									, 0 0 ~ 0 9
990-T		Exempt Org	janization Βι				1/////	۱ ـ	OMB No 1545-0687
(C) -			(and proxy tax ur				1900	_ [2040
367	For ca		ix year beginning JUL 1				N 30, 201	9	2018
Department of the Treasury		•	vww irs gov/Form990T fo mbers on this form as it n					g	pen to Public Inspection for
Internal Revenue Service		 	 	_ 			ation is a 50 i(c)(3)		0 t(c)(3) Organizations Only yer identification number
A Check box if address changed		Name of organization	(Check box if nam	ie changed	and see mstru	ictions.)		(Empto	yees trust see
B Exempt under section	Print	OHEENS BOT	TANICAL GARD	EN SO	CTETY	INC.			L-1635083
X 501(c (23)	or		oom or suite no If a P O			2110		E Unrelat	ed business activity code
408(e) 220(e)	Туре	43-50 MAIN		00x, 300 ii	1511 00110115			(See in:	structions }
408A 530(a)			province, country, and ZII	P or foreig	n postal code			1	
529(a)		FLUSHING,			·			8129	30
C Book value of all assets at end of year		F Group exemption n	umber (See instructions)	>					
24,815,5	13.	G Check organization	type 🕨 💢 501(c) c	corporation	1 50	1(c) trust	401(a)) trust	Other trust
H Enter the number of the	•			1			the only (or first) un		
•			RKING SPACES				complete Parts I-V		
			evious sentence, complete	Parts I an	d II, complete	a Schedule	M for each addition	al trade d)r
business, then complete									- TV
I During the lax year, was If "Yes," enter the name a		•	an affiliated group or a pa	irent-subs	diary controlle	d group?	•	Yes	X No
			RTE, EXECUTI	VE D	RECTOR	Telenh	one number > 7	18-8	86-3800
Part I Unrelate				<u>VII D.</u>	(A) Inco	<u>`</u>	(B) Expenses		(C) Net
1a Gross receipts or sale	25							· .	
b Less returns and allo			c Balance	► 1c			,	~],	
2. Cost of goods sold (S		A, line 7)		2					
3 Gross profit Subtract		•		3					
4a Capital gain net incon	ne (attac	h Schedule D)		4a					
b Net gain (loss) (Form	4797, P	art II, line 17) (attach F	orm 4797)	4b					
c Capital loss deduction	n for trus	sts		4c					
5 Income (loss) from a	partners	ship or an S corporation	n (attach statement)	5					
6 Rent income (Schedu				6					
7 Unrelated debt-finance		,		7					
· ·			ed organization (Schedule						
			7) organization (Schedule	G) 9					
10 Exploited exempt acti11 Advertising income (\$\frac{1}{2}\$	-	,		11					
,		rs, attach schedule)	STATEMENT A	12	174	000.			174,000.
13 Total Combine lines			STATEMENT	13		000.	1 3		174,000.
Part II Deductio			iere (See instructions					. — L	
			ust be directly connect				income)	•	•
14 Compensation of off	icers, dir	rectors, and trustees (S	chedule-K)	107.1.1	<u> </u>			14	
15 Salaries and wages			RECEIV	にし				15	86,574.
16 Repairs and mainten	ance				080-S			16	
17 Bad debts			AUG 06 2	የብ2ብ	Ö			17	
18 Interest (attach sche		e instrucțiens)		-020				18	
19 Taxes and licenses			OODEN) 175	SEE	STATE	EMENT 1	19	8,788.
			on ruleのGDEN,	UI		,	65 646	20	
21 Depreciation (attach		•			_	21 /	65,646.		
	aimed on	Schedule A and elsew	here on return '	. '	Li	22a		22b	65,646.
23 Depletion								23	2 076
24 Contributions to defe		npensation plans		•				24	3,976. 10,780.
25 Employee benefit pro		bodulo I)						25	10,/00.
26 Excess exempt exper				•				26	
27 Excess readership co28 Other deductions (at					ਰਜ਼ਨ	ያጥ ል ጥ	EMENT 3	27	16,752.
28 Other deductions (at 29 Total deductions A					200	PIAL		28	192,516.
/		•	ting loss deduction. Subtr	act fine 29	from line 13			80	-18,516.
		·	beginning on or after Jan			tions)	1	31	
		come. Subtract line 31		, ., -,	,	DOV!	t (·)	32	-18,516.
823701 01-09-19 LHA Fo						1		1	Form 990-T (2018)

GII

Fornt 990-		11-1	635083	Page 2
Parts	Total Unrelated Business Taxable Income	·····	1	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see ins	structions)	1 25	-18,516.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction	ns) STMT 4	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		7-	
	lines 33 and 34	~11~ \	36	-18,516.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	$t_{h_{\sigma}}$	\$7	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	\	, П Т	
	enter the smaller of zero or line 36	/	1 18	-18,516.
Part	V Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		▶ 39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on in	ne 38 fram		
	Tax rate schedule or Schedule D (Form 1041)		▶ 40	
41	Proxy tax. See instructions		▶ 41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part	Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 44	ia l		
b				
	General business credit Attach Form 3800	- 		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		-	
	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedu		
48	Total tax Add lines 46 and 47 (see instructions)		48	- 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018	10,81	6.	_ _
b	2018 estimated tax payments 50			
С	Tax deposited with Form 8868)c		
đ	Foreign organizations Tax paid or withheld at source (see instructions) 50)d		
е	Backup withholding (see instructions) 50)e		
f	Credit for small employer health insurance premiums (attach Form 8941))f		
g	Other credits, adjustments, and payments Form 2439		7	
	Form 4136 Other Total > 50)g	1 1	
51	Total payments. Add lines 50a through 50g		41	10,816.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		512	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		▶ 58	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	[D	★ 34 1 ∨	10,816.
1 85		O . Refunded	▶ 55 .	10,816.
Part \	/I Statements Regarding Certain Activities and Other Information	(see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or of	ther authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	y have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign	gn country		
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfe	eror to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file			1 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
Sign	Under penalties of perjury. I declare that I have examined this return including accompanying schedules and statemen correct, and pomplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has a		ti feiled bna egbelwc	is true
Here	La fact	D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-	May the IRS discu	ss this return with
riere	Signature of officery Date EXECUTIVE	DIRECTOR	the preparer show	_
			instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	
Paid	DARRIUM V VICTORIA	self- employ		4220
Prepa	DVE O COORDON TO THE	3/2020		73209
Use C	Only Firm's name PKF O'CONNOR DAVIES, LLP	Firm's EIN	<u>► 21-1</u>	728945
	665 FIFTH AVENUE Firm's address ► NEW YORK, NY 10022	Dt	212_206	_2600
900744 01		Phone no	212-286	
823711 01-	פי - בטי		For	m 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory val	uation > N/A					
1 Inventory at beginning of year	1		6 1	nventory at end of yea	ır		6		
2 Purchases	2		7 (Cost of goods sold St	ubtract I	ine 6			
3 Cost of labor	3] 1	from line 5 Enter here	and in f	Part I,			
4a Additional section 263A costs		-		ine 2			7		
(attach schedule)	4a		8 [Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b] ,	property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5			he organization?	_				<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Perso	onal Property L	ease	d With Real Prop	perty		
1. Description of property									
(1)				·					
(2)								•	
(3)	•	·							
(4)	,								
		ed or accrued				04-10			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	personal pr	al property (if the percentag operty exceeds 50% or if on profit or income)	ge	3(a) Deductions directl columns 2(a) a	y connec ind 2(b) (ettach schedule)	in		
(1)		_							
(2)									
(3)									
(4)	•					•			
Total	0.	Totai			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions. Enter here and on page 1 Part I line 6 column (B)	•		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	Instruct	ions)					
			2	Gross income from allocable to debt-		3. Deductions directly cor to debt-finan		erty	
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)							1		
(2)		· · · · ·		. <u> </u>			_		
(3)						•			
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property ischedule)	6.	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	olumns
(1)				%					
(2)				%					
(3)				%		•			
(4)				%					
			•			nter here and on page 1 art I line 7 column (A)		Enter here and on par Part I line 7 column	
Totals				▶		0			0.
Total dividends-received deductions in	ncluded in column	8							0.

4 Advertising gain 7. Excess readership 2 Gross 3 Direct 6 Readership or (loss) (col 2 minus 5 Circulation costs (column 6 minus column 5 but not more advertising col 3) If a gain compute cols 5 through 7 1. Name of periodical advertising costs than column 4) (1) (2) (3) (4)

0.

0.

Form 990-T (2018)

Totals (carry to Part II, line (5))

Form 990-T (2018) QUEENS BOTANICAL GARDEN SOCIETY, INC. 11-16350

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	▶ 0.	0.	•		•	0
	Enter here and on page 1 Part I line 11 col (A)	Enter here and on page 1 Part I line 11 col (8)				Enter here and on page 1 Part II line 27
Totals, Part II (lines 1-5)	▶ 0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FOOTNOTES	STATEMENT 1
FORM 990-T, PART II, LINE 19, TAXES AND LICENSES	
NYS CT-13 TAX PAYROLL TAX	250. 8,538.
TOTAL TAXES AND LICENSES	8,788.

,			
FORM 990-T	OTHER	INCOME	STATEMENT 2
DESCRIPTION			AMOUNT
PARKING SPACE RENTAL			174,000
TOTAL TO FORM 990-T, P	174,000		
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 3
DESCRIPTION			AMOUNT
TAX PREP FEES EQUIPMENT REPAIR & MAI INSURANCE SUPPLIES PLANTS, SEEDS, BULBS EQUIPMENT VEHICLE FUEL/ SUPPLIES FILING & REGISTRATION PRINTING/ REPRODUCTION	FEES		1,500 7,588 2,159 3,555 41 189 1,152 234 334
TOTAL TO FORM 990-T, P	AGE 1, LINE 28		16,752

FORM 990-T	NET	OPERATING LO	SS D	N	STATEMENT 4	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	OUSLY LOSS			AVAILABLE THIS YEAR
06/30/18	20,044.		0.	-	20,044.	20,044.
NOL CARRYOV	ER AVAILABLE THIS	YEAR			20,044.	20,044.

Queens Botanical Garden Society, Inc.

EIN: 11-1635083 FYE: 06/30/2019

Net Operating LossCarryforward Schedule

Tax Year	Amount
06/31/2018 - NOL	(20,044)
06/31/2019 - NOL	(18,516)
-NOL Carryback - 6/30/2017	4,773
NOL Carryforward to 06/30/20250	(33,787)

Form 4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property) 990-T

Business or activity to which this form relates

➤ Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

2018

Attachment Sequence No 179

OMB No 1545-0172

QUEENS BOTANICAL GARDEN SOCIETY, INC. FORM 990-T PAGE 1 11-1635083 Part I Election To Expense Certain Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I 1,000,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately see instructions (c) Flected cost 6 (a) Description of property (b) Cost (business use only) 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (a) Classification of property (e) Convention (f) Method (a) Degreciation deduction year placed (business/investment use only - see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property е 20-year property S/L 25 yrs 25-year property 27 5 yrs MM S/L h Residential rental property 27 5 yrs MM S/L ММ S/L 39 yrs i Nonresidential real property MM Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L MM 30-year 30 yrs S/L C 40-year 40 vrs ММ S/L Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 65,646 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

											• (
	rm 4562 (2018)			ANICAL G	_				1C.		<u> 11-1635</u>	083	Page 2
Р	Listed Proper entertainment,			ertain other vehic)	les.	certain aircr	aft, an	d property	used for				
	Note. For any	vehicle for w	hich you are u	sing the standar	d m	ileage rate o	r dedu	cting lease	e expense,	comp	lete only 24a,		
		·		, all of Section B Information (Ca							ar automobiles \		
_	a Do you have evidence to s				utic		_				<u> </u>	Yes	
24		(b)	(c)	T **		Yes (e)	_ No	(f)			nce written?	_ Yes	No_ (i)
	(a) Type of property	Date	Business/	(d) Cost or		Basis for depr		Recovery	(g) Metho		(h) Depreciation	Elected section 179 cost	
	(list vehicles first)	placed in service	investment use percentai	other basis		(business/inve		period	Conver		deduction		
25	Special depreciation allo	owance for a	ualified listed	property placed	n s	ervice durino	the ta	x vear and	l				
	used more than 50% in		· ·	p p , p				,		25			
26	Property used more tha	n 50% ın a qı	ualified busine	ss use								•	
			9	%									
			9	%									
			9	%									
<u>27</u>	Property used 50% or le	ss in a qualif	ied business i	ıse									
			g	%					S/L·		· · · · · · · · · · · · · · · · · · ·]	
		<u> </u>	9	%				ļ	S/L -				
_			9	<u>/</u> 6				L	S/L -				
	Add amounts in column	• •	•			21, page 1				28		ļ	
<u>29</u>	Add amounts in column	(ı), line 26 E										İ	
_				Section B - Infor									
	mplete this section for ve								•		•	vehicles	
to	your employees, first ans	wer the ques	tions in Section	on C to see if you	me	et an excep	tion to	completin	g this sect	ion foi	those vehicles		
				(a)	Г	(b)	Τ	(c)	(d)		(e)		f)
30	Total business/investment	miles driven di	uring the	Vehicle		Vehicle	\	/ehicle	Vehic	e l	Vehičle		hicle
	year (don't include commu		-···· J •··•				<u> </u>			-		1	
		- ,			_								

		(a)		(b) (c)		(d)		(e)		(f)			
30	Total business/investment miles driven during the	Veh	ııcle	Vet	ncle	Vet	ncle	Vehicle		Vehicle		Vehicle	
	year (don't include commuting miles)												
31	Total commuting miles driven during the year	`						<u></u>					
32	Total other personal (noncommuting) miles	-		ĺ									
	driven												
33	Total miles driven during the year	1											
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?												
35	Was the vehicle used primarily by a more					ŀ							
	than 5% owner or related person?												L
36	Is another vehicle available for personal	ŀ											
	use?	ŀ				1							l

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your	1 1	
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles		

Part VI Amortization					
(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during	your 2018 tax year				
43 Amortization of costs that began before your 2018 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	