

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>BROOKLYN BOTANIC GARDEN CORPORATION</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1000 WASHINGTON AVENUE</u> City or town, state or country, and ZIP + 4 <u>BROOKLYN, NY 11225-1008</u>		D Employer identification number <u>11-2417338</u>
		F Name and address of principal officer: <u>SCOT MEDBURY, PRESIDENT</u> <u>1000 WASHINGTON AVENUE, BROOKLYN, NY 11225-1008</u>		E Telephone number <u>(718) 623-7208</u>
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ <u>62,306,329.</u>
		J Website: ▶ <u>WWW.BBG.ORG</u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1977</u>	M State of legal domicile: <u>NY</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	37
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5	Total number of employees (Part V, line 2a)	5	396
	6	Total number of volunteers (estimate if necessary)	6	575
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	17,767,012.	12,019,351.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,839,936.	1,792,458.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,253,422.	-5,343,607.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,911,044.	1,808,585.
			23,771,414.	10,276,787.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,120,033.	12,520,564.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		6,607.
16b		Total fundraising expenses, Part IX, column (D), line 25 ▶ <u>1,459,393.</u>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,272,712.	4,707,435.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,392,745.	17,234,606.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	6,378,669.	-6,957,819.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	49,147,172.	41,333,002.
	22	Net assets or fund balances. Subtract line 21 from line 20.	9,325,427.	8,748,540.
		39,821,745.	32,584,462.	

Part II Signature Block

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

Sign Here	Signature of officer	Date <u>MAY 14, 2010</u>
	Type or print name and title <u>SCOT MEDBURY, PRESIDENT</u>	

Paid Preparer's Use Only	Preparer's signature ▶	Date <u>MAY 13 2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <u>PO0293162</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>CONDON O'MEARA MCGINTY & DONNELLY L</u> <u>ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405</u>	EIN ▶ <u>13-3628255</u>	Phone no. ▶ <u>212-661-7777</u>	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (see instructions)

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 No

If "Yes" describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,144,450. including grants of \$ NONE) (Revenue \$ NONE)

HORTICULTURE - SUPERVISING AND MAINTAINING PLANT COLLECTIONS, CATALOGING AND PLANTING ACQUISITIONS, LECTURES TO ADULT AND SCHOOL CLASSES, CURATE AND MAINTAIN SPECIAL INDOOR AND OUTDOOR EXHIBITS, ATTEND TO 52 ACRE PROPERTY (770,000 ESTIMATED ATTENDEES).

4b (Code:) (Expenses \$ 3,046,024. including grants of \$ NONE) (Revenue \$ 170,142.)

ENVIRONMENTAL EDUCATION PROGRAMS, GENERAL / OTHER EDUCATION - CONDUCT CLASSES ON HORTICULTURE FOR ADULTS AND CHILDREN, CONDUCT LECTURES AND SPECIAL PROGRAMS ON HORTICULTURE (75,844 ATTENDEES).

4c (Code:) (Expenses \$ 3,001,775. including grants of \$ NONE) (Revenue \$ NONE)

BOTANICAL & AQUATIC GARDEN PROGRAMS MAINTENANCE - REPAIR, MAINTAIN, REPLACE AND RENOVATE BUILDING AND GROUNDS, AND EQUIPMENT (770,000 ESTIMATED ATTENDEES).

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 4,088,146. including grants of \$ NONE) (Revenue \$ 2,288,290.)

4e Total program service expenses ► \$ 13,280,395. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes/No checkboxes, and numerical answers (139, NONE, 396, etc.).

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (37); 1b Enter the number of voting members that are independent (37); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9a Does the organization have local chapters, branches, or affiliates? (X); 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 (X); 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? (X); b Other officers or key employees of the organization? (X); Describe the process in Schedule O. (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (NEW YORK); 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. (X) Own website (X) Another's website (X) Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: (MARK GASPARINI C/O BBG, 1000 WASHINGTON AVENUE, BROOKLYN, NY 11225, 718-623-7208).

Part VIII Statement of Revenue

11-2417338

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	1,017,844.				
	c	Fundraising events	1c	489,095.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5,503,643.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,008,769.				
	g	Noncash contributions included in lines 1a-1f: \$		114,100.				
	h	Total. Add lines 1a-1f		12,019,351.				
Program Service Revenue	2a	ADMISSIONS	Business Code	1,204,720.	1,204,720.			
	b	EDUCATIONAL PROGRAMS		587,738.	587,738.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		1,792,458.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		547,535.		547,535.		
	4	Income from investment of tax-exempt bond proceeds		NONE				
	5	Royalties		NONE				
	6a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)		NONE				
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses		51,204,299.		
			c	Gain or (loss)		-5,891,142.		
	d	Net gain or (loss)		-5,891,142.		-5,891,142.		
	8a	Gross income from fundraising events (not including \$ 489,095. of contributions reported on line 1c). See Part IV, line 18.	a	298,311.				
	b	Less: direct expenses	b	250,389.				
c	Net income or (loss) from fundraising events		47,922.	47,922.				
9a	Gross income from gaming activities. See Part IV, line 19.	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities		NONE					
10a	Gross sales of inventory, less returns and allowances	a	974,278.					
		b	Less: cost of goods sold	b	574,854.			
		c	Net income or (loss) from sales of inventory.		399,424.	399,424.		
Miscellaneous Revenue		Business Code						
11a	RENTAL FEES		1,142,611.		1,142,611.			
b	TOURS		14,415.	14,415.				
c	SPECIAL FEES - OTHER		204,213.	204,213.				
d	All other revenue							
e	Total. Add lines 11a-11d		1,361,239.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		10,276,787.	2,458,432.		-4,200,996.		

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	354,875.	269,737.	48,033.	37,105.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	8,943,372.	6,995,415.	989,188.	958,769.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	760,035.	617,184.	92,426.	50,425.
9 Other employee benefits	1,768,442.	1,426,337.	225,940.	116,165.
10 Payroll taxes	693,840.	561,631.	86,391.	45,818.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	31,835.		31,835.	
c Accounting	48,591.		48,591.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	6,607.			6,607.
f Investment management fees	NONE			
g Other	367,149.	218,336.	104,509.	44,304.
12 Advertising and promotion	162,753.	141,144.	21,255.	354.
13 Office expenses	804,848.	577,961.	186,451.	40,436.
14 Information technology	94,437.	73,523.	12,116.	8,798.
15 Royalties	NONE			
16 Occupancy	588,407.	572,750.	12,393.	3,264.
17 Travel	183,609.	111,169.	46,069.	26,371.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	1,053,272.	711,621.	339,444.	2,207.
23 Insurance	171,201.	128,599.	31,949.	10,653.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES _____	539,416.	498,293.	34,652.	6,471.
b EQUIP. REPAIRS & MAINTENANCE _____	382,214.	269,271.	102,391.	10,552.
c SHIPPING _____	133,370.	54,742.	69,927.	8,701.
d SUBSCRIPTIONS _____	52,669.	49,463.	793.	2,413.
e MISCELLANEOUS _____	93,664.	3,219.	10,465.	79,980.
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	17,234,606.	13,280,395.	2,494,818.	1,459,393.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	47,466.	1	57,405.
	2	Savings and temporary cash investments	2,607,323.	2	1,512,729.
	3	Pledges and grants receivable, net	3,458,887.	3	3,906,484.
	4	Accounts receivable, net	595,942.	4	651,558.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use	271,477.	8	283,999.
	9	Prepaid expenses and deferred charges	33,813.	9	62,361.
	10a	Land, buildings, and equipment: cost basis	10a 29,433,478.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 16,601,167.		
			12,949,174.	10c	12,832,311.
	11	Investments - publicly traded securities	26,759,613.	11	20,033,558.
	12	Investments - other securities. See Part IV, line 11	2,423,477.	12	1,992,597.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	49,147,172.	16	41,333,002.	
Liabilities	17	Accounts payable and accrued expenses	1,647,198.	17	1,515,101.
	18	Grants payable		18	
	19	Deferred revenue	25,000.	19	11,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable.		24	
	25	Other liabilities. Complete Part X of Schedule D	7,653,229.	25	7,222,439.
	26	Total liabilities. Add lines 17 through 25.	9,325,427.	26	8,748,540.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	32,423,943.	27	25,678,703.
	28	Temporarily restricted net assets	3,739,777.	28	3,678,614.
	29	Permanently restricted net assets	3,658,025.	29	3,227,145.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	39,821,745.	33	32,584,462.
	34	Total liabilities and net assets/fund balances.	49,147,172.	34	41,333,002.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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: (Please check only one organization.)

- 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.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,639,490.	9,999,132.	10,613,246.	17,767,012.	12,019,351.	60,038,231.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	9,639,490.	9,999,132.	10,613,246.	17,767,012.	12,019,351.	60,038,231.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,454,400.
6 Public support. Subtract line 5 from line 4.						58,583,831.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	9,639,490.	9,999,132.	10,613,246.	17,767,012.	12,019,351.	60,038,231.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,304,933.	4,503,022.	3,014,241.	2,484,167.	1,690,146.	14,996,509.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	114,475.	107,516.	104,610.	205,023.	218,628.	750,252.
11 Total support. Add lines 7 through 10						75,784,992.
12 Gross receipts from related activities, etc. (See instructions.)					12	15,091,055.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	77.30 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	88.16 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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. Add lines 1-5; 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; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. 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 - 2007. 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 Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS INCOME	114,475.	107,516.	104,610.	205,023.	218,628.	750,252.
TOTALS	114,475.	107,516.	104,610.	205,023.	218,628.	750,252.

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

2008

Name of the organization BROOKLYN BOTANIC GARDEN CORPORATION	Employer identification number 11-2417338
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

BROOKLYN BOTANIC GARDEN CORPORATION

11-2417338

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement.

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

Table with 2 columns: Held at the End of the Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, and Number of conservation easements included in (c) acquired after 8/17/06.

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

Table with 2 columns: \$ amounts. Rows include: Revenues included in Form 990, Part VIII, line 1; Assets included in Form 990, Part X; and similar items for financial gain.

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	26,240,054.				
b Contributions	2,757,562.				
c Investment earnings or losses	-6,236,524.				
d Grants or scholarships					
e Other expenditures for facilities and programs	3,318,725.				
f Administrative expenses					
g End of year balance	19,442,367.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 0.6448 %
- b Permanent endowment ▶ 0.1892 %
- c Term endowment ▶ 0.1660 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		899,639.		899,639.
c Leasehold improvements		23,247,957.	13,525,808.	9,722,149.
d Equipment		1,283,020.	746,468.	536,552.
e Other		4,002,862.	2,328,891.	1,673,971.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				12,832,311.

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

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 NET ASSETS ARE SUBJECT TO DONOR-IMPOSED STIPULATIONS THAT MAY OR WILL BE MET EITHER BY ACTIONS OF THE GARDEN AND/OR THE PASSAGE OF TIME. AS THE RESTRICTIONS ARE SATISFIED, TEMPORARILY RESTRICTED NET ASSETS ARE RECLASSIFIED TO UNRESTRICTED NET ASSETS AND REPORTED IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES AS NET ASSETS RELEASED FROM RESTRICTIONS.

PERMANENTLY RESTRICTED NET ASSETS ARE SUBJECT TO DONOR-IMPOSED STIPULATIONS THAT NEITHER EXPIRE BY PASSAGE OF TIME NOR CAN BE FULFILLED OR REMOVED BY ACTIONS OF THE GARDEN.

Part XIV Supplemental Information (continued)

RECONCILIATION

PART XI, LINE 8

EFFECT OF FASB 158 ADJUSTMENT: 1,087,458.

POST RETIREMENT BENEFITS: -656,668.

THIRD PARTY TRUSTS UNREALIZED LOSS: -430,880.

RECONCILIATION

PART XII, LINE 2D

COST OF GOODS SOLD: \$574,854.

REALIZED LOSS ON INVESTMENTS: \$5,891,142.

ADDITIONS REPORTED ON SCD D, PART XI, LINE 8: \$1,087,458.

RECONCILIATION

PART XIII, LINE 2D

COST OF GOODS SOLD: \$574,854.

DEDUCTIONS REPORTED ON SCD D, PART XI, LINE 8: \$1,087,548.

REALIZED AND UNREALIZED LOSS ON INVESTMENTS: \$6,170,516.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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)	PASSPORT SUMMER (event type)	2 (total number)		
Revenue	1	418,471.	114,430.	254,505.	787,406.	
	2	362,011.	78,875.	48,209.	489,095.	
	3	56,460.	35,555.	206,296.	298,311.	
Direct Expenses	4					
	5					
	6					
	7	72,482.	29,444.	148,463.	250,389.	
	8	Direct expense summary. Add lines 4 through 7 in column (d) ▶				(250,389.)
	9	Net income summary. Combine lines 3 and 8 in column (d) ▶				47,922.

Part III Gaming. Complete if the organization answered "Yes" to 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))
		Yes	No	Yes	No	Yes	No	
Revenue	1							
Direct Expenses	2							
	3							
	4							
	5							
	6	Yes	No	Yes	No	Yes	No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶						()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) ▶						

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

a Is the organization licensed to operate gaming activities in each of these states? **9a**

b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **10a**

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? **11**

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? **12**

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records:		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
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:		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information:		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization BROOKLYN BOTANIC GARDEN CORPORATION	Employer identification number 11-2417338
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., maid, chauffeur, chef) |

b If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|--|
| <input 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 type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in 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" to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SCOT MEDBURY	(i) 207,542	(ii) NONE	(iii) NONE	NONE	12,981	220,523	NONE
	(ii) NONE	(iii) NONE	NONE	NONE	NONE	NONE	NONE
LESLIE FINDLEN	(i) 154,937	(ii) NONE	(iii) NONE	NONE	9,841	164,778	NONE
	(ii) NONE	(iii) NONE	NONE	NONE	NONE	NONE	NONE
	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(iii) -----	-----	-----	-----	-----	-----
	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(iii) -----	-----	-----	-----	-----	-----
	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(iii) -----	-----	-----	-----	-----	-----
	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(iii) -----	-----	-----	-----	-----	-----
	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(iii) -----	-----	-----	-----	-----	-----
	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(iii) -----	-----	-----	-----	-----	-----
	(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
	(ii) -----	(iii) -----	-----	-----	-----	-----	-----

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

BROOKLYN BOTANIC GARDEN CORPORATION

11-2417338

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(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			
FRANCESCA ANDERSON BOARD MEMBER	5.	X					NONE	NONE	NONE	
ROBERT G. CATELL BOARD MEMBER	5.	X					NONE	NONE	NONE	
FREDERICK BLAND CHAIRMAN	5.	X		X			NONE	NONE	NONE	
DIANE STEINBERG VICE CHAIRMAN	5.	X		X			NONE	NONE	NONE	
CONSTANCE CASEY BOARD MEMBER/SEC. UNTIL 10/08	5.	X		X			NONE	NONE	NONE	
EARL WEINER BOARD MEMBER	5.	X					NONE	NONE	NONE	
DAVID BOOTH BOARD MEMBER	5.	X					NONE	NONE	NONE	
JUDITH FISHMAN BOARD MEMBER	5.	X					NONE	NONE	NONE	
JACK MACRAE BOARD MEMBER	5.	X					NONE	NONE	NONE	
JOHN OSNATO BOARD MEMBER	5.	X					NONE	NONE	NONE	
LUCILLE PLOTZ BOARD MEMBER	5.	X					NONE	NONE	NONE	
LOIS CARSWELL BOARD MEMBER	5.	X					NONE	NONE	NONE	
I. BEVIN CLINE BOARD MEMBER	5.	X					NONE	NONE	NONE	
KATHARINE DESAI BOARD MEMBER	5.	X					NONE	NONE	NONE	
ELIZABETH GILE SECRETARY	5.	X		X			NONE	NONE	NONE	
HERBERT GLANTZ BOARD MEMBER	5.	X					NONE	NONE	NONE	
DONALD GOLDSMITH BOARD MEMBER	5.	X					NONE	NONE	NONE	
RICHARD HULBERT BOARD MEMBER UNTIL 2/09	5.	X					NONE	NONE	NONE	
DR EDISON JACKSON BOARD MEMBER UNTIL 5/09	5.	X					NONE	NONE	NONE	
TSUTOMU SAWANO KARINO BOARD MEMBER	5.	X					NONE	NONE	NONE	
SUZANNE MARQUARD TREASURER	5.	X		X			NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

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**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

Employer Identification number

BROOKLYN BOTANIC GARDEN CORPORATION

11-2417338

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(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			
<u>LLOYD METZ</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>CARLOS NAUDON</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>WENDY ANN M OLIVIER</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>DONALD REED</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>EDWARD S REID</u> BOARD MEMBER/SEC UNTIL 10/09	5.	X		X			NONE	NONE	NONE	
<u>RENNY REYNOLDS</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>MARTHA ADAMS RUBIN</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>LOUISA CLARK SPENCER</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>JUDITH STEINHARDT</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>RUTH ANN STEWART</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>THOMAS TUTTLE</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>JONATHAN WELD</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>ROBERT WHITEFORD</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>MARC PORTER</u> BOARD MEMBER UNIL 12/08	5.	X					NONE	NONE	NONE	
<u>DAVID STEINHARDT</u> BOARD MEMBER UNTIL 10/08	5.	X					NONE	NONE	NONE	
<u>ARUN KASHYAP</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>ELLEN PETERSON</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>MAURELLA VAN DER REE</u> BOARD MEMBER	5.	X					NONE	NONE	NONE	
<u>SCOT MEDBURY</u> PRESIDENT	40.			X			207,542.	NONE	12,981.	
<u>LESLIE FINDLEN</u> VP OF DEVELOPMENT & MEMBERSHIP	40.				X		154,937.	NONE	9,841.	
<u>SHARON MYRIE</u> VP OF EDUCATION	40.					X	130,395.	NONE	7,030.	

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

Schedule J-2 (Form 990) 2008

Non-Cash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization

BROOKLYN BOTANIC GARDEN CORPORATION

Employer identification number

11-2417338

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	17	114,100.	FAIR MARKET VALUE
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

BROOKLYN BOTANIC GARDEN CORPORATION

Employer identification number

11-2417338

SUMMARY // STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART I, LINE 1 // PART III, LINE 1

TO SERVE A DIVERSITY OF PEOPLE IN ITS COMMUNITY AND THROUGHOUT THE WORLD

BY (1) DISPLAYING A VARIED COLLECTION OF PLANTS AND GARDENS IN AN ARTFUL

AND EDUCATIONAL WAY AND TO GIVE INSTRUCTION AND PLEASURE, (2) PROVIDING

EDUCATION TO INTEREST AND EXCITE CHILDREN AND ADULTS IN PLANTS, THEIR

USES AND THEIR CULTIVATION, AND TO AWAKEN IN THE PUBLIC AN AWARENESS FOR

CONSERVING THE ENVIRONMENT - FROM THE LOCAL COMMUNITY TO THE ENTIRE

PLANET, AND (3) ENGAGING IN SCIENTIFIC RESEARCH TO EXPAND THE GENERAL

BODY OF KNOWLEDGE OF PLANTS, AND TO DISSEMINATE THIS KNOWLEDGE TO THE

SCIENTIFIC AND GENERAL PUBLIC.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III, LINE 4D

SECURITY - SECURITY INSURES THAT OUR GARDEN AND ITS LIVING COLLECTIONS

ARE PROTECTED AND THAT OUR VISITORS' ENVIRONMENT IS SAFE.

(EXPENSES \$ 1,299,477. INCLUDING GRANTS OF \$ NONE.) (REVENUE \$ NONE)

PROGRAM ENHANCEMENTS - PROGRAM ENHANCEMENTS ARE VARIOUS FUNCTIONS THAT

ENHANCE OUR PATRONS' EXPERIENCE WHILE THEY ARE HERE AT THE GARDEN OR WHEN

THEY ARE VIEWING OUR WEBSITE.

(EXPENSES \$ 1,033,339. INCLUDING GRANTS OF \$ NONE.) (REVENUE \$ 191,858.)

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

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Open to Public Inspection

Employer identification number

SCIENCE - STAFF MEMBERS OF THE GARDEN'S SCIENCE DEPARTMENT PUBLISH BOTANICAL AND HORTICULTURAL ARTICLES COVERING A WIDE DIVERSITY OF IMPORTANT ORNAMENTAL SPECIES. CURRENT EFFORTS FOCUS ON THE CLASSIFICATION OF BEGONIA AND THE TAXONOMY OF ROCK GARDEN PLANTS. THE GARDEN ALSO HAS A HERBARIUM WHICH INCLUDES APPROXIMATELY 250,000 SPECIMENS OF PRESERVED PLANTS. THE COLLECTION IS WORLDWIDE IN SCOPE, WITH CONCENTRATION ON PLANTS OF THE GREATER NEW YORK AREA AND CULTIVATED PLANTS. IN 1990 THE GARDEN EMBARKED ON THE NEW YORK METROPOLITAN FLORA PROJECT (NYMF), A MULTI-YEAR EFFORT TO DOCUMENT THE FLORA IN ALL COUNTIES WITHIN A 50-MILE RADIUS OF NEW YORK CITY, INCLUDING ALL OF LONG ISLAND, SOUTHEASTERN NEW YORK STATE, NORTHERN NEW JERSEY AND FAIRFIELD COUNTY, CONNECTICUT. (EXPENSES \$ 771,677. INCLUDING GRANTS OF \$ NONE) (REVENUE \$ NONE)

PUBLICATIONS - THE GARDEN OFFERS A VARIETY OF PUBLICATIONS ABOUT GARDENING, PLANTS, CHILDREN'S BOOKS AND OTHER HORTICULTURAL INFORMATION TO OUR VISITORS. (EXPENSES \$ 464,338. INCLUDING GRANTS OF \$ NONE) (REVENUE \$ 90,697.)

GARDEN SHOP - THE GARDEN'S GIFT SHOP PROVIDES OUR VISITORS THE OPPORTUNITY TO BROWSE OUR COLLECTION OF BOTANICAL AND NATURE-INSPIRED BOOKS AND GIFTS. PROCEEDS FROM THE GARDEN GIFT SHOP PROVIDE OPERATING SUPPORT FOR THE GARDEN'S 52-ACRE OASIS. (EXPENSES \$ 347,218. INCLUDING GRANTS OF \$ NONE) (REVENUE \$ 801,015.)

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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ADMISSION - THE GARDEN IS COMMITTED TO MAKING ITS EXHIBITIONS, PROGRAMS
AND SERVICES ACCESSIBLE TO ALL WHO VISIT. PROCEEDS FROM ADMISSIONS
PROVIDE OPERATING SUPPORT FOR THE GARDEN'S 52-ACRE OASIS.
(EXPENSES \$ 172,097. INCLUDING GRANTS OF \$ NONE) (REVENUE \$ 1,204,720.)

Name of the organization

Employer identification number

BROOKLYN BOTANIC GARDEN CORPORATION

11-2417338

GOVERNANCE, MANAGEMENT & DISCLOSURE

PART VI, SECTION A - QUESTION 10

THE FORM 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE AND PROVIDED TO THE EXECUTIVE COMMITTEE FOR FINAL APPROVAL PRIOR TO FILING THE FORM. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO APPROVE THE RETURN ON BEHALF OF THE ENTIRE BOARD.

Name of the organization

BROOKLYN BOTANIC GARDEN CORPORATION

Employer identification number

11-2417338

GOVERNANCE, MANAGEMENT & DISCLOSURE

PART VI, SECTION B - QUESTION 12C

3.1. DUTY TO COMPLETE QUESTIONNAIRE. EACH BOARD MEMBER, OFFICER OR KEY

EMPLOYEE SHALL COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE UPON

BECOMING A BOARD MEMBER, OFFICER OR KEY PERSON AND ANNUALLY THEREAFTER.

3.2. DUTY TO UPDATE INFORMATION. EACH BOARD MEMBER, OFFICER OR KEY

EMPLOYEE SHALL PROMPTLY ADVISE THE CHIEF EXECUTIVE OFFICER OF THE

CORPORATION, OR HIS OR HER DELEGATE, OF ANY CHANGES TO THE INFORMATION

PROVIDED IN THAT INDIVIDUAL'S LAST COMPLETED CONFLICT OF INTEREST

QUESTIONNAIRE.

3.3. MANAGEMENT RESPONSE. THE CHIEF EXECUTIVE OFFICER OF THE

CORPORATION, OR HIS OR HER DELEGATE, SHALL REVIEW ALL COMPLETED

QUESTIONNAIRES AND ALL SUBSEQUENT ADVICE OF CHANGES AND SHALL TAKE SUCH

ACTION AS IS DEEMED APPROPRIATE TO ELIMINATE POTENTIALS FOR CONFLICTS OF

INTEREST, INCLUDING SUCH STEPS AS REASSIGNMENT OF RESPONSIBILITIES OR

ESTABLISHMENT OF PROTECTIVE ARRANGEMENTS.

3.4. AUDIT COMMITTEE. ALL DISCLOSURES OF INTERESTS IN COMPLETED

QUESTIONNAIRES OR SUBSEQUENT ADVICE, UNLESS CLEARLY IRRELEVANT OR

IMMATERIAL, SHALL BE COMPILED AND REPORTED BY MANAGEMENT TO THE AUDIT

COMMITTEE, TOGETHER, IN EACH CASE, WITH THE RESPONSE OR RECOMMENDATION OF

MANAGEMENT. THE COMMITTEE SHALL DETERMINE WHETHER THE REPORTED

RESOLUTION OF ISSUES RAISED BY THE DISCLOSURES IS SATISFACTORY AND, IF

Name of the organization

Employer identification number

BROOKLYN BOTANIC GARDEN CORPORATION

11-2417338

NOT, SHALL REQUIRE SUCH FURTHER ACTION AS IT DEEMS APPROPRIATE.

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Name of the organization BROOKLYN BOTANIC GARDEN CORPORATION	Employer identification number 11-2417338
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GOVERNANCE, MANAGEMENT & DISCLOSURE

PART VI, SECTION B - QUESTIONS 15A & 15B

COMPENSATION IS ESTABLISHED THROUGH THE USAGE OF AN INDEPENDENT

COMPENSATION CONSULTANT AND COMPENSATION SURVEYS/STUDIES OF COMPARABLE

ORGANIZATIONS.

Name of the organization

Employer identification number

BROOKLYN BOTANIC GARDEN CORPORATION

11-2417338

GOVERNANCE, MANAGEMENT & DISCLOSURE

PART VI, SECTION C - QUESTION 19

THE ORGANIZATION CURRENTLY PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC UPON REQUEST. THE ORGANIZATION IS PLANNING TO MAKE THESE DOCUMENTS AVAILABLE ON ITS WEBSITE.