

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning **JAN 1, 2020** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BROOKLYN COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 DEAN STREET 307 City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11238 <b>F</b> Name and address of principal officer: CECILIA CLARKE SAME AS C ABOVE	<b>D</b> Employer identification number 11-3422729 <b>E</b> Telephone number (718) 480-7500 <b>G</b> Gross receipts \$ 14,613,635. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.BROOKLYNCOMMUNITYFOUNDATION.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1998 <b>M</b> State of legal domicile: DE

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: SPARK LASTING SOCIAL JUSTICE CHANGE, MOBILIZING PEOPLE, CAPITAL, & EXPERTISE FOR A FAIR BROOKLYN.		
	<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>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	0
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	20
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	6,012,094.	7,423,751.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,371,613.	121,142.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	203,687.	22,084.
			7,587,394.	7,566,977.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,714,615.	6,821,280.
	<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)	1,254,967.	745,361.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 248,677.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	927,083.	467,031.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,896,665.	8,033,672.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-1,309,271.	-466,695.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	76,726,622.	75,120,745.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	464,390.	1,233,860.
		76,262,232.	73,886,885.	

**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.

<b>Sign Here</b>	Signature of officer _____ Date _____ Type or print name and title _____				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JAMES J. REILLY	Preparer's signature <i>James Reilly</i>	Date 5/12/2021	Check if self-employed <input type="checkbox"/>	PTIN P00183769
	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP	Firm's EIN 13-3628255	Phone no. 212-661-7777		
	Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 10004				

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 3,413,352. including grants of \$ 3,197,631. ) (Revenue \$ ) BK COVID19 RESPONSE FUND: IN MARCH 2020, THE FOUNDATION LAUNCHED AN EMERGENCY FUND IN RESPONSE TO THE COVID19 PANDEMIC, ONE OF THE FIRST IN THE NATION. THE FUND HAS SINCE BECOME THE LARGEST COMMUNITY-SUPPORTED EMERGENCY RESPONSE IN THE FOUNDATION'S HISTORY. IN THE FIRST PHASE OF THE FUND, 420 GRANTS WERE AWARDED TO 246 ORGANIZATIONS ACROSS OUR BOROUGH.

4b (Code: ) (Expenses \$ 2,275,781. including grants of \$ 2,121,694. ) (Revenue \$ ) DONOR ADVISED FUNDS: THIS PROGRAM PROVIDES CUSTOMIZED SUPPORT, GUIDANCE AND SERVICES TO DONORS WHO OPEN A DONOR ADVISED FUND WITH THE FOUNDATION. FROM JANUARY TO JUNE 2020, THE FOUNDATION ISSUED OVER \$2.1 MILLION IN DONOR DIRECTED GRANTS - 70% OF WHICH WENT TO BROOKLYN NONPROFITS.

4c (Code: ) (Expenses \$ 552,452. including grants of \$ 460,000. ) (Revenue \$ ) BROOKLYN ACCELERATOR IS A MULTI-FACETED INITIATIVE DESIGNED TO BOLSTER AND BUILD CAPACITY IN THE BOROUGH'S NONPROFIT SECTOR, ANCHORED BY TWO SIGNATURE PROGRAMS: THE SPARK PRIZE FOR BROOKLYN NONPROFITS AND THE INCUBATOR PROJECT FOR START-UP ORGANIZATIONS AND LEADERS. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,196,042. including grants of \$ 1,041,955. ) (Revenue \$ )

4e Total program service expenses 7,437,627.

**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> ?	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 Revenue Procedure 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>		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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</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>d</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>b</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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 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>b</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 in 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>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
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 SARAH SHANNON - 718-480-7500 1000 DEAN STREET, SUITE 307, BROOKLYN, NY 11238

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(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			
* NO COMPENSATION INFORMATION HAS BEEN INCLUDED ON FORM 990, PART VII AS THE STUB-PERIOD RETURN DOES NOT INCLUDE A DECEMBER YEAR-END WITHIN THE 6 MONTH STUB-PERIOD. PART VII REPORTS COMPENSATION INFORMATION BASED ON THE DECEMBER YEAR-END WHICH FALLS WITHIN THE REPORTING PERIOD.										
(1) CECILIA CLARKE PRESIDENT & CEO	35.00			X			0.	0.	0.	
(2) NICOLE GUERON CO-CHAIR	1.00	X		X			0.	0.	0.	
(3) HARSHA G. MARTI CO-CHAIR	1.00	X		X			0.	0.	0.	
(4) SARAH WILLIAMS VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(5) MICHAEL GILLESPIE TREASURER	1.00	X		X			0.	0.	0.	
(6) KATHARINE DARROW SECRETARY	1.00	X		X			0.	0.	0.	
(7) GABRIEL SCHWARTZ DIRECTOR	1.00	X					0.	0.	0.	
(8) JOHN WRIGHT DIRECTOR	1.00	X					0.	0.	0.	
(9) MAMIE KANFER STEWART DIRECTOR	1.00	X					0.	0.	0.	
(10) RICHARD W. MOORE DIRECTOR	1.00	X					0.	0.	0.	
(11) ZUL JAMAL DIRECTOR	1.00	X					0.	0.	0.	
(12) NOA MEYER DIRECTOR	1.00	X					0.	0.	0.	
(13) CARLEY RONEY DIRECTOR	1.00	X					0.	0.	0.	
(14) DIANE STEINBERG DIRECTOR	1.00	X					0.	0.	0.	
(15) RUDOLPH WYNTER DIRECTOR	1.00	X					0.	0.	0.	
(16) INGRID BENEDICT DIRECTOR	1.00	X					0.	0.	0.	
(17) VIVIAN LIAO-KORICH DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CONSTANCE SARGENT DIRECTOR	1.00	X						0.	0.	0.
(19) SUSANNAH TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(20) RACHEL TIMONER DIRECTOR	1.00	X						0.	0.	0.
(21) AISHA MILLS DIRECTOR	1.00	X						0.	0.	0.
(22) ALAN FISHMAN CHAIR EMERITUS	1.00	X						0.	0.	0.
(23) DONALD ELLIOTT TRUSTEE EMERITUS	1.00	X						0.	0.	0.
(24) MALCOLM MACKAY TRUSTEE EMERITUS	1.00	X						0.	0.	0.
(25) HILDY SIMMONS TRUSTEE EMERITUS	1.00	X						0.	0.	0.
(26) ROBERT CATELL TRUSTEE EMERITUS	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

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 **0**

	Yes	No
3 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
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) EMMA JORDAN-SIMPSON TRUSTEE EMERITUS	1.00	X						0.	0.	0.
(28) ROHIT DESAI TRUSTEE EMERITUS	1.00	X						0.	0.	0.
(29) MARIA FIORINI RAMIREZ TRUSTEE EMERITUS	1.00	X						0.	0.	0.
(30) CONSTANCE ROGERS ROOSEVELT TRUSTEE EMERITUS	1.00	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	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	7,525.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	7,416,226.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 247,195.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		7,423,751.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		239,465.		239,465.	
	<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			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
					6,870,392.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	6,988,715.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	-118,323.			
<b>d</b>	Net gain or (loss) .....		-118,323.		-118,323.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 7,525. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		80,027.			
				57,943.			
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....		22,084.		22,084.		
<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>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		7,566,977.	0.	0.	143,226.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,821,280.	6,821,280.		
<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 .....	128,319.	67,021.	33,556.	27,742.
<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 .....	472,934.	248,587.	123,688.	100,659.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,414.	15,909.	8,210.	7,295.
<b>9</b> Other employee benefits .....	68,257.	34,567.	17,839.	15,851.
<b>10</b> Payroll taxes .....	44,437.	22,504.	11,614.	10,319.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	3,265.	2,650.	468.	147.
<b>c</b> Accounting .....	13,400.	10,875.	1,920.	605.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	78,918.		78,918.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	99,613.	80,838.	14,277.	4,498.
<b>12</b> Advertising and promotion .....	23,358.	16,513.	3,275.	3,570.
<b>13</b> Office expenses .....	139,812.	42,478.	36,611.	60,723.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	76,101.	58,223.	8,180.	9,698.
<b>17</b> Travel .....	3,377.	2,697.		680.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	14,644.	6,092.	7,028.	1,524.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	6,521.	4,369.	1,043.	1,109.
<b>23</b> Insurance .....	8,022.	3,024.	741.	4,257.
<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> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	8,033,672.	7,437,627.	347,368.	248,677.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,477,484.	<b>1</b>	1,555,982.
	<b>2</b> Savings and temporary cash investments .....	2,627,437.	<b>2</b>	1,952,134.
	<b>3</b> Pledges and grants receivable, net .....	694,969.	<b>3</b>	776,807.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<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 .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	25,492.	<b>9</b>	19,300.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 598,993.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 553,344.	52,170.	<b>10c</b> 45,649.
	<b>11</b> Investments - publicly traded securities .....	46,335,917.	<b>11</b>	46,102,950.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	25,503,882.	<b>12</b>	24,618,472.
	<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 .....	9,271.	<b>15</b>	49,451.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	76,726,622.	<b>16</b>	75,120,745.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	140,920.	<b>17</b>	169,729.
	<b>18</b> Grants payable .....	285,000.	<b>18</b>	825,563.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<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 .....		<b>23</b>	
	<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 .....	38,470.	<b>25</b>	238,568.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	464,390.	<b>26</b>	1,233,860.
<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 .....	75,778,106.	<b>27</b>	73,522,759.
	<b>28</b> Net assets with donor restrictions .....	484,126.	<b>28</b>	364,126.
	<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 .....	76,262,232.	<b>32</b>	73,886,885.
<b>33</b> Total liabilities and net assets/fund balances .....	76,726,622.	<b>33</b>	75,120,745.	

Form 990 (2020)

**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>	7,566,977.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,033,672.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-466,695.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	76,262,232.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,908,652.
<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>	0.
<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>	73,886,885.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain 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 Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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** (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

<b>Name of the organization</b> BROOKLYN COMMUNITY FOUNDATION	<b>Employer identification number</b> 11-3422729
------------------------------------------------------------------	-----------------------------------------------------

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,273,085.	4,031,861.	15,910,850.	6,005,094.	7,423,751.	36,644,641.
<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 .....	3,273,085.	4,031,861.	15,910,850.	6,005,094.	7,423,751.	36,644,641.
<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) .....						5,358,474.
<b>6 Public support.</b> Subtract line 5 from line 4.						31,286,167.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	3,273,085.	4,031,861.	15,910,850.	6,005,094.	7,423,751.	36,644,641.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	773,806.	692,961.	813,165.	950,150.	239,465.	3,469,547.
<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.) .....			11,010.	19,699.		30,709.
<b>11 Total support.</b> Add lines 7 through 10						40,144,897.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	77.93 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	70.83 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			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 2020 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-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<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 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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

2018 AMOUNT: \$ 11,010.

2019 AMOUNT: \$ 19,699.

PART II, SECTION A - LINE 1 - COLUMN (E)

THE CURRENT YEAR (2020) IS A SHORT YEAR (1/1/2020 - 6/30/2020).

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

2020

Open to Public Inspection

Name of the organization: BROOKLYN COMMUNITY FOUNDATION; Employer identification number: 11-3422729

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 reporting requirements (checkboxes for policy, staff hours, expenses, and reporting).

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: Text of footnote for art collection; 1b: Amounts for art collection (revenue/assets); 2: Amounts for art collection 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes    | No |
|---------------------------------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations                                                                                         | 3a(i)  |    |
| (ii) Related organizations                                                                                          | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		130,422.	84,773.	45,649.
d Equipment		468,571.	468,571.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				45,649.

**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) INV. IN LIMITED PARTNERSHIPS	6,253,560.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	18,102,310.	END-OF-YEAR MARKET VALUE
(C) BANK DEPOSIT AGREEMENT	262,602.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,618,472.	

**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) DEFERRED RENT PAYABLE	36,648.
(3) PAYCHECK PROTECTION PROGRAM LOAN	201,920.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	238,568.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 7,566,977.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 8,033,672.

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.

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

**▶ 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.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

**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			
<b>Total</b> .....				▶		

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.

**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 NONE	(d) Total events (add col. (a) through col. (c))
		SPARK CELEBRATION (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	87,552.			87,552.
	<b>2</b> Less: Contributions .....	7,525.			7,525.
	<b>3</b> Gross income (line 1 minus line 2) .....	80,027.			80,027.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	13,187.			13,187.
	<b>7</b> Food and beverages .....	25,553.			25,553.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	19,203.			19,203.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				57,943.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				22,084.	

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

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

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:
- Name ▶ \_\_\_\_\_
- Gaming manager compensation ▶ \$ \_\_\_\_\_
- Description of services provided ▶ \_\_\_\_\_
- \_\_\_\_\_
- Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

**Part I** General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCION NEW YORK 115 EAST 23RD STREET 7TH FLOOR NEW YORK, NY 10010	11-3317234	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ELITE LEARNERS INC 45 BELMONT AVE. BROOKLYN, NY 11212	81-4482839	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CONEY ISLAND ANTI VIOLENCE COLLABORATIVE - 1718 MERMAID AVE - BROOKLYN, NY 11224	81-2488827	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BRIDGING ACCESS TO CARE 2261 CHURCH AVENUE BROOKLYN, NY 11226	11-3031208	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BRIC ARTS/MEDIA/BKLYN, INC. 647 FULTON STREET BROOKLYN, NY 11217	11-2547268	501(C)(3)	11,250.	0.			GENERAL SUPPORT
BLACK WOMEN'S BLUEPRINT 279 EMPIRE BOULEVARD BROOKLYN, NY 11225	27-1308862	501(C)(3)	21,250.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 132.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 3.

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK TRANS MEDIA/ALLIANCE FOR GLOBAL JUSTICE - BLACK TRANS MEDIA 1190 BEDFORD AVENUE - BROOKLYN, NY 11216	52-2094677	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BLACK EXCELLENCE COLLECTIVE/GALLERY AFERRO - 739 PROSPECT PLACE - BROOKLYN, NY 11216	26-3863419	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BETANCES HEALTH CENTER 280 HENRY STREET NEW YORK, NY 10002	13-2697725	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BEDFORD STUYVESANT VOLUNTEER AMBULANCE CORPS - 727 GREENE AVENUE - BROOKLYN, NY 11221	11-2957898	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BEDFORD STUYVESANT RESTORATION CORP - 1368 FULTON STREET - BROOKLYN, NY 11216	11-6083182	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BANGLADESHI AMERICAN COMMUNITY DEVELOPMENT & YOUTH - 181 FORBELL STREET SUITE 1 - BROOKLYN, NY 11208	45-2389573	501(C)(3)	40,000.	0.			GENERAL SUPPORT
AUDRE LORDE PROJECT 85 SOUTH OXFORD ST., BASEMENT BROOKLYN, NY 11217	06-1502452	501(C)(3)	23,500.	0.			GENERAL SUPPORT
ATLAS DIY 462 36TH STREET SUITE PHB BROOKLYN, NY 11232	45-4316117	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ASYLUMCONNECT 40 RECTOR STREET, 9TH FLOOR NEW YORK, NY 10006	81-1066673	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN COMMUNITY BAIL FUND 195 MONTAGUE STREET 14TH FLOOR BROOKLYN, NY 11201	90-1014588	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ASIAN AMERICAN FEDERATION 120 WALL STREET, 9TH FLOOR NEW YORK, NY 10005	13-3572287	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ARTS BUSINESS COLLABORATIVE 2332 TILDEN AVE BROOKLYN, NY 11226	83-2173068	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ARTHUR ASHE INSTITUTE FOR URBAN HEALTH - 450 CLARKSON AVENUE, BOX 1232 - BROOKLYN, NY 11203	11-3185372	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CITY LIMITS NEWS 8 WEST 126TH STREET NEW YORK, NY 10027	27-0218689	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EAST NEW YORK RESTORATION LDC 1159 ELTON STREET BROOKLYN, NY 11239	46-1763706	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ARAB AMERICAN ASSOCIATION OF NEW YORK - 7111 5TH AVENUE - BROOKLYN , NY 11209	11-3604756	501(C)(3)	11,250.	0.			GENERAL SUPPORT
DREAM DEFERRED INC 903 FRANKLIN AVENUE BROOKLYN, NY 11225	84-3651987	501(C)(3)	31,250.	0.			GENERAL SUPPORT
DRUM - DESIS RISING UP & MOVING 72-18 ROOSEVELT AVENUE 2ND FLOOR JACKSON HEIGHTS, NY 11372	38-3652741	501(C)(3)	21,250.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH - 1523 AVENUE M, 3RD FLOOR - BROOKLYN, NY 11230	11-2864728	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COUNCIL OF PEOPLES ORGANIZATION 1081 CONEY ISLAND AVE BROOKLYN, NY 11230	75-3046891	501(C)(3)	66,250.	0.			GENERAL SUPPORT
CRISTO REY 710 EAST 37TH STREET NEW YORK, NY 11203	26-2433224	501(C)(3)	7,500.	0.			GENERAL SUPPORT
EQUITY ADVOCATES 495A HENRY ST #312 BROOKLYN, NY 11231	82-3885723	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EQUALITY FOR FLATBUSH 239 FLATBUSH AVE BROOKLYN, NY 11226	27-1911378	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CUP (CENTER FOR URBAN PEDAGOGY) 232 THIRD STREET #D201 BROOKLYN, NY 11215	11-3625306	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CYPRESS HILLS CHILD CARE CORPORATION - 3295 FULTON STREET - BROOKLYN, NY 11208	11-3116118	501(C)(3)	512,500.	0.			GENERAL SUPPORT
ENDANGERED LANGUAGE ALLIANCE 3 W 18TH ST, FL 6 NEW YORK, NY 10011	27-2550783	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DAY ONE NEW YORK PO BOX 322 CHURCH STREET STATION NEW YORK, NY 10008	06-1103000	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL PUENTE DE WILLIAMSBURG 211 SOUTH 4TH STREET BROOKLYN, NY 11211	11-2614265	501(C)(3)	21,250.	0.			GENERAL SUPPORT
DIASPORA COMMUNITY SERVICES 921 EAST NEW YORK AVENUE BROOKLYN, NY 11203	11-3122295	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DIGNITY IN SCHOOLS CAMPAIGN 90 JOHN STREET, SUITE 501 NEW YORK, NY 10038	73-1714118	501(C)(3)	11,250.	0.			GENERAL SUPPORT
CORRECTIONAL ASSOC OF NY P.O. BOX 793 BROOKLYN, NY 11207	13-5562324	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DOCUMENTED LTD 1000 DEAN STREET, SUITE 307 BROOKLYN, NY 11238	11-3422729	501(C)(3)	8,500.	0.			GENERAL SUPPORT
DOMESTIC VIOLENCE PROJECT/URBAN JUSTICE CENTER - 40 RECTOR ST., 9TH FL - NEW YORK, NY 11217	13-3442022	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DOMESTIC WORKERS UNITED 1000 DEAN STREET SUITE 432 BROOKLYN, NY 11238	27-0441096	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ARAB AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET, 3RD FLOOR - BROOKLYN, NY 11201	11-3167245	501(C)(3)	11,250.	0.			GENERAL SUPPORT
EDUCATORS FOR EXCELLENCE 80 PINE STREET, 28TH FLOOR NEW YORK, NY 10005	27-3382030	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APNA BROOKLYN COMMUNITY CENTER 236 NEPTUNE AVENUE, 2ND FLOOR BROOKLYN, NY 11235	82-0703960	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CAMBA, INC 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN, NY 11226	11-2480339	501(C)(3)	9,000.	0.			GENERAL SUPPORT
CENTER FOR COMMUNITY ALTERNATIVES 25 CHAPEL STREET, SUITE 701 BROOKLYN, NY 11201	16-1395992	501(C)(3)	9,000.	0.			GENERAL SUPPORT
CENTER FOR ALTERNATIVE SENTENCING & EMPLOYMENT SVCS - 151 LAWRENCE STREET, 3RD FLOOR - BROOKLYN, NY 11201	13-2668080	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CAVE CANEM 20 JAY STREET SUITE 310-A BROOKLYN, NY 11201	13-3932909	501(C)(3)	12,500.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES BROOKLYN & QUEENS - 191 JORALEMON STREET - BROOKLYN, NY 11201	11-1633548	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CARROLL GARDENS ASSOCIATION 201 COLUMBIA STREET BROOKLYN, NY 11231	11-2573432	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CARIBBEAN WOMENS HEALTH ASSOC 3512 CHURCH AVENUE BROOKLYN, NY 11203	13-3323168	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CAMPAIGN AGAINST HUNGER 2010 FULTON BROOKLYN, NY 11233	20-0934854	501(C)(3)	51,250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CABS HOME ATTENDANTS SERVICE INC 44 VARET STREET BROOKLYN, NY 11206	11-2503313	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CENTER FOR TRANSFORMATIVE ACTION 119 ANABEL TAYLOR HALL CORNELL UNIV ITHACA, NY 14853	16-0990318	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BUSHWICK MUTUAL AID BUSHWICK (ONLINE) BROOKLYN, NY 11221	81-4004928	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BUILDING BEATS 37 NORTH 15TH ST #210 BROOKLYN, NY 11222	46-1233303	501(C)(3)	13,500.	0.			GENERAL SUPPORT
BUFU BY US FOR US 500 PRESIDENT STREET BROOKLYN, NY 11215	46-2236078	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BROWNSVILLE COMMUNITY JUSTICE CENTER - 50 BELMONT AVENUE - BROOKLYN, NY 11212	13-2612524	501(C)(3)	121,250.	0.			GENERAL SUPPORT
BROWNSVILLE COMMUNITY DEVELOPMENT CORP - 592 ROCKAWAY AVENUE - BROOKLYN, NY 11212	11-2544630	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BROWNSVILLE COMMUNITY CULINARY CENTER - 69 BELMONT AVENUE - BROOKLYN, NY 11212	47-3901620	501(C)(3)	21,250.	0.			GENERAL SUPPORT
BROOKLYN RESCUE MISSION URBAN HARVEST - 255 BAINBRIDGE STREET - BROOKLYN, NY 11233	32-0019367	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR NULEADERSHIP 1 7 MARCUS GARVEY BLVD BROOKLYN, NY 11206	45-4968344	501(C)(3)	21,250.	0.			GENERAL SUPPORT
CHAI4EVER 1221 MADISON AVE LAKEWOOD, NY 08701	46-4175755	501(C)(3)	10,000.	0.			GENERAL SUPPORT
APEX FOR YOUTH INC 120 WALKER STREET, 5TH FLOOR NEW YORK, NY 10013	13-3650718	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHAMAH 420 LEXINGTON AVE. SUITE 300 NEW YORK, NY 10170	23-7365688	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN COUNCIL OF MINORITY WOMEN 1090 CONEY ISLAND AVENUE BROOKLYN, NY 11230	27-0861591	501(C)(3)	5,200.	0.			GENERAL SUPPORT
ALEX HOUSE PROJECT 76 LORRAINE STREET BROOKLYN, NY 11231	47-5488301	501(C)(3)	23,500.	0.			GENERAL SUPPORT
AFTER HOURS PROJECT 1204 BROADWAY BROOKLYN, NY 11221	33-1007278	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AFROLATIN PROJECT INC 11325 SEAVIEW AVE BROOKLYN, NY 11239	26-2090212	501(C)(3)	7,000.	0.			GENERAL SUPPORT
ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTICE - 71-07 WOODSIDE AVE - WOODSIDE, NY 11377	20-3384725	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTS COMMUNITY DEVELOPMENT CORP/CONY ISLAND LIGHTHOUSE - 2114 MERMAID AVENUE - BROOKLYN, NY 11224	01-0679652	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ARTS EAST NEW YORK 534 LIVONIA AVENUE BROOKLYN, NY 11207	27-0889467	501(C)(3)	31,250.	0.			GENERAL SUPPORT
BROOKLYN COMMUNITY SERVICES 151 LAWRENCE STREET FLOOR 4 BROOKLYN, NY 11201	11-1630780	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BROOKLYN LEGAL SERVICES CORP A 260 BROADWAY 2ND FLOOR BROOKLYN, NY 11211	13-2605599	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BROOKLYN MOVEMENT CENTER 375 STUYVESANT AVENUE BROOKLYN, NY 11223	13-2612524	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY OPTIONS 161-165 WOODRUFF AVENUE BROOKLYN, NY 11226	11-3414724	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITY FOOD ADVOCATES 110 WALL STREET NEW YORK, NY 10005	27-1764219	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COMMUNITIES UNITED FOR PEOPLE/FREEDOM TO THRIVE - PO BOX 33167 - PORTLAND, NY 10001	93-1181863	501(C)(3)	30,000.	0.			GENERAL SUPPORT
CHURCHES UNITED FOR FAIR HOUSING 7 MARCUS GARVEY BOULEVARD BROOKLYN, NY 11206	26-4698161	501(C)(3)	21,250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CHRISTOPHER ROSE COMMUNITY EMPOWERMENT - 772 VERMONT STREET - BROOKLYN, NY 11207	11-3423612	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHINESE-AMERICAN PLANNING COUNCIL 150 ELIZABETH ST. NEW YORK, NY 10012	13-6202692	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHILDREN OF PROMISE NYC 54 MACDONOUGH ST BROOKLYN, NY 11216	83-0440009	501(C)(3)	121,250.	0.			GENERAL SUPPORT
WOMEN'S ORGANIZING NETWORK 540 PRESIDENT ST. 3RD FL. BROOKLYN, NY 11215	81-1237384		15,057.	0.			FISCAL SPONSORS
NEW LAB CITY 19 MORRIS AVE. BROOKLYN, NY 11215	61-1715431		141,000.	0.			FISCAL SPONSORS
DOCUMENTED PO BOX 250250 NEW YORK, NY 10025	83-3036502		66,367.	0.			FISCAL SPONSORS
THE PACKER COLLEGIATE INSTITUTE 170 JORALEMON ST BROOKLYN, NY 11201	11-1633522	501(C)(3)	135,000.	0.			DAF
JOHN BURROUGHS SCHOOL 755 S PRICE RD SAINT LOUIS, MO 63124	43-0652619	501(C)(3)	25,000.	0.			DAF
CYPRESS HILLS CHILD CARE CORPORATION - 625 JAMAICA AVE - BROOKLYN, NY 11208	11-3116118	501(C)(3)	20,000.	0.			DAF

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEN DANCE CENTER 70 MULBERRY STREET, FL 2 NEW YORK, NY 10013	13-2968079	501(C)(3)	25,000.	0.			DAF
DOCTORS WITHOUT BORDERS USA INC 40 RECTOR STREET NEW YORK, NY 10006	13-3433452	501(C)(3)	35,000.	0.			DAF
EMMA'S TORCH LTD 257 15TH STREET BROOKLYN, NY 11215	81-3651292	501(C)(3)	25,000.	0.			DAF
GIRL BE HEARD INSTITUTE 20 JAY STREET, SUITE 209 BROOKLYN, NY 11201	27-1848709	501(C)(3)	30,000.	0.			DAF
HARLEM EDUCATIONAL ACTIVITIES FUND, INC. - 2090 ADAM CLAYTON POWELL JR BLVD - NEW YORK, NY 10027	13-3568672	501(C)(3)	25,000.	0.			DAF
HEIGHTS AND HILLS 81 WILLOUGHBY ST. BROOKLYN, NY 11201	23-7237927	501(C)(3)	30,000.	0.			DAF
BROOKLYN WORKFORCE INNOVATIONS 621 DEGRAW ST BROOKLYN, NY 11217	11-3111694	501(C)(3)	20,000.	0.			DAF
HISTORIC HUGUENOT STREET 81 HUGUENOT STREET NEW PALTZ, NY 12561	14-6030196	501(C)(3)	6,000.	0.			DAF
BROOKLYN MUSEUM BROOKLYN MUSEUM BROOKLYN, NY 11238	11-1672743	501(C)(3)	302,500.	0.			DAF

Schedule I (Form 990)



<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE PROGRAM, INC. ONE SMITH STREET BROOKLYN, NY 11201	13-3268539	501(C)(3)	90,000.	0.			DAF
CROTCHED MOUNTAIN FOUNDATION 1 VERNEY DR GREENFIELD, NH 03047	02-0222168	501(C)(3)	7,000.	0.			DAF
HUNGER FREE AMERICA 50 BROAD STREET NEW YORK, NY 10004	13-3471350	501(C)(3)	7,500.	0.			DAF
CORNELL UNIVERSITY BOX 37334 BOONE, IA 50037-0334	15-0532082	501(C)(3)	10,000.	0.			DAF
BROOKLYN HEIGHTS MONTESSORI SCHOOL 185 COURT ST BROOKLYN, NY 11201	11-6044329	501(C)(3)	35,000.	0.			DAF
ID ART CENTER INC 51 BERGEN ST BROOKLYN, NY 11201	47-3931963	501(C)(3)	7,500.	0.			DAF
BROOKLYN COMMUNITY HOUSING AND SERVICES INC. - 105 CARLTON AVE - BROOKLYN, NY 11205	11-2549027	501(C)(3)	26,000.	0.			DAF
BROOKLYN COMMUNITY BAIL FUND 195 MONTAGUE STREET NEW YORK, NY 11201	90-1014588	501(C)(3)	18,000.	0.			DAF
INTERFAITHFAMILY COM INC 90 OAK ST FL 4 NEWTON UPPER FALLS, MA 02464	04-3577816	501(C)(3)	7,500.	0.			DAF

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN AUTISM CENTER ACADEMY 57 WILLOUGHBY ST FL 3 BROOKLYN, NY 11201	26-0496167	501(C)(3)	16,000.	0.			DAF
BROOKLYN ACADEMY OF MUSIC, INC. 30 LAFAYETTE AVE BROOKLYN, NY 11217	11-2201344	501(C)(3)	50,000.	0.			DAF
BROOKLYN HOSPITAL FOUNDATION INC 121 DEKALB AVE BROOKLYN, NY 11201	11-2936410	501(C)(3)	10,000.	0.			DAF
WORLD CENTRAL KITCHEN, INC. 1342 FLORIDA AVE NW WASHINGTON, DC 20009-4808	27-3521132	501(C)(3)	25,000.	0.			DAF
BROOKLYN QUEENS LAND TRUST 677 LAFAYETTE AVENUE BROOKLYN, NY 11216	61-1441052	501(C)(3)	9,000.	0.			DAF
READ 718 420 ATLANTIC AVE. BROOKLYN, NY 11217	46-4080472	501(C)(3)	10,000.	0.			DAF
UGA FOUNDATION ONE PRESS PLACE, SUITE 101 ATHENS, GA 30602	58-6033837	501(C)(3)	12,500.	0.			DAF
MAGNOLIA TREE EARTH CENTER OF BEDFORD STUYVESANT INC - 677 LAFAYETTE AVE - BROOKLYN, NY 11216	23-7303098	501(C)(3)	25,000.	0.			DAF
NAVIGATE THE MAZE TO ACHIEVEMENT 11A MACON ST STE 1 BROOKLYN, NY 11216	81-1566527	501(C)(3)	25,000.	0.			DAF

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKELEY-CARROLL STREET SCHOOL 152 STERLING PL BROOKLYN, NY 11217	11-2611384	501(C)(3)	15,000.	0.			DAF
NEW YORK ON TECH INC 2711 PITKIN AVENUE STE 3 BROOKLYN, NY 11208	46-5336001	501(C)(3)	10,000.	0.			DAF
NOEL POINTER FOUNDATION INC 1368 FULTON ST BROOKLYN, NY 11216	11-3271472	501(C)(3)	10,000.	0.			DAF
NYC KIDS RISE 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101	81-4526739	501(C)(3)	11,897.	0.			DAF
OSBORNE ASSOCIATION, INC. 809 WESTCHESTER AVENUE BRONX, NY 10455	13-5563028	501(C)(3)	30,000.	0.			DAF
OXFAM-AMERICA INC. 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114	23-7069110	501(C)(3)	35,000.	0.			DAF
PULITZER CENTER ON CRISIS REPORTING - 1779 MASSACHUSETTS AVE NW, STE 615 - WASHINGTON, DC 20036	27-0458242	501(C)(3)	250,000.	0.			DAF
RED HOOK INITIATIVE, INC. 767 HICKS STREET BROOKLYN, NY 11231	20-3904662	501(C)(3)	20,000.	0.			DAF
ARAB-AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET - BROOKLYN, NY 11201	11-3167245	501(C)(3)	22,000.	0.			DAF

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS CITY ART INSTITUTE 4415 WARWICK BOULEVARD KANSAS CITY, MO 64111	44-0546278	501(C)(3)	9,000.	0.			DAF
RHODE ISLAND SCHOOL OF DESIGN INSTITUTIONAL ENGAGEMENT PROVIDENCE, RI 02903	05-0258956	501(C)(3)	10,000.	0.			DAF
SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE, NY 11542	11-2777066	501(C)(3)	6,500.	0.			DAF
SOCIETY FOR PRESERVATION OF WEEKSVILLE & BEDFORD-STUYVESANT HI - 158 BUFFALO AVE - BROOKLYN, NY 11213	23-7330454	501(C)(3)	10,000.	0.			DAF
THE ARAB-AMERICAN FAMILY SUPPORT CENTER, INC. - 150 COURT STREET - BROOKLYN, NY 11201	11-3167245	501(C)(3)	30,000.	0.			DAF
WALKILL VALLEY LAND TRUST PO BOX 208 NEW PALTZ, NY 12561	22-2867070	501(C)(3)	6,000.	0.			DAF
UNITED COMMUNITY CENTERS INC 613 NEW LOTS AVE BROOKLYN, NY 11207	11-1950787	501(C)(3)	25,000.	0.			DAF
THE GRADUATE CENTER CUNY 365 5TH AVE NEW YORK, NY 10016	13-3219419	501(C)(3)	11,897.	0.			DAF
KINGS COUNTY TENNIS LEAGUE 1 DOCK 72 WAY BROOKLYN, NY 11205	27-3170420	501(C)(3)	10,000.	0.			DAF

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LURIA ACADEMY OF BROOKLYN 238 ST. MARKS AVENUE BROOKLYN, NY 11238	14-2005770	501(C)(3)	18,000.	0.			DAF
CORO NEW YORK LEADERSHIP CENTER 42 BROADWAY, SUITE 2001 NEW YORK, NY 10004	13-3571610	501(C)(3)	25,000.	0.			DAF
NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	50,000.	0.			DAF

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION REVIEWS THE NONPROFIT'S 501(3) STATUS BEFORE DISBURSING THE  
 GRANT. FOR GRANTS INVOLVING THE PROGRAM COMMITTEE, THE FOUNDATION ADDS THE  
 REQUIREMENT THAT THE ORGANIZATION SUBMIT PROJECTED BUDGETS AT TIME OF  
 APPLICATION AND PROGRESS REPORTS WITH AN ACCOUNTING FOR THE USE OF FUNDS.  
 FOR GRANTS FROM DONOR ADVISED FUNDS, EACH GRANT RECOMMENDATION IS APPROVED  
 BY TWO FOUNDATION STAFF MEMBERS. THE PROGRAM COMMITTEE REVIEWS ALL  
 FOUNDATION-INITIATED GRANTS WHICH ARE THEN APPROVED BY THE FULL BOARD.

**Part IV** Supplemental Information

THE FOUNDATION OFFERS MODEL C FISCAL SPONSORSHIPS ON A LIMITED BASIS TO

PROJECTS THAT BENEFIT THE RESIDENTS AND COMMUNITIES OF BROOKLYN.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **BROOKLYN COMMUNITY FOUNDATION** Employer identification number **11-3422729**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of 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	10	247,195. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a 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 three 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 If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

CHANGE IN ACCOUNTING PERIOD

EFFECTIVE JANUARY 1, 2020, THE FOUNDATION ELECTED TO CHANGE ITS

ACCOUNTING PERIOD FROM A CALENDAR YEAR ENDING DECEMBER 31ST TO A FISCAL

YEAR ENDING JUNE 30TH UNDER THE REQUIREMENTS SET FORTH IN REVENUE

PROCEDURE 85-58.

PART I - LINE 5 & PART V - LINE 2A

THE FOUNDATION HAS AN EMPLOYMENT MANAGEMENT AGREEMENT WITH A

PROFESSIONAL EMPLOYER ORGANIZATION THAT PROVIDES A COMPREHENSIVE

PERSONNEL MANAGEMENT SYSTEM ENCOMPASSING A BROAD RANGE OF SERVICES,

INCLUDING BENEFITS AND PAYROLL ADMINISTRATION, HEALTH, WORKER'S

COMPENSATION INSURANCE PROGRAMS, PERSONNEL RECORDS MANAGEMENT, EMPLOYER

LIABILITY MANAGEMENT, PENSION, ETC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BROOKLYN COMMUNITY FOUNDATION IS ON A MISSION TO SPARK LASTING SOCIAL

CHANGE, MOBILIZING PEOPLE, CAPITAL, AND EXPERTISE FOR A FAIR AND JUST

BROOKLYN. BORN OUT OF THE LEGACY OF INDEPENDENCE COMMUNITY BANK, A

BROOKLYN INSTITUTION FOR MORE THAN 150 YEARS, THE FOUNDATION BEGAN IN

1998 AS A PRIVATE GRANTMAKER TO LOCAL NONPROFITS. A DECADE LATER, WE

TRANSITIONED TO BECOME A PUBLIC COMMUNITY FOUNDATION THE FIRST

DEDICATED TO A SINGLE NEW YORK CITY BOROUGH WITH AN ENDOWMENT THAT

ENSURES 100% OF ALL CONTRIBUTIONS GOES DIRECTLY BACK TO BROOKLYN. SINCE

2009, THE FOUNDATION AND ITS DONORS HAVE PROVIDED OVER \$50 MILLION IN

GRANTS TO MORE THAN 300 NONPROFITS THROUGHOUT THE BOROUGH, BOLSTERING

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization BROOKLYN COMMUNITY FOUNDATION	Employer identification number 11-3422729
-----------------------------------------------------------	----------------------------------------------

VITAL PROGRAMS AND SERVICES WHILE RESPONDING TO URGENT COMMUNITY NEEDS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SPARK PRIZE: CREATED TO CELEBRATE BROOKLYN NONPROFITS AND ENCOURAGE

GREATER LOCAL GIVING. IN 2019, FIVE BROOKLYN NONPROFITS RECEIVED A

SPARK PRIZE OF \$100,000 EACH. IN ADDITION, THE FOUNDATION CREATED

BROOKLYN GIVES, A CROWD-FUNDING CAMPAIGN IN CONJUNCTION WITH #GIVING

TUESDAY, THROUGH WHICH IT AWARDED \$100,000 IN MATCHING GRANTS TO 20

FINALISTS IDENTIFIED THROUGH THE SPARK PRIZE SELECTION PROCESS.

INCUBATOR PROJECT: CREATED TO PROVIDE A SPRINGBOARD FOR EXCITING,

EMERGING BROOKLYN ORGANIZATIONS. WITH OUR HEADQUARTERS IN CROWN

HEIGHTS, THE FOUNDATION SUPPORTS A SMALL COHORT OF STARTUP NONPROFITS

BY PROVIDING FREE CO-WORKING SPACE FOR 18 MONTHS, CUSTOMIZED TECHNICAL

ASSISTANCE AND CAPACITY BUILDING SUPPORT, AND A \$5,000 STIPEND.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IMMIGRANT RIGHTS FUND, BK ELDERS FUND, AND OTHER.

EXPENSES \$ 1,196,042. INCLUDING GRANTS OF \$ 1,041,955. REVENUE \$ 0.

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

PRIOR TO FILING, ALL DIRECTORS WILL BE PROVIDED WITH THE PREPARED FORM 990

WITH THE EXCEPTION OF SCHEDULE B FOR REVIEW AND WILL BE ENCOURAGED TO SHARE

CONCERNS AND QUESTIONS WITH THE AUDIT COMMITTEE AND/OR STAFF PREPARER. IN

ADDITION, ALL DIRECTORS WILL BE INVITED TO ATTEND THE AUDIT COMMITTEE

MEETING AT WHICH THE FORM WITH THE EXCEPTION OF SCHEDULE B WILL BE REVIEWED

AND DISCUSSED WITH STAFF MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization BROOKLYN COMMUNITY FOUNDATION	Employer identification number 11-3422729
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ANNUALLY, ALL DIRECTORS AND EMPLOYEES COMPLETE A CONFLICT OF INTEREST

DISCLOSURE QUESTIONNAIRE WHICH IS REVIEWED BY THE CHIEF OPERATING OFFICER

AND ELEVATED TO THE PRESIDENT AND GOVERNANCE & NOMINATING COMMITTEE IF

ISSUES ARE NOTED. BEFORE NEW DIRECTORS ARE ELECTED TO THE BOARD, THE

COMPLETED QUESTIONNAIRE IS SIMILARLY REVIEWED. AS POTENTIAL TRANSACTIONS

ARE CONSIDERED, DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS,

AND THE CONFLICTED DIRECTOR OR EMPLOYEE IS EXCLUDED FROM PARTICIPATING IN

DELIBERATIONS AND DECISIONS CONCERNING THE MATTER. SUCH DISCLOSURES ARE

NOTED IN THE MEETING MINUTES.

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

15A. THE COMPENSATION FOR THE PRESIDENT IS REVIEWED AND DECIDED UPON

ANNUALLY BY THE BOARD. AS PART OF THE PROCESS, A WRITTEN PERFORMANCE

APPRAISAL IS CONDUCTED. THE BOARD APPROVES ALL SALARY ADJUSTMENTS IN AN

EXECUTIVE SESSION DURING WHICH CONTEMPORANEOUS MINUTES ARE NOT RECORDED.

AFTER REVIEW AND DISCUSSION, THE BOARD DETERMINES THE PRESIDENT'S

COMPENSATION FOR THE NEXT YEAR.

15B. OFFICERS AS WELL AS OTHER EMPLOYEES RECEIVE A PERFORMANCE APPRAISAL

FROM THEIR IMMEDIATE SUPERVISORS. SALARY ADJUSTMENTS MUST BE APPROVED BY

THE PRESIDENT AND WILL BE GIVEN, WHERE APPROPRIATE, BASED UPON THE

PERFORMANCE APPRAISAL AND WITHIN BUDGETARY LIMITS. VARIOUS OUTSIDE SALARY

SURVEYS ARE USED TO ASSIST IN DETERMINING ANY ADJUSTMENTS.

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S

WEBSITE.

Name of the organization BROOKLYN COMMUNITY FOUNDATION	Employer identification number 11-3422729
-----------------------------------------------------------	----------------------------------------------

PART V - LINES 1A AND 2A AND PART VII

THE FORM 990 REQUIRES REPORTING OF FORM 1099, FORM W-3, AND  
 COMPENSATION INFORMATION BASED ON THE DECEMBER YEAR-END CONTAINED  
 WITHIN THE REPORTING PERIOD. AS THIS FORM 990 REPRESENTS A STUB-PERIOD  
 OF JANUARY 1, 2020 THROUGH JUNE 30, 2020, THERE IS NO DECEMBER YEAR-END  
 CONTAINED WITHIN. AS SUCH, THE FORM 990 REPORTS 0 FOR THESE AMOUNTS.