRICTIONS CAN BE TEMPORARY OR

Part XIII Supplemental Information *(continued)*

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EFFECT OF POST-RETIREMENT ADJUSTMENT	493,648.
COST OF GOODS SOLD	24,002.
THIRD PARTY TRUST UNREALIZED GAIN (LOSS), NET	-181,572.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	336,078.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

POST-RETIREMENT BENEFITS	231,642.
COST OF GOODS SOLD	24,002.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	255,644.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **BROOKLYN BOTANIC GARDEN CORPORATION** Employer identification number **11-2417338**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MK DIRECT MARKETING & COMMUNICATIONS, LLC (MKDM) -	MAIL, INTERNET AND EMAIL SOLICITATIONS		X	0.	27,500.	0.
Total					27,500.	

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

NY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BEER & BOCCE (event type)	HARVEST DINNER (event type)	1 (total number)		
Revenue	1	Gross receipts	16,382.	35,685.		52,067.
	2	Less: Contributions	13,011.	27,685.		40,696.
	3	Gross income (line 1 minus line 2)	3,371.	8,000.		11,371.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	875.	1,257.		2,132.
	7	Food and beverages		48.		48.
	8	Entertainment	1,771.	7,085.		8,856.
	9	Other direct expenses	5,376.	7,198.	5,006.	17,580.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				28,616.
11	Net income summary. Subtract line 10 from line 3, column (d)				-17,245.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

(I) NAME OF FUNDRAISER: MK DIRECT MARKETING & COMMUNICATIONS, LLC (MKDM)

(I) ADDRESS OF FUNDRAISER:

612 EAST JEFFERSON ST., 2ND FL., CHARLOTTESVILLE, VA 22902

Part IV Supplemental Information *(continued)*

Area with horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

**Open to Public
Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **BROOKLYN BOTANIC GARDEN CORPORATION**
 Employer identification number: **11-2417338**

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCOT MEDBURY PRESIDENT	(i)	327,556.	31,250.	0.	22,955.	381,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) DOROTA RASHID CFO/VP OF FINANCE	(i)	150,763.	23,250.	0.	22,698.	196,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) LESLIE FINDLEN SR. V.P. OF INST. ADVANCEMENT	(i)	200,358.	25,000.	0.	8,843.	234,201.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(4) MARK FISHER VP HORTICULTURE & FACILITIES	(i)	128,407.	21,750.	0.	8,843.	159,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(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.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

BROOKLYN BOTANIC GARDEN CORPORATION

Employer identification number

11-2417338

CHANGE IN ACCOUNTING PERIOD

EFFECTIVE JULY 1, 2018, THE GARDEN ELECTED TO CHANGE ITS ACCOUNTING

PERIOD FROM A FISCAL YEAR ENDING JUNE 30TH TO A CALENDAR YEAR ENDING

DECEMBER 31ST UNDER THE REQUIREMENTS SET FORTH IN REVENUE PROCEDURE

85-58. THE GARDEN IS PRIMARILY AN OUTDOOR VENUE AND ITS OPERATIONS ARE

HIGHLY SEASONAL, WITH PEAK ACTIVITY IN THE SPRING. THIS CHANGE WILL

SHIFT THE PEAK SEASON TO THE FIRST HALF OF THE FISCAL YEAR, WHICH WILL

ALLOW FOR BETTER BUDGET MANAGEMENT. TO TRANSITION INTO THE NEW YEAR,

THE GARDEN HAS PRESENTED A PARTIAL BRIDGE YEAR COVERING A SIX MONTH

PERIOD FROM JULY 1, 2018 TO DECEMBER 31, 2018.

PART 1 - LINE 1 & PART III - LINE 1

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

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 COMMUNITITIES.

Name of the organization BROOKLYN BOTANIC GARDEN CORPORATION	Employer identification number 11-2417338
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PART III - LINE 4A

HORTICULTURE: THE FOUNDATION OF THE GARDEN IS ITS WORLD CLASS
 HORTICULTURE COLLECTION FEATURING MORE THAN 12,000 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,
 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

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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
 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 III, LINE 4D, OTHER PROGRAM SERVICES:

CAPITAL CAMPAIGN - IN THE MOST SIGNIFICANT GARDEN RENEWAL EFFORT SINCE
 ITS FOUNDING 108 YEARS AGO, THE GARDEN IS CURRENTLY ENGAGED IN A
 DRAMATIC AND AMBITIOUS EFFORT FOR THE FUTURE. WITH PROJECTS THAT AFFECT
 VIRTUALLY EVERY PART OF THE GARDEN AND EXTEND BEYOND ITS BORDERS, THESE
 ENHANCEMENTS WILL HELP THE GARDEN MEET THE RAPIDLY CHANGING NEEDS OF
 ITS AUDIENCE, FOSTER A LOVE AND UNDERSTANDING OF PLANTS AND THE NATURAL
 WORLD AND INSPIRE THE NEXT GENERATION OF ENVIRONMENTAL STEWARDS.

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SECURITY - SECURITY INSURES THAT OUR GARDEN AND ITS LIVING COLLECTIONS
ARE PROTECTED AND THAT OUR VISITORS' ENVIRONMENT IS SAFE.

PROGRAM ENHANCEMENTS - COMBINING RECREATION WITH HORTICULTURAL AND
ECOLOGICAL INTERPRETATION AND EDUCATION, THE GARDEN PRODUCES UP TO FIVE

POPULAR PUBLIC PROGRAMS EACH YEAR THAT HIGHLIGHT THE SEASONS AND
CELEBRATE THE CULTURAL DIVERSITY OF BROOKLYN. THE GARDEN WELCOMES

AUTUMN WITH CHILE PEPPER FIESTA, FEATURING MUSIC, DANCE AND FOOD FROM
VARIOUS

CULTURES, AND GHOULS AND GOURDS, A HALLOWEEN-INSPIRED FESTIVAL WITH
MUSIC, COSTUMES, GIANT PUPPETS AND FAMILY ACTIVITIES. IN THE SPRING,

DRAFT GARDEN HONORS THE JAPANESE TRADITION OF HANAMI: CELEBRATING THE
CHERRY BLOSSOM SEASON WHICH CULMINATES WITH SAKURA MATSURI, THE LARGEST

CHERRY BLOSSOM FESTIVAL IN THE NORTHEAST, IN APRIL. THE GARDEN ALSO
ENHANCES THE EXPERIENCES OF ITS VISITORS AND PATRONS THROUGH VARIOUS

EXHIBITIONS, A COMPREHENSIVE VISITOR SERVICES PROGRAM, AND THROUGH A
RANGE OF INFORMATION SHARED ON THE BBG.ORG WEBSITE.

MEMBERSHIPS - MEMBERSHIP ENHANCES THE GARDEN VISITORS' EXPERIENCES BY
PROVIDING SPECIAL AFTERTHOUS GARDEN EVENTS, PROVIDING ADDITIONAL

EDUCATIONAL MATERIALS AND AVAILING THEM TO VARIOUS GARDEN AND COMMUNITY
DISCOUNTS.

DIGITAL/PRINT - THE DEPARTMENT OF DIGITAL AND PRINT MEDIA CREATES
ORIGINAL, MISSION-DRIVEN MEDIA THAT INFORMS THE PUBLIC ABOUT PLANTS,

ECOLOGY, AND HORTICULTURE AND INSPIRES ITS SUPPORT OF CONSERVATION IN
GENERAL AND THE GARDEN IN PARTICULAR. PRODUCTS INCLUDE THE GARDEN

GUIDES

Name of the organization BROOKLYN BOTANIC GARDEN CORPORATION	Employer identification number 11-2417338
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TO A GREENER PLANET; EDITORIAL SERVICES FOR ALL OF THE GARDEN'S
 INTERPRETATION AND PRINTED MATERIALS; COLLECTION AND MANAGEMENT OF
 PHOTOS DOCUMENTING THE GARDEN'S COLLECTIONS; WEB PROPERTIES THAT OFFER
 GARDENING ARTICLES, A NATURE BLOG, HISTORIC IMAGE COLLECTIONS, AND RICH
 RESEARCH RESOURCES; AND WEB-BASED TECHNOLOGIES AND MARKETING FEATURES
 THAT BUILD THE GARDEN'S BRAND AND DRIVE EARNED INCOME THROUGH
 MEMBERSHIP ENROLLMENT, CLASS REGISTRATION, PUBLIC PROGRAMS TICKETING,
 CONCESSION SALES, AND INCREASED GARDEN VISITATION.

ADMISSIONS - THE GARDEN IS COMMITTED TO MAKING ITS EXHIBITIONS,
 PROGRAMS AND SERVICES ACCESSIBLE TO ALL WHO VISIT. TO ENSURE
 ACCESSIBILITY, THE GARDEN MAINTAINS MANY COMPLIMENTARY OR REDUCED
 ADMISSION OPTIONS. PROCEEDS FROM ADMISSIONS PROVIDE OPERATING SUPPORT
 FOR THE GARDEN.
 EXPENSES \$ 2,849,797. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,152,522.

FORM 990, PART VI, SECTION B, LINE 11B:
 THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE THEN BROUGHT TO THE FULL
 BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
 CONFLICT OF INTEREST STATEMENTS ARE REQUIRED TO BE SIGNED BY ALL OFFICERS,
 TRUSTEES AND KEY EMPLOYEES ANNUALLY, OR IF CONFLICT ARISES. ANY CONFLICT
 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

Name of the organization BROOKLYN BOTANIC GARDEN CORPORATION	Employer identification number 11-2417338
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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 XI, LINE 9, CHANGES IN NET ASSETS:

EFFECT OF POST-RETIREMENT ADJUSTMENTS	493,648.
POST-RETIREMENT BENEFITS	-231,642.
THIRD PARTY TRUST UNREALIZED GAIN (LOSS), NET	-181,572.
TOTAL TO FORM 990, PART XI, LINE 9	80,434.