

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2022**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> For the 2022 calendar year, or tax year beginning and ending																					
<b>B</b> Check if applicable:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>C</b> Name of organization BROOKLYN BOTANIC GARDEN CORPORATION</td> <td><b>D</b> Employer identification number 11-2417338</td> </tr> <tr> <td>Doing business as</td> <td></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 WASHINGTON AVENUE</td> <td><b>E</b> Telephone number 718-623-7222</td> </tr> <tr> <td>City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11225-1008</td> <td><b>G</b> Gross receipts \$ 45,354,546.</td> </tr> <tr> <td><b>F</b> Name and address of principal officer: ADRIAN BENEPE SAME AS C ABOVE</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td></td> <td><b>H(b)</b> Are all subordinates included? Yes No</td> </tr> <tr> <td></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td><b>J</b> Website: WWW.BBG.ORG</td> <td></td> </tr> <tr> <td><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other</td> <td><b>L</b> Year of formation: 1977 <b>M</b> State of legal domicile: NY</td> </tr> </table>	<b>C</b> Name of organization BROOKLYN BOTANIC GARDEN CORPORATION	<b>D</b> Employer identification number 11-2417338	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 WASHINGTON AVENUE	<b>E</b> Telephone number 718-623-7222	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11225-1008	<b>G</b> Gross receipts \$ 45,354,546.	<b>F</b> Name and address of principal officer: ADRIAN BENEPE SAME AS C ABOVE	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No		<b>H(b)</b> Are all subordinates included? Yes No		If "No," attach a list. See instructions	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	<b>H(c)</b> Group exemption number	<b>J</b> Website: WWW.BBG.ORG		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	<b>L</b> Year of formation: 1977 <b>M</b> State of legal domicile: NY
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Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: AN URBAN BOTANIC GARDEN THAT CONNECTS PEOPLE TO THE WORLD OF PLANTS (SEE SCHEDULE O).		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	31
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	31
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	319
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	750
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-83,941.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	22,597,060.	20,146,299.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,737,877.	4,987,833.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-27,187.	218,100.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,273,775.	1,783,825.
		28,581,525.	27,136,057.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,055,249.	18,470,825.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	73,500.	93,607.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,400,591.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,690,000.	8,493,589.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,818,749.	27,058,021.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,762,776.	78,036.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	140,872,078.	121,883,790.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	25,571,357.	16,898,357.
		115,300,721.	104,985,433.

<b>Part II Signature Block</b>																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
<b>Sign Here</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:30%;">11/6/2023</td> </tr> <tr> <td>Signature of officer</td> <td>Date</td> </tr> <tr> <td colspan="2">Adrian Benepe, President</td> </tr> <tr> <td colspan="2">Type or print name and title</td> </tr> </table>		11/6/2023	Signature of officer	Date	Adrian Benepe, President		Type or print name and title								
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<b>Paid Preparer Use Only</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Print/Type preparer's name ALEXANDER LAZZARUOLO</td> <td style="width:20%;">Preparer's signature </td> <td style="width:10%;">Date 10/30/2023</td> <td style="width:10%;">Check if self-employed <input type="checkbox"/></td> <td style="width:20%;">PTIN P01775353</td> </tr> <tr> <td>Firm's name CONDON O'MEARA MCGINTY &amp; DONNELLY LLP</td> <td>Firm's EIN 13-3628255</td> <td colspan="3"></td> </tr> <tr> <td>Firm's address ONE BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004</td> <td>Phone no. 212-661-7777</td> <td colspan="3"></td> </tr> </table>	Print/Type preparer's name ALEXANDER LAZZARUOLO	Preparer's signature 	Date 10/30/2023	Check if self-employed <input type="checkbox"/>	PTIN P01775353	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP	Firm's EIN 13-3628255				Firm's address ONE BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004	Phone no. 212-661-7777			
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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 \$ 5,212,221. including grants of \$ ) (Revenue \$ ) MAINTENANCE: SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 5,205,313. including grants of \$ ) (Revenue \$ ) HORTICULTURE: SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 4,591,301. including grants of \$ ) (Revenue \$ 513,490. ) EDUCATION AND OUTREACH PROGRAMS: SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,723,673. including grants of \$ ) (Revenue \$ 4,474,343. )

4e Total program service expenses 22,732,508.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>25b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>35b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>1c</b> 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, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (31), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADRIAN BENEPE PRESIDENT	40.00			X			388,286.	0.	13,484.	
(2) KATHRYN GLASS CHIEF OF MARKETING	40.00				X		245,679.	0.	31,263.	
(3) LESLIE FINDLEN SR. V.P. OF INST. ADV.	40.00				X		258,408.	0.	11,861.	
(4) DOROTA RASHID CFO/VP OF FINANCE	40.00			X			237,671.	0.	31,263.	
(5) ROWAN BLAIK V.P. OF HORTICULTURE	40.00				X		158,801.	0.	30,658.	
(6) TRACEY FAIRELAND V.P. OF CAPITAL PROJECTS	40.00				X		160,849.	0.	11,861.	
(7) SONAL BHATT V.P. OF EDUCATION & INTERPRE	40.00				X		165,796.	0.	0.	
(8) DIANE H. STEINBERG BOARD CHAIR	5.00	X		X			0.	0.	0.	
(9) JENNIFER ROGG EISENSTADT VICE CHAIR	5.00	X		X			0.	0.	0.	
(10) SUZANNE T. MARQUARD VICE CHAIR	5.00	X		X			0.	0.	0.	
(11) LLOYD M. METZ VICE CHAIR	5.00	X		X			0.	0.	0.	
(12) MARTHA MAST WATTS TREASURER	5.00	X		X			0.	0.	0.	
(13) ELIZABETH GILE SECRETARY	5.00	X		X			0.	0.	0.	
(14) SASHA BASS TRUSTEE	5.00	X					0.	0.	0.	
(15) MARTIN BELL TRUSTEE	5.00	X					0.	0.	0.	
(16) FREDERICK BLAND TRUSTEE	5.00	X					0.	0.	0.	
(17) COURTNEY BROADWATER 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MADELINE CARSON TRUSTEE	5.00	X						0.	0.	0.
(19) EMME LEVIN DELAND TRUSTEE	5.00	X						0.	0.	0.
(20) STEPHEN DIETZ TRUSTEE	5.00	X						0.	0.	0.
(21) DANA DIRICKSON TRUSTEE	5.00	X						0.	0.	0.
(22) KEISHA DIXON TRUSTEE	5.00	X						0.	0.	0.
(23) ADAM DURRETT TRUSTEE	5.00	X						0.	0.	0.
(24) DONALD A. GOLDSMITH TRUSTEE	5.00	X						0.	0.	0.
(25) KRISTYNA HOUSER TRUSTEE	5.00	X						0.	0.	0.
(26) STEPHEN MERKEL TRUSTEE	5.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,615,490.	0.	130,390.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,615,490.	0.	130,390.

**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 12

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ELITE INVESTIGATIONS, LTD - NY 2001 CENTRAL PARK AVENUE, YONKERS, NY 10710	CONTRACT SECURITY	417,714.
VENTUCOM LLC, 275 WEST 39TH STREET, 4TH FLOOR, NEW YORK, NY 10018	CONSULTING IT	263,892.
FUTURE GREEN FABRICATION LLC 18 BAY STREET, BROOKLYN, NY 11231	INTERPRATIVE SIGNAGE	139,880.
LORD CULTURAL RESOURCES, 125 PARK AVENUE, SUITE 2553, NEW YORK, NY 10017	STRATEGIC PLANNING CONSULTANTS	114,445.

**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 4

SEE PART VII, SECTION A CONTINUATION SHEETS



<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (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) MIMI MORRIS TRUSTEE	5.00	X					0.	0.	0.	
(29) PARVIN MOYNE TRUSTEE	5.00	X					0.	0.	0.	
(30) PRISCILLA NEWBURY TRUSTEE	5.00	X					0.	0.	0.	
(31) ELLEN PETERSEN TRUSTEE	5.00	X					0.	0.	0.	
(32) DONALD REED TRUSTEE	5.00	X					0.	0.	0.	
(33) LAURA RICHARDS TRUSTEE	5.00	X					0.	0.	0.	
(34) MICHAEL RUIZ TRUSTEE	5.00	X					0.	0.	0.	
(35) JUDITH STEINHARDT TRUSTEE	5.00	X					0.	0.	0.	
(36) SERGE VATEL TRUSTEE	5.00	X					0.	0.	0.	
(37) EARL D. WEINER TRUSTEE	5.00	X					0.	0.	0.	
(38) ROBERT W. WHITEFORD TRUSTEE	5.00	X					0.	0.	0.	
(39) RYAN O'CONNELL FORMER TRUSTEE	5.00	X					0.	0.	0.	
(40) LISA DONNESON FORMER TRUSTEE	5.00	X					0.	0.	0.	
(41) JEB STUART ARMSTRONG FORMER TRUSTEE	5.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>	2,452,345.					
	<b>c</b> Fundraising events .....	<b>1c</b>	926,343.					
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	9,255,615.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	7,511,996.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 269,429.					
	<b>h Total.</b> Add lines 1a-1f .....			20,146,299.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>ADMISSIONS</u>	<b>Business Code</b>	900099	4,477,271.	4,477,271.		
<b>b</b> <u>EDUCATIONAL PROGRAMS</u>			900099	513,490.	513,490.			
<b>c</b> <u>LIGHTSCAPE</u>			900099	-2,928.	-2,928.			
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue .....								
<b>g Total.</b> Add lines 2a-2f .....				4,987,833.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			346,116.			346,116.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	1,905,109.				
			(ii) Personal					
	<b>b</b> Less: rental expenses ...	<b>6b</b>		0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>		1,905,109.				
	<b>d</b> Net rental income or (loss) .....			1,905,109.			1,905,109.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	17,548,873.				
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		17,676,889.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>		-128,016.				
	<b>d</b> Net gain or (loss) .....			-128,016.			-128,016.	
<b>8 a</b> Gross income from fundraising events (not including \$ 926,343. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		118,200.					
			490,205.					
<b>b</b> Less: direct expenses .....	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events .....			-372,005.			-372,005.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		235,450.					
			51,395.					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....			184,055.	184,055.				
<b>Miscellaneous Revenue</b>	<b>11 a</b> <u>SPECIAL FEES - OTHER</u>	<b>Business Code</b>	900099	150,607.	150,607.			
	<b>b</b> <u>INVESTMENT IN LTD. PARTNERSHIPS</u>		900099	-83,941.		-83,941.		
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....			66,666.				
<b>12 Total revenue.</b> See instructions .....			27,136,057.	5,322,495.	-83,941.	1,751,204.		

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	670,704.	548,848.	79,592.	42,264.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	12,178,865.	9,949,265.	1,451,168.	778,432.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,288,634.	1,079,515.	144,184.	64,935.
<b>9</b> Other employee benefits .....	3,353,759.	2,809,512.	375,251.	168,996.
<b>10</b> Payroll taxes .....	978,863.	820,014.	109,524.	49,325.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	153,316.	10,361.	120,921.	22,034.
<b>c</b> Accounting .....	61,957.		61,957.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	93,607.			93,607.
<b>f</b> Investment management fees .....	152,287.		152,287.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,541,143.	2,884,502.	651,504.	5,137.
<b>12</b> Advertising and promotion .....	301,415.	270,499.	29,497.	1,419.
<b>13</b> Office expenses .....	424,493.	333,373.	15,326.	75,794.
<b>14</b> Information technology .....		503,968.	-541,939.	37,971.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	699,153.	686,925.	8,605.	3,623.
<b>17</b> Travel .....	142,747.	81,050.	37,773.	23,924.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,397,294.	1,330,174.	67,120.	
<b>23</b> Insurance .....	369,483.	282,637.	59,886.	26,960.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUPPLIES AND MATERIALS	691,537.	658,135.	27,572.	5,830.
<b>b</b> EQUIPMENT	343,996.	270,126.	73,608.	262.
<b>c</b> REPAIRS	164,497.	163,411.	1,086.	0.
<b>d</b> BOOKS AND PERIODICALS	50,271.	50,193.	0.	78.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	27,058,021.	22,732,508.	2,924,922.	1,400,591.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10,371,845.	<b>1</b>	9,170,935.
	<b>2</b> Savings and temporary cash investments .....	2,057,720.	<b>2</b>	2,092,781.
	<b>3</b> Pledges and grants receivable, net .....	3,475,849.	<b>3</b>	4,310,436.
	<b>4</b> Accounts receivable, net .....	2,505,339.	<b>4</b>	1,008,100.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	7,185.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges .....	473,779.	<b>9</b>	106,974.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 59,875,600.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 33,249,356.		
	<b>11</b> Investments - publicly traded securities .....	91,009,529.	<b>11</b>	73,014,474.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,760,080.	<b>12</b>	5,553,846.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	140,872,078.	<b>16</b>	121,883,790.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,969,400.	<b>17</b>	4,787,825.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	3,855.	<b>19</b>	1,801,116.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,366,520.	<b>23</b>	544,255.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	15,231,582.	<b>25</b>	9,765,161.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	25,571,357.	<b>26</b>	16,898,357.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	91,562,457.	<b>27</b>	81,810,521.
	<b>28</b> Net assets with donor restrictions .....	23,738,264.	<b>28</b>	23,174,912.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	115,300,721.	<b>32</b>	104,985,433.
<b>33</b> Total liabilities and net assets/fund balances .....	140,872,078.	<b>33</b>	121,883,790.	

Form 990 (2022)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	27,136,057.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	27,058,021.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	78,036.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	115,300,721.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-16,176,579.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	5,783,255.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	104,985,433.

**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 on 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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2022)

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

**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.**

**Open to Public Inspection**

**Go to [www.irs.gov/Form990](http://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 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).)
- 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 on 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		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,827,229.	16,698,828.	19,658,086.	22,597,060.	20,146,299.	85,927,502.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6,827,229.	16,698,828.	19,658,086.	22,597,060.	20,146,299.	85,927,502.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6,624,773.
<b>6 Public support.</b> Subtract line 5 from line 4.						79,302,729.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	6,827,229.	16,698,828.	19,658,086.	22,597,060.	20,146,299.	85,927,502.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,442,617.	2,919,860.	548,662.	1,360,262.	2,248,297.	8,519,698.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	153,853.	151,924.	50,398.	410,145.	150,607.	916,927.
<b>11 Total support.</b> Add lines 7 through 10						95,364,127.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	16,194,846.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	83.16	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	82.90	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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

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

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

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

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

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

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

Schedule A (Form 990) 2022

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

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

OTHER INCOME

2018 AMOUNT: \$ 153,853.

2019 AMOUNT: \$ 151,924.

2020 AMOUNT: \$ 50,398.

2021 AMOUNT: \$ 410,145.

2022 AMOUNT: \$ 150,607.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: 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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-9. Monitoring and enforcement questions (Yes/No).

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.

Form with sections 1a-1b and 2. 1a: Footnote for public service. 1b: Amounts for art collection (Revenue, Assets). 2: Amounts for financial gain (Revenue, Assets).

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	97,033,940.	82,281,904.	73,995,135.	66,623,295.	73,179,996.
<b>b</b> Contributions	3,929,055.	4,844,738.	7,387,837.	4,039,143.	1,459,536.
<b>c</b> Net investment earnings, gains, and losses	-19,861,396.	13,435,910.	7,296,578.	10,869,952.	-5,109,781.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	1,364,664.	3,528,612.	6,397,646.	7,537,255.	2,906,456.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	79,736,935.	97,033,940.	82,281,904.	73,995,135.	66,623,295.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 70.9000 %
  - b** Permanent endowment 8.9000 %
  - c** Term endowment 20.2000 %
- 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 |
|--|-----------|----|
| <b>(i)</b> Unrelated organizations   |           | X  |
| <b>(ii)</b> Related organizations  |           | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <b>3b</b> |    |
- 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
<b>1a</b> Land				
<b>b</b> Buildings		9,683,898.	2,868,349.	6,815,549.
<b>c</b> Leasehold improvements		44,635,029.	26,718,943.	17,916,086.
<b>d</b> Equipment		4,627,347.	3,662,064.	965,283.
<b>e</b> Other		929,326.		929,326.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,626,244.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POSTRETIREMENT BENEFITS	9,765,161.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	16,641,841.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-16,176,579.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	5,750,709.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-10,425,870.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	27,067,711.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	152,287.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-83,941.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	68,346.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	27,136,057.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	26,957,129.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	51,395.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	51,395.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	26,905,734.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	152,287.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	152,287.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	27,058,021.

**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 SCIENCE 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 REFLECTED 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 AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE GARDEN TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

TEMPORARILY RESTRICTED ENDOWMENTS INCLUDE ENDOWMENT FUNDS ESTABLISHED BY DONOR-RESTRICTED GIFTS THAT ARE MAINTAINED TO PROVIDE A SOURCE OF INCOME FOR EITHER A SPECIFIC PERIOD OF TIME OR UNTIL A SPECIFIC EVENT OCCURS (SEE SFAS 117 (ASC 958-205-45)), AS WELL AS ALL OTHER TEMPORARILY RESTRICTED NET ASSETS HELD IN A DONOR-RESTRICTED ENDOWMENT, INCLUDING UNAPPROPRIATED INCOME FROM PERMANENT ENDOWMENTS THAT IS NOT SUBJECT TO A PERMANENT RESTRICTION.

PERMANENT (TRUE) ENDOWMENTS ARE ENDOWMENT FUNDS THAT ARE ESTABLISHED BY DONOR-RESTRICTED GIFTS AND ARE MAINTAINED TO PROVIDE A PERMANENT SOURCE OF INCOME, WITH THE STIPULATION THAT PRINCIPAL MUST BE INVESTED AND KEPT INTACT IN PERPETUITY, WHILE ONLY THE INCOME GENERATED CAN BE USED BY THE ORGANIZATION.

BOARD-DESIGNATED ENDOWMENTS, OR QUASI-ENDOWMENTS, ARE ENDOWMENTS ESTABLISHED BY THE ORGANIZATION ITSELF, EITHER FROM UNRESTRICTED DONOR OR 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).

A VERY SMALL PORTION OF OUR PERMANENT ENDOWMENT IS FOR THE PURPOSES OF CHILDREN'S EDUCATION AND HORTICULTURE. THE REMAINING BALANCE IS BOARD DESIGNATED ENDOWMENT, WHICH HAS BEEN DESIGNATED FOR OPERATING GROWTH AND SUPPORT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EFFECT OF POST-RETIREMENT ADJUSTMENT	5,699,314.
COST OF GOODS SOLD	51,395.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,750,709.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GROSS UP OF LOSS ON INVESTMENT IN LTD. PARTNERSHIPS, NET	-83,941.
--	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	51,395.
--------------------	---------

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://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.	93,607.	-93,607.
<b>Total</b>					93,607.	-93,607.

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))
		GALA (event type)	LIGHTSCAPE DINNER (event type)	NONE (total number)	
Revenue	1	Gross receipts	971,043.	73,500.	1,044,543.
	2	Less: Contributions	868,873.	57,470.	926,343.
	3	Gross income (line 1 minus line 2)	102,170.	16,030.	118,200.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment	132,267.	17,290.	149,557.
	9	Other direct expenses	319,145.	21,503.	340,648.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			490,205.
11	Net income summary. Subtract line 10 from line 3, column (d)			-372,005.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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 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) 2022



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ADRIAN BENEPE PRESIDENT	(i)	360,286.	0.	28,000.	0.	13,484.	401,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHRYN GLASS CHIEF OF MARKETING	(i)	223,679.	0.	22,000.	0.	31,263.	276,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LESLIE FINDLEN SR. V.P. OF INST. ADV.	(i)	235,908.	0.	22,500.	0.	11,861.	270,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DOROTA RASHID CFO/VP OF FINANCE	(i)	216,671.	0.	21,000.	0.	31,263.	268,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROWAN BLAIK V.P. OF HORTICULTURE	(i)	144,301.	0.	14,500.	0.	30,658.	189,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TRACEY FAIRELAND V.P. OF CAPITAL PROJECTS	(i)	146,349.	0.	14,500.	0.	11,861.	172,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SONAL BHATT V.P. OF EDUCATION & INTERPRE	(i)	151,296.	0.	14,500.	0.	0.	165,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>BROOKLYN BOTANIC GARDEN CORPORATION</b>	Employer identification number <b>11-2417338</b>
--	---

<b>Part I</b>	<b>Types of Property</b>	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	19	269,429. FMV	
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

<b>29</b> Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	<b>29</b>
---	-----------

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

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

Schedule M (Form 990) 2022

**Part II**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization BROOKLYN BOTANIC GARDEN CORPORATION	Employer identification number 11-2417338
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PART I - 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 COMMUNITIES.

PART III - LINE 4A

MAINTENANCE: THE FACILITIES DEPARTMENT AT THE GARDEN OVERSEES THE  
REPAIR AND MAINTENANCE OF ALL BUILDINGS AND OUTDOOR HARDSCAPE  
INFRASTRUCTURE. THE GARDEN'S INFRASTRUCTURE MAINTENANCE INCLUDES  
CUSTODIAL SERVICES, FLEET & GROUNDS EQUIPMENT SERVICES, IRRIGATION,  
PLUMBING, ELECTRICAL, HEATING, GEOTHERMAL, AND PHONE SYSTEMS.  
INTERDEPARTMENTAL COLLABORATION AND CONTRACTOR MANAGEMENT FOR NEW  
CAPITAL AND RENOVATION PROJECTS IS ALSO A SIGNIFICANT RESPONSIBILITY OF  
THE FACILITIES DEPARTMENT, AS IS SUPPORT FOR PRIVATE FUNCTIONS AND  
PUBLIC EVENTS.

PART III - LINE 4B

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization BROOKLYN BOTANIC GARDEN CORPORATION	Employer identification number 11-2417338
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HORTICULTURE: THE FOUNDATION OF THE GARDEN IS ITS WORLD CLASS

HORTICULTURE COLLECTION FEATURING MORE THAN 10,000 PLANT SPECIES AND

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

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

HORTICULTURAL, SCIENTIFIC, ECOLOGICAL AND EDUCATIONAL MERIT. SOME OF

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

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

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

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

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

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

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

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 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

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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:

SECURITY:

SECURITY ENSURES 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 A VARIETY OF SEASONAL PUBLIC  
 PROGRAMS THAT HIGHLIGHT THE COLLECTIONS AND THE SEASON AND CELEBRATE  
 THE CULTURAL DIVERSITY OF BROOKLYN. IN THE SPRING, THE GARDEN HONORS  
 THE JAPANESE TRADITION OF HANAMI: CELEBRATING THE CHERRY BLOSSOM SEASON  
 WITH DANCE, MUSIC, AND PERFORMANCE. THE GARDEN CELEBRATES SUMMER AND  
 FALL WITH PROGRAMMED EVENINGS, HIGHLIGHTING LOCAL ARTISTS AND BROOKLYN  
 CULTURE. IN ADDITION, THE GARDEN ENHANCES THE EXPERIENCE OF ITS  
 VISITORS AND PATRONS WITH VARIOUS EXHIBITIONS AND A COMPREHENSIVE  
 VISITOR SERVICES PROGRAM.

MEMBERSHIP:

MEMBERSHIP ENHANCES THE GARDEN VISITOR EXPERIENCE BY PROVIDING  
 YEAR-ROUND ACCESS TO THE GARDEN, SPECIALTY AFTER-HOURS GARDEN EVENTS,  
 AS WELL AS ADDITIONAL EDUCATIONAL MATERIALS. THE MEMBERSHIP PROGRAM  
 AVAILS VISITORS OF VARIOUS GARDEN AND COMMUNITY DISCOUNTS.

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ADMISSIONS:

THE GARDEN IS COMMITTED TO MAKING ITS EXHIBITIONS, PROGRAMS, AND COLLECTIONS ACCESSIBLE TO ALL WHO VISIT. TO ENSURE ACCESSIBILITY, THE GARDEN MAINTAINS A COMMUNITY TICKET PROGRAM, WHERE A PORTION OF EACH DAYS' TICKETS ARE SET ASIDE FOR THOSE WHO NEED THEM. IN ADDITION TO THE COMMUNITY TICKET PROGRAM, THE GARDEN PARTICIPATES IN VARIOUS COMPLIMENTARY OR REDUCED PRICED ADMISSION PROGRAMS.

PUBLICATIONS:

THE DIGITAL AND PRINT MEDIA DEPARTMENT CREATES ORIGINAL, MISSION-DRIVEN MEDIA THAT INFORMS THE PUBLIC ABOUT PLANTS, ECOLOGY, AND HORTICULTURE. PRODUCTS INCLUDE GARDEN GUIDES TO A BETTER PLANET, EDITORIAL SERVICES FOR ALL OF THE GARDEN'S INTERPRETATION AND PRINTED MATERIAL, AS WELL AS COLLECTION AND MANAGEMENT OF PHOTOS DOCUMENTING THE GARDEN'S COLLECTIONS. THE DEPARTMENT ALSO MANAGES THE GARDEN'S WEBSITE, BBG.ORG, THAT OFFERS GARDENING ARTICLES, A NATURE BLOG, HISTORIC IMAGES OF THE COLLECTIONS, AND RICH RESEARCH RESOURCES.

CAPITAL CAMPAIGN:

IN THE MOST SIGNIFICANT GARDEN RENEWAL EFFORT SINCE ITS FOUNDING IN 1910, THE GARDEN HAS COMPLETED A ITS CAPITAL CAMPAIGN. WITH PROJECTS EFFECTING VIRTUALLY EVERY PART OF THE GARDEN AND EXTENDING 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.

EXPENSES \$ 7,723,673. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,474,343.



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

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE THEN PROVIDED 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 ORGANIZATIONS, AND APPROVED BY A BOARD COMPENSATION COMMITTEE.

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

THE GARDEN CURRENTLY PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC UPON REQUEST. THE GARDEN POSTS ITS AUDITED FINANCIAL STATEMENTS AND APPROVED IRS FORM 990 ON ITS WEBSITE.

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

## OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	2,884,502.
MANAGEMENT AND GENERAL EXPENSES	651,504.
FUNDRAISING EXPENSES	5,137.
TOTAL EXPENSES	3,541,143.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,541,143.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EFFECT OF POST-RETIREMENT ADJUSTMENTS	5,699,314.
GROSS UP FOR LOSS ON INVESTMENT IN LTD. PARTNERSHIPS, NET	83,941.
TOTAL TO FORM 990, PART XI, LINE 9	5,783,255.