

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization BROOKLYN COMMUNITY FOUNDATION		D Employer identification number 11-3422729
	Doing business as		E Telephone number (718) 480-7500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1000 DEAN STREET	307	G Gross receipts \$ 16,086,186.
City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11238		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
F Name and address of principal officer: CECILIA CLARKE SAME AS C ABOVE			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527
J Website: ▶ WWW.BROOKLYNCOMMUNITYFOUNDATION.ORG		L Year of formation: 1998 M State of legal domicile: DE	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SPARK LASTING SOCIAL JUSTICE CHANGE, MOBILIZING PEOPLE, CAPITAL, & EXPERTISE FOR A FAIR BROOKLYN.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	3
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	15,910,850.	6,012,094.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	309,238.	1,371,613.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,660.	203,687.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,320,748.	7,587,394.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,692,422.	6,714,615.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,133,699.	1,254,967.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 479,936.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	865,824.	927,083.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,691,945.	8,896,665.
19 Revenue less expenses. Subtract line 18 from line 12	7,628,803.	-1,309,271.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 68,901,283.	End of Year 76,726,622.
	21 Total liabilities (Part X, line 26)	470,024.	464,390.
	22 Net assets or fund balances. Subtract line 21 from line 20	68,431,259.	76,262,232.

Part II Signature Block

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

Sign Here	Signature of officer	Date 11/22/2020			
	Cecilia Clarke CEO and President Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JAMES J. REILLY	Preparer's signature 	Date 11/12/2020	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 PARKWAY PARK PLAZA NEW YORK, NY 10001					

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 \$ 3,305,527. including grants of \$ 3,006,767.) (Revenue \$) DONOR ADVISED FUNDS: THIS PROGRAM PROVIDES CUSTOMIZED SUPPORT, GUIDANCE AND SERVICES TO DONORS WHO OPEN A DONOR ADVISED FUND WITH THE FOUNDATION. IN 2019, THE FOUNDATION ISSUED OVER \$3 MILLION IN DONOR DIRECTED GRANTS - 70% OF WHICH WENT TO BROOKLYN NONPROFITS.

4b (Code:) (Expenses \$ 2,849,733. including grants of \$ 2,498,600.) (Revenue \$) INVEST IN YOUTH GRANT PORTFOLIO - IN 2019, THE FOUNDATION INVESTED OVER \$2.48 MILLION THROUGH A UNIQUE SET OF PROGRAMS TO 55 YOUTH-SERVING NONPROFITS FROM OUR INVEST IN YOUTH GRANT PROGRAM. OUR BROOKLYN YOUTH ACTIVISTS ALSO ENTERED ITS FIFTH YEAR, ALLOWING YOUNG BROOKLYN RESIDENTS THE OPPORTUNITY TO BE COMMUNITY GRANTMAKERS.

4c (Code:) (Expenses \$ 896,113. including grants of \$ 695,466.) (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 \$ 666,479. including grants of \$ 513,782.) (Revenue \$)

4e Total program service expenses \$ 7,757,852. (Revenue \$)



Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Taxpayer Copy

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and Form 990-B.

Taxpayer Copy

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.

Taxpayer Copy

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... 24; 1b Enter the number of voting members included on line 1a... 24; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 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? a The organization's CEO, Executive Director, or top management official; b 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 - 718-487-7500
1000 DEAN STREET, SUITE 300, BROOKLYN, NY 11233

Taxpayer Copy

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			
(1) ALAN FISHMAN CHAIRMAN	1.00	X		X			0.	0.	0.	
(2) HARSHA G. MARTI VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(3) SARAH WILLIAMS VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(4) GENEVIEVE KAHR TREASURER	1.00	X		X			0.	0.	0.	
(5) RICHARD MOORE SECRETARY	1.00	X		X			0.	0.	0.	
(6) NICOLE GUERON DIRECTOR	1.00	X					0.	0.	0.	
(7) REV. EMMA JORDAN-SIMPSON DIRECTOR	1.00	X					0.	0.	0.	
(8) CONSTANCE R. ROOSEVELT DIRECTOR	1.00	X					0.	0.	0.	
(9) GABRIEL SCHWARTZ DIRECTOR	1.00	X					0.	0.	0.	
(10) JOHN WRIGHT DIRECTOR	1.00	X					0.	0.	0.	
(11) MAMIE KANFER STEWART DIRECTOR	1.00	X					0.	0.	0.	
(12) KATHARINE DARROW DIRECTOR	1.00	X					0.	0.	0.	
(13) MICHAEL GILLESPIE DIRECTOR	1.00	X					0.	0.	0.	
(14) ZUL JAMAL DIRECTOR	1.00	X					0.	0.	0.	
(15) NOA MEYER DIRECTOR	1.00	X					0.	0.	0.	
(16) CARLEY RONEY DIRECTOR	1.00	X					0.	0.	0.	
(17) DIANE STEINBERG DIRECTOR	1.00	X					0.	0.	0.	

Taxpayer Copy

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) RUDOLPH WYNTER DIRECTOR	1.00	X					0.	0.	0.	
(19) INGRID BENEDICT DIRECTOR	1.00	X					0.	0.	0.	
(20) VIVIAN LIAO-KORICH DIRECTOR	1.00	X					0.	0.	0.	
(21) CONSTANCE SARGENT DIRECTOR	1.00	X					0.	0.	0.	
(22) SUSANNAH TAYLOR DIRECTOR	1.00	X					0.	0.	0.	
(23) RACHEL TIMONER DIRECTOR	1.00	X					0.	0.	0.	
(24) AISHA MILLS DIRECTOR	1.00	X					0.	0.	0.	
(25) DONALD ELLIOTT TRUSTEE EMERITUS	1.00	X					0.	0.	0.	
(26) MALCOLM MACKAY TRUSTEE EMERITUS	1.00	X					0.	0.	0.	
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							369,919.	0.	84,521.	
d Total (add lines 1b and 1c)							369,919.	0.	84,521.	

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 2

	Yes	No
3 Did the organization list any former 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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

Taxpayer Copy

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) HILDY SIMMONS TRUSTEE EMERITUS	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(28) ROBERT CATELL TRUSTEE EMERITUS	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(29) ROHIT DESAI TRUSTEE EMERITUS	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(30) CECILIA CLARKE PRESIDENT & CEO	35.00			<input checked="" type="checkbox"/>				212,246.	0.	44,393.
(31) SARAH SHANNON CHIEF OPERATING OFFICER	35.00				<input checked="" type="checkbox"/>			157,673.	0.	40,128.
Total to Part VII, Section A, line 1c								369,919.		84,521.

Taxpayer Copy

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	73,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,939,094.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 778,341.				
	h Total. Add lines 1a-1f			6,012,094.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		950,150.			950,150.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				8,769,049.			
	b Less: cost or other basis and sales expenses	7b	8,347,586.				
	c Gain or (loss)	7c	421,463.				
d Net gain or (loss)			421,463.		421,463.		
8 a Gross income from fundraising events (not including \$ 73,000. of contributions reported on line 1c). See Part IV, line 18	8a		335,194.				
			151,206.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			183,988.		183,988.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER	Business Code	900099	19,699.		19,699.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11c			19,699.			
12 Total revenue. See instructions			7,587,304.	0.	0.	1,575,300.	

Taxpayer Copy

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,714,615.	6,714,615.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	256,639.	127,032.	69,999.	59,608.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	750,409.	371,501.	203,834.	175,074.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,117.	24,293.	13,660.	11,164.
9 Other employee benefits	129,955.	64,276.	36,141.	29,538.
10 Payroll taxes	68,847.	34,051.	19,147.	15,649.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,189.	6,337.	3,626.	1,226.
c Accounting	57,800.	32,735.	18,729.	6,336.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	158,334.		158,334.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	194,143.	109,952.	62,909.	21,282.
12 Advertising and promotion	118,679.	51,646.	28,215.	38,818.
13 Office expenses	181,204.	43,822.	52,777.	84,605.
14 Information technology				
15 Royalties				
16 Occupancy	138,682.	98,197.	19,629.	20,856.
17 Travel	9,188.	4,718.	1,016.	3,454.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	26,898.	19,752.	2,976.	4,170.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,409.	10,994.	2,790.	2,625.
23 Insurance	14,557.	3,931.	5,095.	5,531.
24 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.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	8,896,665.	7,717,852.	698,877.	479,936.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here if following SOP 8-2 (8C98-7-9)

Taxpayer Copy

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	986,539.	1	1,477,484.
	2 Savings and temporary cash investments	3,840,254.	2	2,627,437.
	3 Pledges and grants receivable, net	146,736.	3	694,969.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	752,000.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	36,536.	9	25,492.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 598,993.		
	b Less: accumulated depreciation	10b 546,823.		
		68,579.	10c	52,170.
	11 Investments - publicly traded securities	40,121,454.	11	46,335,917.
	12 Investments - other securities. See Part IV, line 11	22,885,360.	12	25,503,882.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	63,825.	15	9,271.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	68,901,283.	16	76,726,622.	
Liabilities	17 Accounts payable and accrued expenses	144,594.	17	140,920.
	18 Grants payable	285,000.	18	285,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	40,430.	25	38,470.
	26 Total liabilities. Add lines 17 through 25	470,024.	26	464,390.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	68,331,259.	27	75,778,106.
	28 Net assets with donor restrictions	100,000.	28	484,126.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	68,431,259.	32	76,262,232.
	33 Total liabilities and net assets/fund balances	68,901,283.	33	76,726,622.

Taxpayer Copy

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,587,394.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,896,665.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,309,271.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68,431,259.
5	Net unrealized gains (losses) on investments	5	9,140,244.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	76,262,232.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

Taxpayer Copy

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization BROOKLYN COMMUNITY FOUNDATION	Employer identification number 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		
Total						

Taxpayer Copy

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,458,056.	3,273,085.	4,031,861.	15,910,850.	6,005,094.	31,678,946.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,458,056.	3,273,085.	4,031,861.	15,910,850.	6,005,094.	31,678,946.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,265,094.
6 Public support. Subtract line 5 from line 4.						25,413,852.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2,458,056.	3,273,085.	4,031,861.	15,910,850.	6,005,094.	31,678,946.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	942,473.	773,806.	692,961.	813,165.	950,150.	4,172,555.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	274.			11,010.	19,699.	30,983.
11 Total support. Add lines 7 through 10						35,882,484.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	70.83 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	63.33 %

16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Taxpayer Copy

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 ►

Taxpayer Copy

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>If "Yes," complete Schedule C, Form 4720, to determine whether the organization had excess business holdings.</i>		

Taxpayer Copy

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Taxpayer Copy

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Taxpayer Copy

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

2015 AMOUNT: \$ 274.

2018 AMOUNT: \$ 11,010.

2019 AMOUNT: \$ 19,699.

Taxpayer Copy

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

2019

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	75	
2 Aggregate value of contributions to (during year)	3,725,590.	
3 Aggregate value of grants from (during year)	3,006,767.	
4 Aggregate value at end of year	17,033,780.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

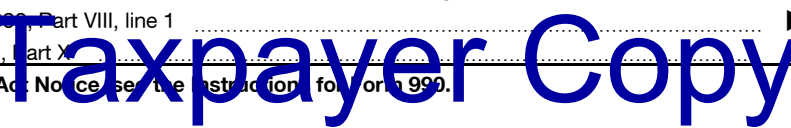
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____



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? | 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.	78,252.	52,170.
d Equipment		468,571.	468,571.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				52,170.

Taxpayer Copy

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	7,373,885.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	17,748,198.	END-OF-YEAR MARKET VALUE
(C) BANK DEPOSIT AGREEMENT	381,799.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	25,503,882.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT PAYABLE	38,470.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	38,470.

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

Taxpayer Copy

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). Row 1: Total revenue, gains, and other support per audited financial statements: 16,569,304. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Sub-rows include Net unrealized gains (losses) on investments: 9,140,244. Row 3: Subtract line 2e from line 1: 7,429,060. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Sub-rows include Investment expenses not included on Form 990, Part VIII, line 7b: 158,334. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.): 7,587,394.

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). Row 1: Total expenses and losses per audited financial statements: 8,738,331. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Sub-rows include Donated services and use of facilities, Prior year adjustments, Other losses, Other (Describe in Part XIII.). Row 3: Subtract line 2e from line 1: 8,738,331. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Sub-rows include Investment expenses not included on Form 990, Part VIII, line 7b: 158,334. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.): 8,896,665.

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.

Multiple horizontal lines provided for entering supplemental information.

Taxpayer Copy

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

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.

Taxpayer Copy

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		INVEST IN YOUTH DINNER (event type)	SPARK CELEBRATION (event type)	(total number)		
Revenue	1	Gross receipts	354,599.	42,145.	11,450.	408,194.
	2	Less: Contributions	73,000.			73,000.
	3	Gross income (line 1 minus line 2)	281,599.	42,145.	11,450.	335,194.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	15,000.	10,750.		25,750.
	7	Food and beverages	61,955.	36,752.		98,707.
	8	Entertainment				
	9	Other direct expenses	22,990.	3,759.		26,749.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				151,206.
11	Net income summary. Subtract line 10 from line 3, column (d)				183,988.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

Taxpayer Copy

**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 for the latest information.**

OMB No. 1545-0047

2019

**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
ALEX HOUSE PROJECT 76 LORRAINE STREET BROOKLYN, NY 11231	47-5488301	501(C)(3)	45,000.	0.			GENERAL SUPPORT
ARAB AMERICAN ASSOCIATION OF NEW YORK - 7111 5TH AVENUE - BROOKLYN, NY 11209	11-3604756	501(C)(3)	70,000.	0.			GENERAL SUPPORT
ARAB AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET, 3RD FLOOR - BROOKLYN, NY 11201	11-3167245	501(C)(3)	45,000.	0.			GENERAL SUPPORT
ARTS EAST NEW YORK 534 LIVONIA AVENUE BROOKLYN, NY 11207	27-0889467	501(C)(3)	45,000.	0.			GENERAL SUPPORT
ASYLUMCONNECT 12651 SAN PABLO, AVE #5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ATLAS DIY 462 36TH STREET SUITE PHB BROOKLYN, NY 11232	45-4316117	501(C)(3)	38,400.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) government organizations listed in the line 1 table **6**
- 3** Enter total number of other organizations listed in the line 1 table **0**

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

Schedule I (Form 990) (2019)

Taxpayer Copy

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
AUDRE LORDE PROJECT 85 SOUTH OXFORD ST. BROOKLYN, NY 11217	06-1502452	501(C)(3)	45,000.	0.			GENERAL SUPPORT
BANGLADESHI AMERICAN COMMUNITY DEVELOPMENT & YOUTH SERVICES - 181 FORBELL STREETSUITE 1 - BROOKLYN, NY 11208	45-2389573	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BARD PRISON INITIATIVE PO BOX 5000 NEW YORK, NY 12504	14-1713034	501(C)(3)	7,500.	0.			GENERAL SUPPORT
BED-STUY CAMPAIGN AGAINST HUNGER 2010 FULTON STREET BROOKLYN, NY 11233	20-0934854	501(C)(3)	70,000.	0.			GENERAL SUPPORT
BLACK ALLIANCE FOR JUST IMMIGRATION - 239 FLATBUSH AVE - BROOKLYN, NY 11226	46-5576893	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BLACK ALLIANCE FOR JUST IMMIGRATION - 660 NOSTRAND AVENUE - BROOKLYN, NY 11216	27-1911378	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BLACK WOMEN'S BLUEPRINT 279 EMPIRE BOULEVARD BROOKLYN, NY 11225	43-1952083	501(C)(3)	45,000.	0.			GENERAL SUPPORT
BOTTOM LINE 44 COURT STREET, SUITE 300 BROOKLYN, NY 11201	04-3351427	501(C)(3)	7,500.	0.			GENERAL SUPPORT
BRANDWORKERS PO BOX 1257 LONG ISLAND CITY, NY 11101	26-0788525	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
BRIC ARTS/MEDIA/BKLYN, INC. 647 FULTON STREET BROOKLYN, NY 11217	11-2547268	501(C)(3)	45,000.	0.			GENERAL SUPPORT
BROOKLYN COMMUNITY BAIL FUND 195 MONTAGUE STREET 14TH FLOOR BROOKLYN, NY 11201	90-1014588	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BROOKLYN DEFENDER SERVICES 177 LIVINGSTON STREET BROOKLYN, NY 11201	11-3305406	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BROOKLYN LEGAL SERVICES CORP A 260 BROADWAY 2ND FLOOR BROOKLYN, NY 11211	13-2605599	501(C)(3)	7,500.	0.			GENERAL SUPPORT
BROWNSVILLE COMMUNITY JUSTICE CENTER - 121 AVENUE OF THE AMERICAS, 6TH FLOOR - NEW YORK, NY 10013	13-2612524	501(C)(3)	54,500.	0.			GENERAL SUPPORT
BUILDING BEATS 37 NORTH 15TH ST #210 BROOKLYN, NY 11222	46-1233303	501(C)(3)	45,000.	0.			GENERAL SUPPORT
CABS HOME ATTENDANTS SERVICE, INC. 44 VARET STREET BROOKLYN, NY 11206	11-2503313	501(C)(3)	40,000.	0.			GENERAL SUPPORT
CAMBA, INC 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN, NY 11226	11-2480339	501(C)(3)	45,000.	0.			GENERAL SUPPORT
CAVE CANEM FOUNDATION INC 20 JAY STREET SUITE 310-A BROOKLYN, NY 11201	13-3930009	501(C)(3)	60,500.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 COMMUNITY ALTERNATIVES 25 CHAPEL STREET, SUITE 701 BROOKLYN, NY 11201	16-1395992	501(C)(3)	47,000.	0.			GENERAL SUPPORT
CENTER FOR LAW AND SOCIAL JUSTICE 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CENTER FOR NULEADERSHIP 2 510 GATES AVENUE, FIRST FLOOR BROOKLYN, NY 11216	45-4968344	501(C)(3)	45,000.	0.			GENERAL SUPPORT
CENTER FOR TRANSFORMATIVE ACTION 119 ANABEL TAYLOR HALL CORNELL UNIVERSITY ITHACA - NEW YORK, NY 14853	16-0990318	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CENTRAL AMERICAN LEGAL ASSISTANCE 240 HOOPER STREET BROOKLYN, NY 11211	11-2859151	501(C)(3)	7,500.	0.			GENERAL SUPPORT
CHILDREN OF PROMISE NYC 54 MACDONOUGH ST BROOKLYN, NY 11216	83-0440009	501(C)(3)	7,500.	0.			GENERAL SUPPORT
CHINESE-AMERICAN PLANNING COUNCIL 150 ELIZABETH ST NEW YORK, NY 10012	13-6202692	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CHURCHES UNITED FOR FAIR HOUSING 7 MARCUS GARVEY BOULEVARD BROOKLYN, NY 11206	26-4698161	501(C)(3)	50,000.	0.			GENERAL SUPPORT
COMMUNITIES UNITED FOR PEOPLE/FREEDOM TO THRIVE - PO BOX 33167 - PORTLAND, OR 97292	45-4870088	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
COMMUNITY CONNECTIONS FOR YOUTH INC. - 222 E 111TH STREET APT 1B - NEW YORK, NY 10029	26-4482112	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CYPRESS HILLS CHILD CARE CORPORATION - 3295 FULTON STREET - BROOKLYN, NY 11208	11-3116118	501(C)(3)	70,000.	0.			GENERAL SUPPORT
DOCUMENTED 714 W. OLYMPIC BLVD. LOS ANGELES, CA 90015	27-2614911	501(C)(3)	15,000.	0.			GENERAL SUPPORT
DRIVE CHANGE, INC. 630 FLUSHING AVENUE 5TH FLOOR BROOKLYN, NY 11206	46-4691123	501(C)(3)	45,000.	0.			GENERAL SUPPORT
DRUM - DESIS RISING UP & MOVING 72-18 ROOSEVELT AVENUE 2ND FLOOR QUEENS, NY 11372	38-3652741	501(C)(3)	60,000.	0.			GENERAL SUPPORT
EL PUENTE DE WILLIAMSBURG 211 SOUTH 4TH STREET BROOKLYN, NY 11211	11-2614265	501(C)(3)	47,000.	0.			GENERAL SUPPORT
ELLERY COURT SENIOR HOUSING DEVELOPMENT FUND CORPORATION - 2 KINGSLAND AVE - BROOKLYN, NY 11211	11-3444948	501(C)(3)	50,000.	0.			GENERAL SUPPORT
EMMA'S TORCH 345 SMITH STREET BROOKLYN, NY 11231	81-3651292	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EXALT YOUTH 17 BATTERY PLACE, SUITE 307 NEW YORK, NY 10004	20-5540055	501(C)(3)	45,000.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
EXALT YOUTH 175 REMSEN STREET, SUITE 1000 BROOKLYN, NY 11201	20-5540955	501(C)(3)	30,000.	0.			GENERAL SUPPORT
EXTREME KIDS & CREW 71 SULLIVAN STREET BROOKLYN, NY 11234	35-2392415	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FAITH IN NEW YORK 103-04 39TH AVE. SUITE 105 QUEENS, NY 11368	80-0122559	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FAMILIES FOR FREEDOM 35W W 31ST ST SUITE 702 NEW YORK, NY 10001	20-2798922	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FAMILIES UNITED FOR RACIAL AND ECONOMIC EQUALITY - 621 DEGRAW STREET - BROOKLYN, NY 11217	20-0092728	501(C)(3)	45,000.	0.			GENERAL SUPPORT
FLEX DANCE PROGRAM 1303 SAINT JOHNS PLACE BROOKLYN, NY 11213	83-2687947	501(C)(3)	45,000.	0.			GENERAL SUPPORT
FOOTSTEPS, INC. 114 JOHN STREET #930 NEW YORK, NY 10272	20-0666923	501(C)(3)	53,500.	0.			GENERAL SUPPORT
FRIENDS OF ISLAND ACADEMY 60 FOURTH AVE BROOKLYN, NY 11217	13-3576756	501(C)(3)	45,000.	0.			GENERAL SUPPORT
GIRL BE HEARD 20 JAY STREET, #210B BROOKLYN, NY 11201	27-1840509	501(C)(3)	45,000.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
GIRLS FOR GENDER EQUITY, INC. 25 CHAPEL STREET SUITE 1006, BROOKLYN, NY 11201	04-3697166	501(C)(3)	45,000.	0.			GENERAL SUPPORT
GLOBAL ACTION PROJECT 130 W. 25TH ST. #2C NEW YORK, NY 10001	11-3425000	501(C)(3)	45,000.	0.			GENERAL SUPPORT
GLOBAL KIDS 137 EAST 25TH STREET 2ND FLOOR NEW YORK, NY 10010	13-3629485	501(C)(3)	45,000.	0.			GENERAL SUPPORT
GOOD CALL NYC 150 COURT STREET, SUITE 2 BROOKLYN, NY 11201	82-1011857	501(C)(3)	45,000.	0.			GENERAL SUPPORT
GRACE INT'L BED STUY CAMPAIGN AGAINST HUNGER - 2010 FULTON STREET - BROOKLYN, NY 11233	20-0934854	501(C)(3)	45,000.	0.			GENERAL SUPPORT
GREEN CITY FORCE 630 FLUSHING AVENUE BROOKLYN, NY 11206	80-0428040	501(C)(3)	7,500.	0.			GENERAL SUPPORT
GREEN WORKER INC 1665 BEDFORD AVENUE, APT. 3D BROOKLYN, NY 11225	20-1828936	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GRIOT CIRCLE 25 FLATBUSH AVENUE, 5TH FLOOR BROOKLYN, NY 11217	11-3364328	501(C)(3)	30,000.	0.			GENERAL SUPPORT
GROUNDSWELL COMMUNITY MURAL PROJECT - 540 PRESIDENT STREET, SUITE 1A - BROOKLYN, NY 11215	11-3425013	501(C)(3)	50,500.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
GROW BROOKLYN 1474 MYRTLE AVE BROOKLYN, NY 11237	26-1410513	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HESTER STREET COLLABORATIVE 113 HESTER STREET NEW YORK, NY 10002	20-0774906	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HOLLA 510 GATES AVENUE BROOKLYN, NY 11216	46-1020254	501(C)(3)	45,000.	0.			GENERAL SUPPORT
INTEGRATENYC 601 W 26TH STREET, SUITE 305-108 NEW YORK, NY 10001	83-0639869	501(C)(3)	45,000.	0.			GENERAL SUPPORT
JUDSON MEMORIAL CHURCH/NEW SANCTUARY COALITION - 239 THOMPSON ST - NEW YORK, NY 10012	13-2664489	501(C)(3)	7,500.	0.			GENERAL SUPPORT
JUSTLEADERSHIPUSA 1900 LEXINGTON AVENUE NEW YORK, NY 10035	90-1019268	501(C)(3)	45,000.	0.			GENERAL SUPPORT
KAVI 451 CLARKSON AVUENUE, SUITE 4-7221 BROOKLYN, NY 11203	81-1626947	501(C)(3)	45,000.	0.			GENERAL SUPPORT
LINEAGE PROJECT, INC. 195 MONTAGUE STREET, 14TH FLOOR BROOKLYN, NY 11201	47-1113535	501(C)(3)	45,000.	0.			GENERAL SUPPORT
LOS SURES 434 SOUTH 5TH STREET BROOKLYN, NY 11211	11-2268859	501(C)(3)	50,000.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
MADE IN BROWNSVILLE 47 BELMONT AVENUE BROOKLYN, NY 11212	81-0693987	501(C)(3)	45,000.	0.			GENERAL SUPPORT
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	45,000.	0.			GENERAL SUPPORT
MIXTECA ORGANIZATION, INC. 245 23RD STREET 2ND FLOOR BROOKLYN, NY 11215	47-4091998	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MUSLIM COMMUNITY NETWORK 110 WALL STREET, 3RD FLOOR NEW YORK, NY 10005	75-3163555	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MYRTLE AVENUE REVITALIZATION PROJECT LDC - 472 MYRTLE AVENUE 2 - BROOKLYN, NY 11205	31-1706307	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NATIONAL ECONOMIC AND SOCIAL RIGHTS INITIATIVE - 90 JOHN STREET, SUITE 501 - NEW YORK, NY 10038	73-1714118	501(C)(3)	45,000.	0.			GENERAL SUPPORT
NEIGHBORS IN ACTION 286 ALBANY AVE BROOKLYN, NY 11213	13-2612524	501(C)(3)	45,000.	0.			GENERAL SUPPORT
NEIGHBORS TOGETHER 2094 FULTON STREET BROOKLYN, NY 11233	11-2632109	501(C)(3)	70,000.	0.			GENERAL SUPPORT
NEW SANCTUARY COALITION 239 THOMPSON ST. NEW YORK, NY 10012	13-2661189	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
NEW YORK EDGE 58-12 QUEENS BOULEVARD, SUITE 1 WOODSIDE, NY 11377	11-3112635	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NEW YORK FOUNDATION 150 WEST 30TH STREET, SUITE 1401 NEW YORK, NY 10001	13-5626345	501(C)(3)	7,500.	0.			GENERAL SUPPORT
NOEL POINTER FOUNDATION 1368 FULTON ST BROOKLYN, NY 11216	11-3271472	501(C)(3)	6,886.	0.			GENERAL SUPPORT
NORTH BROOKLYN COALITION AGAINST FAMILY VIOLENCE - 893 LEXINGTON AVENUE - BROOKLYN, NY 11211	11-3431280	501(C)(3)	7,500.	0.			GENERAL SUPPORT
OMEGA INSTITUTE 150 LAKE DRIVE RHINEBECK NEW YORK, NY 12572	23-7233306	501(C)(3)	13,500.	0.			GENERAL SUPPORT
OSBORNE ASSOCIATION 809 WESTCHESTER AVE BRONX, NY 10455	13-5563028	501(C)(3)	45,000.	0.			GENERAL SUPPORT
PARTNERSHIP WITH CHILDREN 299 BROADWAY, SUITE 1300 NEW YORK, NY 10007	22-2814886	501(C)(3)	17,000.	0.			GENERAL SUPPORT
RED HOOK COMMUNITY JUSTICE CENTER 121 AVENUE OF THE AMERICAS, 6TH FLO NEW YORK, NY 10013	13-2612524	501(C)(3)	70,000.	0.			GENERAL SUPPORT
RED HOOK INITIATIVE 767 HICKS STREET BROOKLYN, NY 11231	20-3981562	501(C)(3)	30,000.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
RESILIANCY ADVOCACY PROJECT 147 PRINCE STREET BROOKLYN, NY 11201	26-1758248	501(C)(3)	30,000.	0.			GENERAL SUPPORT
RIF ASYLUM PROJECT 32-13 37TH ST QUEENS, NY 11103	11-3631988	501(C)(3)	15,000.	0.			GENERAL SUPPORT
RISEBORO COMMUNITY PARTNERSHIP 555 BUSHWICK AVE. BROOKLYN, NY 11206	11-2453853	501(C)(3)	50,000.	0.			GENERAL SUPPORT
S.O.U.L. SISTERS LEADERSHIP COLLECTIVE - 147 PRINCE STREET FLOOR 2, UNIT 13 - BROOKLYN, NY 11201	47-3108951	501(C)(3)	45,000.	0.			GENERAL SUPPORT
SADIE NASH LEADERSHIP PROJECT 4 WEST 43RD STREET SUITE 502 NEW YORK, NY 10036	11-3633912	501(C)(3)	8,500.	0.			GENERAL SUPPORT
SAFE PASSAGE PROJECT CORPORATION NEW YORK LAW SCHOOL, 185 WEST BROAD NEW YORK, NY 10013	46-2946211	501(C)(3)	50,000.	0.			GENERAL SUPPORT
SAKHI FOR SOUTH ASIAN WOMEN P.O. BOX 20208, GREELEY SQUARE STAT NEW YORK, NY 10001	13-3593806	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SANCTUARY FOR FAMILIES PO BOX 1406, WALL STREET STATION NEW YORK, NY 10268	13-3193119	501(C)(3)	45,000.	0.			GENERAL SUPPORT
SCO FAMILY SERVICES 443 39TH STREET BROOKLYN, NY 11232	11-2775066	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
ST. NICK'S ALLIANCE 11 CATHERINE STREE BROOKLYN, NY 11211	51-0192170	501(C)(3)	50,000.	0.			GENERAL SUPPORT
STEM FROM DANCE 315 EMPIRE BLVD #250562 BROOKLYN, NY 11225	46-1793936	501(C)(3)	45,000.	0.			GENERAL SUPPORT
SURVEILLANCE TECHNOLOGY OVERSIGHT PROJECT - URBAN JUSTICE CENTER 40 RECTOR STREET, 9TH FLOOR - NEW YORK, NY 10006	83-3646415	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TAKEROOT JUSTICE 123 WILLIAM STREE, 16TH FLOOR NEW YORK, NY 10038	83-1441257	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE ALI FORNEY CENTER 224 WEST 35TH STREET SUITE 1500 NEW YORK, NY 10123	30-0104507	501(C)(3)	45,000.	0.			GENERAL SUPPORT
THE ARAB-AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET, 3RD FLOOR - BROOKLYN, NY 11201	11-3167245	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE BILLIE HOLIDAY THEATRE 1368 FULTON STREET BROOKLYN, NY 11216	11-2336154	501(C)(3)	7,500.	0.			GENERAL SUPPORT
THE CENTER FOR ANTI-VIOLENCE 327 7TH STREET, 2ND FLOOR BROOKLYN, NY 11215	11-2444676	501(C)(3)	46,200.	0.			GENERAL SUPPORT
THE MELTING POT FOUNDATION USA INC 69 BELMONT AVENUE BROOKLYN, NY 11212	47-3981520	501(C)(3)	45,000.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE NEW YORK, NY 10022	13-3062214	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THEATRE OF THE OPPRESSED NYC, INC. 758 8TH AVENUE, SUITE 300 NEW YORK, NY 10036	45-4815944	501(C)(3)	45,000.	0.			GENERAL SUPPORT
TRUTHWORKER THEATER COMPANY 219 W 19TH STREET NEW YORK, NY 10011	13-6206608	501(C)(3)	45,000.	0.			GENERAL SUPPORT
UNITED COMMUNITY CENTERS 613 NEW LOTS AVENUE BROOKLYN, NY 11207	11-1950787	501(C)(3)	45,000.	0.			GENERAL SUPPORT
UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC. - 184 ELDRIDGE STREET - NEW YORK, NY 10002	13-5562374	501(C)(3)	50,000.	0.			GENERAL SUPPORT
UPROSE 166A 22ND STREET BROOKLYN, NY 11232	11-2490531	501(C)(3)	45,000.	0.			GENERAL SUPPORT
URBAN JUSTICE CENTER 40 RECTOR ST NEW YORK, NY 10006	13-3442022	501(C)(3)	15,000.	0.			GENERAL SUPPORT
VIBE THEATER EXPERIENCE 1000 DEAN STREET, SUITE 232 BROOKLYN, NY 11238	20-0482372	501(C)(3)	45,000.	0.			GENERAL SUPPORT
VOCAL, NEW YORK (VOICES OF COMMUNITY ACTIVISTS & LEADERS) - 80-A FOURTH AVE - BROOKLYN, NY 11217	13-4081271	501(C)(3)	50,000.	0.			GENERAL SUPPORT

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
VOLUNTEERS OF LEGAL SERVICE 40 WORTH STREET, SUITE 820 NEW YORK, NY 10013	13-3234630	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WEEKSVILLE HERITAGE CENTER P.O. BOX 130120 ST. JOHN'S STATION BROOKLYN, NY 11213	23-7330454	501(C)(3)	25,000.	0.			GENERAL SUPPORT
YEMENI AMERICAN MERCHANTS ASSOCIATION - 6740 5TH AVE - BROOKLYN, NY 11209	82-3539502	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YOUNG NEW YORKERS 177 LIVINGSTON STREET, 7TH FLOOR BROOKLYN, NY 11201	11-3305406	501(C)(3)	45,000.	0.			GENERAL SUPPORT
YOUTH REPRESENT 11 PARK PLACE, SUITE 1512 NEW YORK, NY 10007	20-8034010	501(C)(3)	45,000.	0.			GENERAL SUPPORT
FAIR COUNT, INC. P.O. BOX 170382 ATLANTA, GA 30317 ATLANTA, NY 30317	58-2421574	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALEX HOUSE PROJECT 76 LORRAINE STREET BROOKLYN, NY 11231	47-5488301	501(C)(3)	12,500.	0.			DAF
ALLINBKLYN 1000 DEAN STREET, SUITE 307 BROOKLYN, NY 11238	11-3422729	501(C)(3)	10,000.	0.			DAF
ARAB-AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET, 3RD FLOOR - BROOKLYN, NY 11201	11-3165045	501(C)(3)	20,000.	0.			DAF

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
ART OMI, INC. 1405 COUNTY ROUTE 22 GHENT, NY 12075-3809	13-3641616	501(C)(3)	5,000.	0.			DAF
ATLAS SERVICE CORPS, INC. 99 M ST SE 4TH FLOOR, ATTN: DEVELOPMENT - WASHINGTON, DC, DC 20003	76-0834735	501(C)(3)	9,000.	0.			DAF
ATLAS: DIY 462 36TH STREET, SUITE PHB BROOKLYN, NY 11232	45-4316117	501(C)(3)	5,000.	0.			DAF
AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE STREET, SUITE 300 AUSTIN, TX 78751	74-1934031	501(C)(3)	25,000.	0.			DAF
BEAM CENTER 230 GARFIELD PLACE, #1 BROOKLYN, NY 11215	45-4273449	501(C)(3)	9,000.	0.			DAF
BEND THE ARC: A JEWISH PARTNERSHIP FOR JUSTICE - 330 SEVENTH AVENUE, SUITE 1900 - NEW YORK, NY 10001	52-1332694	501(C)(3)	15,000.	0.			DAF
BERKELEY CARROLL SCHOOL 181 LINCOLN PLACE BROOKLYN, NY 11217	11-2611384	501(C)(3)	20,000.	0.			DAF
BROOKLYN ACADEMY OF MUSIC 30 LAFAYETTE AVENUE BROOKLYN, NY 11217	11-2201344	501(C)(3)	50,000.	0.			DAF
BROOKLYN BOTANIC GARDEN 1000 WASHINGTON AVENUE BROOKLYN, NY 11225	11-2415038	501(C)(3)	5,000.	0.			DAF

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 BRIDGE PARK CONSERVANCY, INC. - 334 FURMAN ST - BROOKLYN, NY 11201	13-3277651	501(C)(3)	5,000.	0.			DAF
BROOKLYN COMMUNITY BAIL FUND 195 MONTAGUE STREET, 14TH FLOOR BROOKLYN, NY 11201	90-1014588	501(C)(3)	5,000.	0.			DAF
BROOKLYN COMMUNITY HOUSING AND SERVICES INC. - 105 CARLTON AVENUE - BROOKLYN, NY 11205	11-2549027	501(C)(3)	15,000.	0.			DAF
BROOKLYN COMMUNITY SERVICES 285 SCHERMERHORN STREET BROOKLYN, NY 11217	11-1630780	501(C)(3)	5,000.	0.			DAF
BROOKLYN HEIGHTS MONTESSORI SCHOOL 185 COURT STREET BROOKLYN, NY 11201	11-6044329	501(C)(3)	40,000.	0.			DAF
BROOKLYN MUSEUM 200 EASTERN PARKWAY BROOKLYN, NY 11238	11-1672743	501(C)(3)	232,500.	0.			DAF
BROOKLYN QUEENS LAND TRUST 677 LAFAYETTE AVENUE BROOKLYN, NY 11216	61-1441052	501(C)(3)	10,000.	0.			DAF
BROOKLYN WORKFORCE INNOVATIONS 621 DEGRAW ST BROOKLYN, NY 11217	11-3111694	501(C)(3)	24,000.	0.			DAF
CASA-NYC 48 WALL STREET, SUITE 1100 NEW YORK, NY 10005	13-3170087	501(C)(3)	5,000.	0.			DAF

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 COURT INNOVATION 520 8TH AVENUE, 18TH FLOOR NEW YORK, NY 10018	13-2612524	501(C)(3)	15,000.	0.			DAF
CITY LIVING NY 1741 73RD STREET BROOKLYN, NY 11204	47-4998799	501(C)(3)	13,000.	0.			DAF
CITYMEALS ON WHEELS 355 LEXINGTON AVE, 3RD FLOOR NEW YORK, NY 10017	13-3634381	501(C)(3)	7,500.	0.			DAF
CLAREMONT MCKENNA COLLEGE 101 SOUTH MILLS AVENUE CLAREMONT, CA 91711	95-1664101	501(C)(3)	10,000.	0.			DAF
CONEXION AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	62-1715618	501(C)(3)	40,000.	0.			DAF
CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	10,500.	0.			DAF
CORO NEW YORK LEADERSHIP CENTER 42 BROADWAY, 1827-35 NEW YORK, NY 10004	13-3571610	501(C)(3)	18,000.	0.			DAF
CRAFT EMERGENCY RELIEF FUND 535 STONE CUTTERS WAY, SUITE 202 MONTPELIER, VT 05602	13-3273980	501(C)(3)	100,000.	0.			DAF
CROTCHED MOUNTAIN FOUNDATION 1 VERNEY DRIVE GREENFIELD, NH 03047	02-0220168	501(C)(3)	25,000.	0.			DAF

Taxpayer Copy

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
CUSTOM COLLABORATIVE 102 BRADHURST AVE NEW YORK, NY 10039	47-5036606	501(C)(3)	13,000.	0.			DAF
DARTMOUTH COLLEGE C/O GIFT RECORDING OFFICE A20WF, 6066 DEVELOPMENT OFFICE - HANOVER, NH 03755	02-0222111	501(C)(3)	5,000.	0.			DAF
EMMA'S TORCH 345 SMITH STREET BROOKLYN, NY 11231	81-3651292	501(C)(3)	29,000.	0.			DAF
EUREKA SPRINGS DOWNTOWN NETWORK PO BOX 144 EUREKA SPGS, AR 72632	26-4332678	501(C)(3)	40,000.	0.			DAF
EXTREME KIDS AND CREW INC 71 SULLIVAN ST BROOKLYN, NY 11231	35-2392415	501(C)(3)	50,000.	0.			DAF
FLATBUSH TENANT COALITION 1616 NEWKIRK AVENUE BROOKLYN, NY 11226	51-0188251	501(C)(3)	9,000.	0.			DAF
FOOD BANK FOR NEW YORK CITY 39 BROADWAY NEW YORK, NY 10006	13-3179546	501(C)(3)	5,000.	0.			DAF
FRIENDS OF FLORENCE 4545 W STREET NORTHWEST WASHINGTON, DC 20007	91-1878427	501(C)(3)	5,000.	0.			DAF
FUND FOR THE CITY OF NEW YORK INC 121 SIXTH AVENUE 6TH FL NEW YORK, NY 10013	13-2610524	501(C)(3)	25,000.	0.			DAF

Taxpayer Copy

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
GIRL BE HEARD INSTITUTE 20 JAY STREET, SUITE 209 BROOKLYN, NY 11201	27-1848709	501(C)(3)	24,000.	0.			DAF
GOWANUS CANAL CONSERVANCY 543 UNION STREET, SUITE 1E BROOKLYN, NY 11215	26-0681729	501(C)(3)	14,000.	0.			DAF
HARLEM EDUCATIONAL ACTIVITIES FUND (HEAF) - 2090 ADAM CLAYTON POWELL JR. BLVD, 10TH FLOOR - NEW YORK, NY 10027	13-3568672	501(C)(3)	14,000.	0.			DAF
HATUA NETWORK 11 POLHEMUS PLACE BROOKLYN, NY 11215	82-3586544	501(C)(3)	15,000.	0.			DAF
HEIGHTS AND HILLS 81 WILLOUGHBY ST., SUITE 302 BROOKLYN, NY 11201	23-7237927	501(C)(3)	24,000.	0.			DAF
HISTORIC HUGUENOT STREET 88 HUGUENOT STREET NEW PALTZ, NY 12561	14-6030196	501(C)(3)	6,000.	0.			DAF
HUDSON HALL 327 WARREN STREET HUDSON, NY 12534	45-4129648	501(C)(3)	10,000.	0.			DAF
JABBERWOCKY STUDIOS 1308 GRAND AVE COLUMBIA, MO 65203	47-2402289	501(C)(3)	40,000.	0.			DAF
JEREMIAH PROGRAM 519 ROCKAWAY AVENUE BROOKLYN, NY 11212	41-1881834	501(C)(3)	0,000.	0.			DAF

Taxpayer Copy

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
KINGS AGAINST VIOLENCE INITIATIVE 451 CLARKSON AVENUE, SUITE A-7221 BROOKLYN, NY 11203	81-1626947	501(C)(3)	24,000.	0.			DAF
KINGS COUNTY TENNIS LEAGUE 50 GREENE AVE, #4F BROOKLYN, NY 11238	27-3170420	501(C)(3)	31,500.	0.			DAF
LIFT (LEGAL INFORMATION FOR FAMILIES TODAY) - 32 COURT STREET, SUITE 1208 - BROOKLYN, NY 11201	13-3910567	501(C)(3)	36,000.	0.			DAF
MADE IN BROWNSVILLE 47 BELMONT AVE BROOKLYN, NY 11212	81-0693987	501(C)(3)	27,000.	0.			DAF
MISSISSIPPI VOTES 1748 UNIVERSITY BOULEVARD JACKSON, MS 39204	82-1014316	501(C)(3)	5,000.	0.			DAF
MUSICAMBA 271 HALSEY STREET, APT 3R BROOKLYN, NY 11216	47-2158595	501(C)(3)	10,000.	0.			DAF
NEW RENAISSANCE BASKETBALL ASSOCIATION INC - 261 5TH AVENUE 2ND FLOOR - NEW YORK, NY 10016	45-3539495	501(C)(3)	20,000.	0.			DAF
NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION INC - 16 COURT STREET, SUITE 600 - BROOKLYN, NY 11201	11-2529356	501(C)(3)	5,000.	0.			DAF
NEW YORK ON TECH 25 BROADWAY, 12TH FLOOR NEW YORK, NY 10004	46-5335901	501(C)(3)	10,500.	0.			DAF

Taxpayer Copy

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
NEW YORK WOMEN'S FOUNDATION 39 BROADWAY, 23RD FLOOR NEW YORK, NY 10006	13-3457287	501(C)(3)	5,000.	0.			DAF
NPOWER (NON-PROFIT) 55 WASHINGTON STREET, SUITE 560 BROOKLYN, NY 11201	13-4145441	501(C)(3)	5,000.	0.			DAF
NYC KIDS RISE 27-01 QUEENS PLAZA N, FL 13 LONG ISLAND CITY, NY 11101	81-4526739	501(C)(3)	15,000.	0.			DAF
ONE WORLD CHILDREN'S FUND 3108 GLENDALE BOULEVARD, #506 LOS ANGELES, CA 90039	77-0479205	501(C)(3)	20,000.	0.			DAF
OPENING ACT INC 81 PROSPECT STREET BROOKLYN, NY 11201	13-4127500	501(C)(3)	12,000.	0.			DAF
OUTER COAST PO BOX 6573 SITKA, AK 99835	82-3228207	501(C)(3)	5,000.	0.			DAF
PACKER COLLEGIATE INSTITUTE 170 JORALEMON STREET BROOKLYN, NY 11201	11-1633522	501(C)(3)	202,000.	0.			DAF
PARTNERSHIP FOR THE HOMELESS 305 SEVENTH AVENUE, 13TH FLOOR NEW YORK, NY 10001	13-3732698	501(C)(3)	9,000.	0.			DAF
PEACEPLAYERS 1200 NEW HAMPSHIRE AVE NW, SUITE 827 WASHINGTON, DC 20036	52-2270002	501(C)(3)	5,000.	0.			DAF

Taxpayer Copy

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
POWER OF TWO THE FUND FOR THE CITY OF NEW YORK, 121 AVENUE OF THE AMERICAS - NEW YORK, NY	13-2612425	501(C)(3)	13,000.	0.			DAF
PREPARING LEADERS OF TOMORROW (PLOT) - P.O. BOX 22663 - BROOKLYN, NY 11202	46-4738726	501(C)(3)	9,000.	0.			DAF
PROSPECT PARK ALLIANCE, INC. 95 PROSPECT PARK WEST BROOKLYN, NY 11215	11-2843763	501(C)(3)	22,500.	0.			DAF
PROVIDENCE HOUSE INC. 703 LEXINGTON AVENUE BROOKLYN, NY 11221	11-2594653	501(C)(3)	5,000.	0.			DAF
PURSUIT TRANSFORMATION COMPANY INC. - 47-10 AUSTELL PLACE, 2ND FLOOR - LONG ISLAND CITY, NY 11101	61-1652332	501(C)(3)	10,000.	0.			DAF
READ 718 420 ATLANTIC AVE. BROOKLYN, NY 11217	46-4080472	501(C)(3)	41,629.	0.			DAF
RHODE ISLAND SCHOOL OF DESIGN TWO COLLEGE STREET PROVIDENCE, RI 02903	05-0258956	501(C)(3)	40,000.	0.			DAF
ROOSEVELT ROW COMMUNITY DEVELOPMENT CORPORATION - 922 N FIFTH ST - PHOENIX, AZ 85004	20-5937475	501(C)(3)	40,000.	0.			DAF
SAFE PASSAGE PROJECT NEW YORK LAW SCHOOL, 185 WEST BROAD NEW YORK, NY 10013	46-2945011	501(C)(3)	22,000.	0.			DAF

Taxpayer Copy

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
SERVICE LEARNING PROJECT THE FUND FOR THE CITY OF NEW YORK, 121 AVENUE OF THE AMERICA - NEW YORK, NY	13-2612425	501(C)(3)	9,000.	0.			DAF
SOCIETY FOR PRESERVATION OF WEEKSVILLE & BEDFORD-STUYVESANT HI - 158 BUFFALO AVE - BROOKLYN, NY 11213	23-7330454	501(C)(3)	5,000.	0.			DAF
SOUTHERN COLORADO ECONOMIC DEVELOPMENT DISTRICT INC - 121 W CITY CENTER DR STE 200 - PUEBLO, CO 81003	23-7103101	501(C)(3)	40,000.	0.			DAF
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	5,000.	0.			DAF
ST. ANN'S WAREHOUSE 45 WATER STREET BROOKLYN, NY 11201	11-2665242	501(C)(3)	15,000.	0.			DAF
ST. GEORGE'S SCHOOL 372 PURGATORY ROAD MIDDLETOWN, RI 02842	05-0259009	501(C)(3)	7,500.	0.			DAF
STATEN ISLAND URBAN CENTER P.O. BOX 100018 STATEN ISLAND, NY 10301	37-1833463	501(C)(3)	9,500.	0.			DAF
THE BROOKLYN HISTORICAL SOCIETY 128 PIERREPONT STREET BROOKLYN, NY 11201	11-1630813	501(C)(3)	25,000.	0.			DAF
THE GRADUATE CENTER CUNY 365 5TH AVE NEW YORK, NY 10016	13-3210419	501(C)(3)	15,000.	0.			DAF

Taxpayer Copy

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
THE HOPE PROGRAM 1 SMITH STREET, 4TH FLOOR BROOKLYN, NY 11201	13-3268539	501(C)(3)	90,000.	0.			DAF
TRUST FOR PUBLIC LAND 666 BROADWAY, 9TH FLOOR NEW YORK, NY 10012	23-7222333	501(C)(3)	15,000.	0.			DAF
THEATRE FOR A NEW AUDIENCE 154 CHRISTOPHER STREET, SUITE 3D NEW YORK, NY 10014	13-3059081	501(C)(3)	25,000.	0.			DAF
THUNDER VALLEY COMMUNITY DEVELOPMENT CORP. - P.O. BOX 290 - PORCUPINE, SD 57772	20-8090454	501(C)(3)	5,000.	0.			DAF
UNIVERSITY OF GEORGIA FOUNDATION 394 S MILLEDGE AVE ATHENS, GA 30605	58-6033837	501(C)(3)	20,000.	0.			DAF
UNIVERSITY OF WASHINGTON 407 GERBERDING HALL, BOX 351210 SEATTLE, WA 98195	94-3079432	501(C)(3)	20,000.	0.			DAF
UPBEAT NYC 287 EAST 139TH STREET, 2ND FLOOR THE BRONX, NY 10454	27-2232366	501(C)(3)	11,000.	0.			DAF
VERNON AVENUE PROJECT 677 LAFAYETTE AVENUE BROOKLYN, NY 11216	27-2995249	501(C)(3)	10,000.	0.			DAF
WALKILL VALLEY LAND TRUST P.O. BOX 208 NEW PALTZ, NY 12561	22-2865070	501(C)(3)	5,000.	0.			DAF

Taxpayer Copy

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
WORLD CENTRAL KITCHEN 1875 CONNECTICUT AVENUE NW, 2ND FL WASHINGTON, DC 20009	27-3521132	501(C)(3)	50,000.	0.			DAF
WYCKOFF HOUSE MUSEUM 5816 CLARENDON ROAD BROOKLYN, NY 11203	11-2615053	501(C)(3)	9,000.	0.			DAF
YA-YA NETWORK 224 WEST 29TH STREET, 14TH FL NEW YORK, NY 10001	47-1422209	501(C)(3)	75,000.	0.			DAF
YOU GOTTA BELIEVE THE OLDER CHILD ADOPTION AND PERMANENCY MOVEMENT - 3114 MERMAID AVENUE - BROOKLYN, NY 11224	11-3272603	501(C)(3)	13,500.	0.			DAF

Taxpayer Copy

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.

Taxpayer Copy

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

Taxpayer Copy

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CECILIA CLARKE PRESIDENT & CEO	(i)	212,246.	0.	0.	15,918.	28,475.	256,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH SHANNON CHIEF OPERATING OFFICER	(i)	157,673.	0.	0.	11,825.	28,303.	197,801.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Taxpayer Copy

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Taxpayer Copy

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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 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	778,341. 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 IV, Donee Acknowledgement **29**

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.

	Yes	No
30a		X
31	X	
32a		X

Taxpayer Copy

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.

Taxpayer Copy

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

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

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.

Taxpayer Copy

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

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

IMMIGRANT RIGHTS FUND, STRATEGIC OPPORTUNITY FUND, AND EMPLOYEE

MATCHING GIFTS

EXPENSES \$ 666,479. INCLUDING GRANTS OF \$ 513,782. 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:

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



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

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.

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.

Taxpayer Copy