

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

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:	<b>C</b> Name of organization BROOKLYN COMMUNITY FOUNDATION	<b>D</b> Employer identification number 11-3422729
Address change	Doing business as	<b>E</b> Telephone number 718-480-7500
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 DEAN STREET 307	
Initial return	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11238	<b>G</b> Gross receipts \$ 50,086,544.
Final return/terminated	<b>F</b> Name and address of principal officer: MICHAEL GILLESPIE SAME AS C ABOVE	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
Amended return		<b>H(b)</b> Are all subordinates included? Yes No
Application pending	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	If "No," attach a list. See instructions
	<b>J</b> Website: WWW.BROOKLYNCOMMUNITYFOUNDATION.ORG	<b>H(c)</b> Group exemption number ▶
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	<b>L</b> Year of formation: 1998
		<b>M</b> State of legal domicile: DE

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: SPARK LASTING SOCIAL JUSTICE CHANGE, MOBILIZING PEOPLE, CAPITAL, & EXPERTISE FOR A FAIR BROOKLYN.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	22
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	27
	<b>6</b> Total number of volunteers (estimate if necessary)	6	31
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	39,581,310.	20,807,201.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,187,485.	15,372,245.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,194.	-68,646.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,787,989.	36,110,800.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,450,452.	12,040,313.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,544,290.	1,950,462.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,045,624.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,168,670.	1,591,882.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,163,412.	15,582,657.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	27,624,577.	20,528,143.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	117,862,940.	115,930,588.
	<b>21</b> Total liabilities (Part X, line 26)	2,050,789.	1,887,371.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	115,812,151.	114,043,217.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name ALEXANDER LAZZARUOLO	Preparer's signature <i>Alexander Lazzaruolo</i>
	Firm's name ▶ CONDON O'MEARA MCGINTY & DONNELLY LLP	Date 5/11/2023
	Firm's address ▶ ONE BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004	Check if self-employed <input type="checkbox"/> PTIN P01775353
		Firm's EIN ▶ 13-3628255
		Phone no. 212-661-7777

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 9,251,604. including grants of \$ 8,372,813. ) (Revenue \$ ) DONOR ADVISED FUNDS: THIS PROGRAM PROVIDES CUSTOMIZED SUPPORT, GUIDANCE AND SERVICES TO DONORS WHO OPEN A DONOR ADVISED FUND WITH THE FOUNDATION. IN FY22, THE FOUNDATION ISSUED OVER \$6 MILLION IN DONOR DIRECTED GRANTS - OVER 60% OF WHICH WENT TO BROOKLYN NONPROFITS.

4b (Code: ) (Expenses \$ 2,713,905. including grants of \$ 2,430,000. ) (Revenue \$ ) INVEST IN YOUTH GRANT PORTFOLIO: IN FY22, THE FOUNDATION INVESTED OVER \$2.43 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 SIXTH YEAR, ALLOWING YOUNG BROOKLYN RESIDENTS THE OPPORTUNITY TO BE COMMUNITY GRANTMAKERS.

4c (Code: ) (Expenses \$ 713,052. including grants of \$ 652,500. ) (Revenue \$ ) WELLNESS AND RECOVERY FUND: LAUNCHED IN 2021, SUPPORTS ORGANIZATIONS WORKING TO ENSURE THAT THOSE WHO NAVIGATE THE DIFFICULT ROAD OF SUBSTANCE ABUSE AND ADDICTION DO SO WITH RELIABLE SUPPORT THAT HONORS THEIR AGENCY AND DIGNITY. THE FUND IS PROVIDING OVER \$2.2 MILLION IN GRANTS FOR DIGNITY-CENTERED DIRECT SERVICES, EXPANSION AND INNOVATION OF HARM REDUCTION PROGRAMS AND SERVICES, AND SYSTEMS CHANGE EFFORTS FOCUSED ON AGENCY POLICIES AND SERVICE DELIVERY PROTOCOLS AND DIGNITY-CENTERED NARRATIVE SHIFTING WORK.

4d Other program services (Describe on Schedule O.) (Expenses \$ 640,159. including grants of \$ 585,000. ) (Revenue \$ 0. )

4e Total program service expenses 13,318,720.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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 on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MONIQUE NIEVES, COO - 718-480-7500
1000 DEAN STREET, 307, BROOKLYN, NY 11238

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH SHANNON FORMER COO	35.00					X	157,965.	0.	42,962.	
(2) MARCELLA TILLET FORMER VP PROGRAMS	35.00					X	145,667.	0.	23,102.	
(3) CECILIA CLARKE FORMER PRESIDENT & CEO	35.00			X			123,838.	0.	27,488.	
(4) LIANE STEGMAIER CHIEF OF STAFF	35.00					X	104,638.	0.	37,515.	
(5) JENNY WALSKI VP OF DONOR ENGAGEMENT	35.00					X	112,643.	0.	19,126.	
(6) NICOLE GUERON CO-CHAIR	1.00	X		X			0.	0.	0.	
(7) HARSHA G. MARTI CO-CHAIR	1.00	X		X			0.	0.	0.	
(8) SARAH WILLIAMS VICE CHAIR	1.00	X		X			0.	0.	0.	
(9) MICHAEL GILLESPIE TREASURER	1.00	X		X			0.	0.	0.	
(10) KATHARINE DARROW SECRETARY	1.00	X		X			0.	0.	0.	
(11) THOMAS BETTRIDGE DIRECTOR	1.00	X					0.	0.	0.	
(12) MICHELLE DEFOSETT DIRECTOR	1.00	X					0.	0.	0.	
(13) LESLEIGH IRISH-UNDERWOOD DIRECTOR	1.00	X					0.	0.	0.	
(14) HILARY LEY JAGER DIRECTOR	1.00	X					0.	0.	0.	
(15) ZUL JAMAL DIRECTOR	1.00	X					0.	0.	0.	
(16) MAMIE KANFER STEWART DIRECTOR	1.00	X					0.	0.	0.	
(17) LAWANNA KIMBRO DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VIVIAN LIAO-KORICH DIRECTOR	1.00	X						0.	0.	0.
(19) NOA MEYER DIRECTOR	1.00	X						0.	0.	0.
(20) ANDI PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(21) CARLEY RONEY DIRECTOR	1.00	X						0.	0.	0.
(22) CONSTANCE SARGENT DIRECTOR	1.00	X						0.	0.	0.
(23) GABRIEL SCHWARTZ DIRECTOR	1.00	X						0.	0.	0.
(24) SHELLEY STEWART III DIRECTOR	1.00	X						0.	0.	0.
(25) SUSANNAH TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(26) RACHEL TIMONER DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								644,751.	0.	150,193.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								644,751.	0.	150,193.

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 5

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	330,505.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	20,476,696.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 6,192,067.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		20,807,201.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		855,761.		855,761.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				28,370,212.			
	<b>7 b</b>	Less: cost or other basis and sales expenses		13,853,728.			
	<b>7 c</b>	Gain or (loss)		14,516,484.			
	<b>d</b>	Net gain or (loss)		14,516,484.		14,516,484.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 330,505. of contributions reported on line 1c). See Part IV, line 18		28,200.				
		<b>8 b</b>	Less: direct expenses	122,016.			
<b>c</b>	Net income or (loss) from fundraising events		-93,816.		-93,816.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9 b</b>	Less: direct expenses				
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10 b</b>	Less: cost of goods sold				
		<b>c</b>	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	<b>11 a</b>	OTHER	900099	25,170.		25,170.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		25,170.			
<b>12</b>	<b>Total revenue.</b> See instructions		36,110,800.	0.	0.	15,303,599.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	12,040,313.	12,040,313.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	169,426.	74,132.	35,792.	59,502.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,384,032.	603,985.	292,314.	487,733.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,005.	38,639.	18,022.	28,344.
<b>9</b> Other employee benefits .....	198,137.	90,062.	42,008.	66,067.
<b>10</b> Payroll taxes .....	113,862.	51,756.	24,140.	37,966.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	24,771.	7,701.	13,210.	3,860.
<b>c</b> Accounting .....	48,224.	14,992.	25,718.	7,514.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	223,953.		223,953.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	590,703.	183,639.	315,019.	92,045.
<b>12</b> Advertising and promotion .....	73,853.	11,875.	1,544.	60,434.
<b>13</b> Office expenses .....	233,851.	67,614.	88,684.	77,553.
<b>14</b> Information technology .....	200,017.	80,777.	48,778.	70,462.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	111,530.	48,731.	21,507.	41,292.
<b>17</b> Travel .....	8,423.	1,438.	6,693.	292.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	43,976.	2,439.	33,169.	8,368.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	17,654.		17,654.	
<b>23</b> Insurance .....	14,927.	627.	10,108.	4,192.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,582,657.	13,318,720.	1,218,313.	1,045,624.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,063,951.	<b>1</b>	2,329,163.
	<b>2</b> Savings and temporary cash investments .....	21,006,040.	<b>2</b>	10,352,563.
	<b>3</b> Pledges and grants receivable, net .....	411,687.	<b>3</b>	156,936.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	17,269.	<b>9</b>	30,179.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 612,826.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 586,346.	44,134.	<b>10c</b> 26,480.
	<b>11</b> Investments - publicly traded securities .....	59,845,107.	<b>11</b>	64,717,069.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	35,429,977.	<b>12</b>	38,251,867.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	44,775.	<b>15</b>	66,331.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	117,862,940.	<b>16</b>	115,930,588.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	261,638.	<b>17</b>	303,701.
	<b>18</b> Grants payable .....	1,758,292.	<b>18</b>	1,561,250.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	30,859.	<b>25</b>	22,420.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,050,789.	<b>26</b>	1,887,371.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	113,120,604.	<b>27</b>	112,195,165.
	<b>28</b> Net assets with donor restrictions .....	2,691,547.	<b>28</b>	1,848,052.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	115,812,151.	<b>32</b>	114,043,217.
<b>33</b> Total liabilities and net assets/fund balances .....	117,862,940.	<b>33</b>	115,930,588.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	36,110,800.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,582,657.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	20,528,143.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	115,812,151.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-22,297,077.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	114,043,217.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form **990** (2021)



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15,910,850.	6,012,094.	7,423,751.	39,581,310.	20,807,201.	89,735,206.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15,910,850.	6,012,094.	7,423,751.	39,581,310.	20,807,201.	89,735,206.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						12,488,292.
<b>6 Public support.</b> Subtract line 5 from line 4.						77,246,914.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	15,910,850.	6,012,094.	7,423,751.	39,581,310.	20,807,201.	89,735,206.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	813,165.	950,150.	239,465.	560,999.	855,761.	3,419,540.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	11,010.	19,699.		8,694.	25,170.	64,573.
<b>11 Total support.</b> Add lines 7 through 10						93,219,319.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	82.87 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	83.42 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

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

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

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

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

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

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

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

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

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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.)

PART II - SECTION A - LINE 1

PLEASE BE ADVISED THAT FOR THE PERIOD ENDED JUNE 30, 2020 BCF FILED A

SHORT PERIOD RETURN (JANUARY 1, 2020 THROUGH JUNE 30, 2020) UTILIZING

THE 2020 FORM 990. FOR PURPOSES OF THE CURRENT YEAR FORM 990, SCHEDULE

A, PUBLIC SUPPORT TEST, THE CALCULATION HAS BEEN DERIVED BASED ON THE

PRIOR 5 YEARS, INCLUDING THE SHORT PERIOD. THEREFORE, THE PART II,

SCHEDULE A PUBLIC SUPPORT TEST HAS BEEN MODIFIED AS FOLLOWS:

2017 COLUMN - REPRESENTS DECEMBER 31, 2018

2018 COLUMN - REPRESENTS DECEMBER 31, 2019

2019 COLUMN - REPRESENTS JUNE 30, 2020 SHORT PERIOD (JANUARY 1, 2020 THROUGH JUNE 30, 2020)

2020 COLUMN - REPRESENTS JUNE 30, 2021

2021 COLUMN - REPRESENTS JUNE 30, 2022

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

2021

Open to Public Inspection

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

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

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

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

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

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

Form with sections 1a-1b and 2. 1a: Footnote for public exhibition. 1b: Amounts for art collection (revenue/assets). 2: Amounts for art held for financial gain (revenue/assets).

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		130,422.	110,858.	19,564.
d Equipment		482,404.	475,488.	6,916.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,480.

**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	5,000,888.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	32,889,841.	END-OF-YEAR MARKET VALUE
(C) BANK DEPOSIT AGREEMENTS	361,138.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	38,251,867.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	22,420.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	22,420.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	13,711,786.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-22,297,077.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	122,016.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-22,175,061.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	35,886,847.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	223,953.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	223,953.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	36,110,800.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,480,720.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	122,016.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	122,016.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,358,704.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	223,953.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	223,953.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	15,582,657.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT COST OF SPECIAL EVENT 122,016.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT COST OF SPECIAL EVENT 122,016.



**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))
		SPARK PRIZE BREAKFAST (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	358,705.		358,705.
	2	Less: Contributions	330,505.		330,505.
	3	Gross income (line 1 minus line 2)	28,200.		28,200.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	43,725.		43,725.
	7	Food and beverages	19,185.		19,185.
	8	Entertainment			
	9	Other direct expenses	59,106.		59,106.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			122,016.
11	Net income summary. Subtract line 10 from line 3, column (d)			-93,816.	

**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: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

**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 criteria used to award the grants or assistance? .....
- 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance
AFTER HOURS PROJECT 1204 BROADWAY BROOKLYN, NY 11221	33-1007278		72,500.	0.		
AMERICA ON TECH 25 BROADWAY BROOKLYN, NY 11208	46-5336001		45,000.	0.		
ARAB AMERICAN ASSOCIATION OF NEW YORK - 7111 5TH AVENUE - BROOKLYN, NY 11209	11-3604756		6,250.	0.		
ARAB AMERICAN ASSOCIATION OF NEW YORK - 7111 5TH AVENUE - BROOKLYN, NY 11209	11-3604756		45,000.	0.		
ARAB AMERICAN ASSOCIATION OF NEW YORK - 7111 5TH AVENUE - BROOKLYN, NY 11209	11-3604756		70,000.	0.		
ARAB-AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET, 3RD FLOOR - BROOKLYN, NY 11201	11-3167245		6,250.	0.		

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
ARAB-AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET, 3RD FLOOR - BROOKLYN, NY 11201	11-3167245		45,000.	0.		
AUDRE LORDE PROJECT 85 SOUTH OXFORD ST. BROOKLYN, NY 11217	06-1502452		45,000.	0.		
BLACK WOMEN'S BLUEPRINT 279 EMPIRE BOULEVARD BROOKLYN, NY 11225	27-1308862		6,250.	0.		
BLACK WOMEN'S BLUEPRINT 279 EMPIRE BOULEVARD BROOKLYN, NY 11225	27-1308862		45,000.	0.		
BLACK WOMEN'S BLUEPRINT 279 EMPIRE BOULEVARD BROOKLYN, NY 11225	27-1308862		70,000.	0.		
BROOKLYN COLLEGE COMMUNITY PARTNERSHIP - 241 EMERSON PLACE - BROOKLYN, NY 11225	13-1988190		45,000.	0.		
BROOKLYN COMMUNITY CULINARY CENTER 69 BELMONT AVENUE BROOKLYN, NY 11212	47-3901620		6,250.	0.		
BROOKLYN COMMUNITY CULINARY CENTER 69 BELMONT AVENUE BROOKLYN, NY 11212	47-3901620		45,000.	0.		
BROOKLYN COMMUNITY HOUSING & SERVICES, INC. - 105 CARLTON AVENUE - BROOKLYN, NY 11205	11-2549027		72,500.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
BROOKLYN LEGAL SERVICES CORPORATION A - 260 BROADWAY - BROOKLYN, NY 11211	13-2605599		6,250.	0.		
BROOKLYN MOVEMENT CENTER 375 STUYVESANT AVENUE BROOKLYN, NY 11223	13-2612524		70,000.	0.		
BROOKLYN MOVEMENT CENTER 375 STUYVESANT AVENUE BROOKLYN, NY 11223	13-2612524		50,000.	0.		
BROWNSVILLE COMMUNITY JUSTICE CENTER - 50 BELMONT AVENUE - BROOKLYN, NY 11212	13-2612524		45,000.	0.		
BROWNSVILLE COMMUNITY JUSTICE CENTER - 50 BELMONT AVENUE - BROOKLYN, NY 11212	13-2612524		45,000.	0.		
BUILDING BEATS 37 NORTH 15TH STREET BROOKLYN, NY 11222	46-1233303		45,000.	0.		
CARIBBEAN WOMEN'S HEALTH ASSOCIATION, INC. - 3512 CHURCH AVENUE - BROOKLYN, NY 11203	13-3323168		45,000.	0.		
CARROLL GARDENS ASSOCIATION 201 COLUMBIA STREET BROOKLYN, NY 11231	11-2573432		45,000.	0.		
CASA-NYC 48 WALL STREET NEW YORK, NY 10005-2907	13-3172387		45,000.	0.		



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
CENTER FOR COMMUNITY ALTERNATIVES 25 CHAPEL STREET BROOKLYN, NY 11201	16-1395992		6,250.	0.		
CENTER FOR LAW AND SOCIAL JUSTICE 230 WEST 41ST STREET NEW YORK, NY 11036	13-1988190		70,000.	0.		
CENTER FOR NULEADERSHIP ON HUMAN JUSTICE AND HEALING - 7 MARCUS GARVEY BLVD - BROOKLYN, NY 11206	45-4968344		6,250.	0.		
CENTER FOR NULEADERSHIP ON HUMAN JUSTICE AND HEALING - 7 MARCUS GARVEY BLVD - BROOKLYN, NY 11206	45-4968344		45,000.	0.		
CENTER FOR URBAN PEDAGOGY 232 THIRD STREET #D201 BROOKLYN, NY 11215	11-3625306		45,000.	0.		
COMMUNITY COUNSELING AND MEDIATION 25 ELM PL NEW YORK, NY 11201	11-2675243		72,500.	0.		
COUNCIL OF PEOPLES ORGANIZATION INC. - 1081 CONEY ISLAND AVE - BROOKLYN, NY 11230	75-3046891		45,000.	0.		
DIGNITY IN SCHOOLS CAMPAIGN 90 JOHN STREET NEW YORK, NY 10038	73-1714118		45,000.	0.		
DOCUMENTED 1000 DEAN STREET BROOKLYN, NY 10025	83-3036502		45,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
DRIVE CHANGE INC 630 FLUSHING AVENUE BROOKLYN, NY 11206	46-4691123		45,000.	0.		
DRUM - DESIS RISING UP & MOVING 72-18 ROOSEVELT AVENUE JACKSON HEIGHTS, NY 11372	38-3652741		45,000.	0.		
EDUCATIONAL VIDEO CENTER 16 CLARKSON STREET #40 NEW YORK CITY, NY 10014	13-3378456		45,000.	0.		
EL PUENTE DE WILLIAMSBURG 211 SOUTH 4TH STREET BROOKLYN, NY 11211	11-2614265		45,000.	0.		
EXTREME KIDS & CREW 185 VAN DYKE STREET BROOKLYN, NY 11213	35-2392415		6,250.	0.		
FIFTH AVENUE COMMITTEE, INC. 621 DEGRAW STREET BROOKLYN, NY 11217	11-3059958		45,000.	0.		
FLANBWAYAN HAITIAN LITERACY PROJECT - 208 PARKSIDE AVENUE 2ND FLOOR - BROOKLYN, NY 11226	27-0974276		45,000.	0.		
FLATBUSH DEVELOPMENT CORPORATION (FDC) - 1616 NEWKIRK AVENUE - BROOKLYN, NY 11226	51-0188251		45,000.	0.		
FLEX DANCE PROGRAM INC. 154 GRAND STREET BROOKLYN, NY 11249	83-2687947		45,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
FOOTSTEPS 114 JOHN STREET NEW YORK, NY 10272	20-0666923		45,000.	0.		
FREEDOM TO THRIVE PO BOX 33167 PORTLAND, NY 10001	93-1181863		45,000.	0.		
GENSPACE NYC 140 32ND ST SUITE 108 BROOKLYN, NY 11232	27-0947943		45,000.	0.		
GIRL BE HEARD 20 JAY STREET BROOKLYN, NY 11201	27-1848709		6,250.	0.		
GIRL BE HEARD 20 JAY STREET BROOKLYN, NY 11201	27-1848709		45,000.	0.		
GIRLS FOR GENDER EQUITY 25 CHAPEL STREET BROOKLYN, NY 11201	04-3697166		70,000.	0.		
GIRLS FOR GENDER EQUITY 25 CHAPEL STREET BROOKLYN, NY 11201	04-3697166		45,000.	0.		
GLOBAL TRAUMA RESEARCH INC 2329 NOSTRAND AVE STE 100 BROOKLYN, NY 11210	47-2294632		72,500.	0.		
GOOD CALL NYC CO 81 WILLOUGHBY ST BROOKLYN, NY 11201	82-1011857		6,250.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
GOOD CALL NYC CO 81 WILLOUGHBY ST BROOKLYN, NY 11201	82-1011857		45,000.	0.		
GREEN CITY FORCE 630 FLUSHING AVE 8TH FLOOR BROOKLYN, NY 11206	80-0428040		45,000.	0.		
GREEN GUERILLAS, INC 232 EAST 11TH STREET NEW YORK, NY 10003	13-2903183		45,000.	0.		
GRIOT CIRCLE 25 FLATBUSH AVE FL 5 BROOKLYN, NY 11217	11-3364328		45,000.	0.		
GROUNDSWELL COMMUNITY MURAL PROJECT - 540 PRESIDENT STREET - BROOKLYN, NY 11215	11-3427213		6,250.	0.		
GROUNDSWELL COMMUNITY MURAL PROJECT - 540 PRESIDENT STREET - BROOKLYN, NY 11215	11-3427213		45,000.	0.		
GROUNDSWELL COMMUNITY MURAL PROJECT - 540 PRESIDENT STREET - BROOKLYN, NY 11215	11-3427213		70,000.	0.		
GROW BROOKLYN 1474 MYRTLE AVE BROOKLYN, NY 11237	26-1410513		6,250.	0.		
GROW BROOKLYN 1474 MYRTLE AVE BROOKLYN, NY 11237	26-1410513		45,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
HAITIAN WOMEN FOR HAITIAN REFUGEES 3116 CLARENDON ROAD BROOKLYN, NY 11226	13-2590548		45,000.	0.		
HOUSINGPLUS 315 LINWOOD STREET BROOKLYN, NY 11208	13-4200638		72,500.	0.		
IFETAYO CULTURAL ARTS ACADEMY, INC 629 EAST 35TH STREET BROOKLYN, NY 11203	11-3027538		45,000.	0.		
IMMSCHOOLS 25 BROADWAY 12TH FLOOR NEW YORK, NY 10001	82-3350805		45,000.	0.		
INTEGRATENYC INC 726 BROADWAY FLOOR 5 NEW YORK, NY 10003	83-0639869		70,000.	0.		
INTEGRATENYC INC 726 BROADWAY FLOOR 5 NEW YORK, NY 10003	83-0639869		45,000.	0.		
JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND - 3001 W 37TH ST - BROOKLYN, NY 11224	11-2665181		10,000.	0.		
JEWS FOR RACIAL & ECONOMIC JUSTICE COMMUNITY (JFREJ) - 275 PARK AVE - BROOKLYN, NY 11205	13-3694790		45,000.	0.		
JUSTLEADERSHIPUSA 1900 LEXINGTON AVENUE NEW YORK, NY 10035	90-1019268		45,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
KINGS AGAINST VIOLENCE INITIATIVE, INC. (KAVI) - 451 CLARKSON AVENUE - BROOKLYN, NY 11201	81-1626947		45,000.	0.		
LANTERN COMMUNITY SERVICES 494 8TH AVENUE NEW YORK, NY 10001	13-3910692		72,500.	0.		
MADE IN BROWNSVILLE 47 BELMONT AVENUE BROOKLYN, NY 11212	81-0693987		45,000.	0.		
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389		45,000.	0.		
MEXICAN COALITION FOR THE EMPOWERMENT OF YOUTH & FAMILIES, INC. D/B/A MEXICAN CO - 389 EAST 150TH STREET - BRONX, NY 10455	46-2463951		45,000.	0.		
MIXTECA ORGANIZATION INC 245 23RD STREET BROOKLYN, NY 11215	11-3561651		6,250.	0.		
MIXTECA ORGANIZATION INC 245 23RD STREET BROOKLYN, NY 11215	11-3561651		45,000.	0.		
MORNINGSIDE CENTER FOR TEACHING SOCIAL RESPONSIBILITY - 475 RIVERSIDE DRIVE - NEW YORK, NY 10115	13-3185340		6,250.	0.		
MUSLIM COMMUNITY NETWORK 110 WALL STREET NEW YORK, NY 10005	75-3163555		70,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
MYRTLE AVENUE BROOKLYN DMA, INC. 472 MYRTLE AVE FL 2 BROOKLYN, NY 11205	20-2659913		45,000.	0.		
NEIGHBORHOOD HOUSING SERVICES OF BROOKLYN, CDC, INC. (NHS BROOKLYN) - 2806 CHURCH AVENUE - BROOKLYN, NY 11226	47-1169779		6,250.	0.		
NEW YORK CITY NETWORK OF WORKER COOPERATIVES (NYC NOWC) - 228 PARK AVENUE SOUTH - NEW YORK, NY 10003	20-2264584		6,250.	0.		
NEW YORK IMMIGRATION COALITION 131 WEST 33RD STREET NEW YORK, NY 10001	13-3573409		45,000.	0.		
NEW YORK STATE YOUTH LEADERSHIP COUNCIL - 217 CENTRE ST - NEW YORK, NY 10018	26-3599242		45,000.	0.		
NEW YORK THERAPEUTIC COMMUNITIES-STAY'N OUT - 266 WEST 37TH STREET - NEW YORK, NY 10018	13-2899442		72,500.	0.		
OSBORNE ASSOCIATION 809 WESTCHESTER AVE. BRONX, NY 10455	13-5563028		45,000.	0.		
PROJECT GUARDIANSHIP 320 JAY STREET BROOKLYN, NY 11201	84-5004265		45,000.	0.		
QUEER DETAINEE EMPOWERMENT PROJECT 505 8TH AVE. NEW YORK, NY 10018	16-0990318		45,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
RECESS ACTIVITIES, INC 46 WASHINGTON AVENUE BROOKLYN, NY 11202	27-1109399		45,000.	0.		
RED HOOK INITIATIVE 767 HICKS STREET BROOKLYN, NY 11231	20-3904662		45,000.	0.		
RELEASE AGING PEOPLE IN PRISON (RAPP) - 168 CANAL STREET - NEW YORK, NY 10018	13-5562324		45,000.	0.		
S.O.U.L SISTERS LEADERSHIP COLLECTIVE - 1951 NW 7TH AVE - MIAMI, FL 33136	47-3108951		45,000.	0.		
SADIE NASH LEADERSHIP PROJECT 4 WEST 43RD STREET NEW YORK, NY 10036	11-3633912		45,000.	0.		
SAFE PASSAGE PROJECT 185 WEST BROADWAY NEW YORK, NY 10013	46-2946211		45,000.	0.		
SAKHI FOR SOUTH ASIAN WOMEN P.O. BOX 1333 NEW YORK, NY 10018	13-3593806		45,000.	0.		
SAUTI YETU CENTER FOR AFRICAN WOMEN AND FAMILIES - P.O. BOX D - NEW YORK, NY 10034	20-1209795		45,000.	0.		
SPANISH SPEAKING ELDERLY COUNCIL-RAICES - 460 ATLANTIC AVENUE - BROOKLYN, NY 11217	11-2730462		45,000.	0.		



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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
STEM FROM DANCE 315 EMPIRE BOULEVARD #250562 BROOKLYN, NY 11225	46-1793936		45,000.	0.		
STREET VENDOR PROJECT URBAN JUSTICE CENTER, 40 RECTOR STREET, 9TH - NEW YORK CITY, NY 10006	13-3442022		45,000.	0.		
STUDENT DREAM 461 DEAN ST 6M BROOKLYN, NY 11217	47-1062643		45,000.	0.		
SURVEILLANCE TECHNOLOGY OVERSIGHT PROJECT (S.T.O.P.) - 40 RECTOR STREET 9TH - NEW YORK CITY, NY 10006	83-3646415		45,000.	0.		
THE ALI FORNEY CENTER 224 WEST 35TH STREET NEW YORK, NY 10001	30-0104507		72,500.	0.		
THE BLACK INSTITUTE 39 BROADWAY NEW YORK, NY 10006	27-1580786		70,000.	0.		
THE BRAVE HOUSE 40 RECTOR STREET NEW YORK, NY 10018	83-3670811		45,000.	0.		
THE BROWNSVILLE PARTNERSHIP PO BOX 3524 NEW YORK, NY 10008	83-2855002		45,000.	0.		
THE CENTER FOR ANTI-VIOLENCE EDUCATION - 327 7TH STREET - BROOKLYN, NY 11215	11-2444676		45,000.	0.		

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
THE FAMILY CENTER INC 493 NOSTRAND AVENUE BROOKLYN, NY 11216	13-3910716		72,500.	0.		
THE SOCIETY FOR THE PRESERVATION OF WEEKSVILLE AND BEDFORD-STUYVESANT HISTORY - 158 BUFFALO AVE - BROOKLYN, NY 11213	23-7330454		6,250.	0.		
THE SOCIETY FOR THE PRESERVATION OF WEEKSVILLE AND BEDFORD-STUYVESANT HISTORY - 158 BUFFALO AVE - BROOKLYN, NY 11213	23-7330454		50,000.	0.		
THEATRE OF THE OPPRESSED NYC 758 8TH AVENUE NEW YORK, NY 10036	45-4815944		45,000.	0.		
UNITED CHINESE ASSOCIATION OF BROOKLYN - 78 QUENTIN ROAD - BROOKLYN, NY 11223	37-1469112		45,000.	0.		
UNITED COMMUNITY CENTERS, INC 613 NEW LOTS AVENUE BROOKLYN, NY 11207	11-1950787		45,000.	0.		
UPROSE 462 36TH STREET BROOKLYN, NY 11232	11-2490531		45,000.	0.		
URBAN HOMESTEADING ASSISTANCE BOARD (UHAB) - 120 WALL STREET - NEW YORK, NY 10005	13-2902798		45,000.	0.		
URBAN YOUTH COLLABORATIVE 301 GROVE STREET BROOKLYN, NY 11237	11-3344389		45,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
VIBE THEATER EXPERIENCE 138 SOUTH OXFORD STREET BROOKLYN, NY 11217	20-0482372		45,000.	0.		
VOICES OF COMMUNITY ACTIVISTS AND LEADERS (VOCAL-NY) - 300 DOUGLASS STREET - BROOKLYN, NY 11217	13-4094385		70,000.	0.		
VOICES OF COMMUNITY ACTIVISTS AND LEADERS (VOCAL-NY) - 300 DOUGLASS STREET - BROOKLYN, NY 11217	13-4094385		72,500.	0.		
WORKERS JUSTICE PROJECT (WJP) 8973 BAY PARKWAY BROOKLYN, NY 11214	04-2261109		45,000.	0.		
WYCKOFF HOUSE MUSEUM 5816 CLARENDON ROAD BROOKLYN, NY 11203	11-2615053		45,000.	0.		
YOUNG NEW YORKERS 30 3RD AVENUE BROOKLYN, NY 11217	81-1465388		45,000.	0.		
YOUTH ADVOCACY CORPS 520 8TH AVENUE NEW YORK, NY 10018	13-3848582		45,000.	0.		
YOUTH JUSTICE NETWORK 63 WEST 125TH STREET 4TH FLOOR NEW YORK, NY 10027	13-3576756		45,000.	0.		
YOUTH REPRESENT 11 PARK PLACE NEW YORK, NY 10007	20-8034010		45,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
PRAXIS HOUSING INITIATIVES, INC. 130 WEST 29TH STREET NEW YORK, NY 10001	13-3832223		6,000.	0.		
ACTIVE MINDS INC 2001 S ST NW STE 630 WASHINGTON, DC 20009-1165	20-0587172		50,000.	0.		
AFRICAN VOICES COMMUNICATIONS INC 325 LAFAYETTE AVENUE, C.F. SUITE BROOKLYN, NY 11238	13-3687018		10,000.	0.		
AID TO INMATE MOTHERS POST OFFICE BOX 986 MONTGOMERY, AL 36101	63-1032194		20,000.	0.		
ALBUQUERQUE COMMUNITY FOUNDATION 624 TIJERAS AVENUE NW ALBUQUERQUE, NM 87102	85-0295444		50,000.	0.		
ALEX HOUSE PROJECT INC 76 LORRAINE ST BROOKLYN, NY 11231-2223	47-5488301		13,000.	0.		
ALSAC-ST JUDE'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	35-1044585		15,000.	0.		
AMERICA ON TECH 25 BROADWAY BROOKLYN, NY 11208	46-5336001		10,000.	0.		
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD ST - NEW YORK, NY 10004	13-6213516		20,000.	0.		

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ARAB-AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET - BROOKLYN, NY 11201	11-3167245		16,500.	0.		
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 36849-5601	63-6022422		85,790.	0.		
BAAD! BRONX ACADEMY OF ARTS AND DANCE/ARTHUR AVILES TYPICAL THEATRE - 2474 WESTCHESTER AVENUE - BRONX, NY 10461	13-3997265		10,000.	0.		
BEDFORD STUYVESANT RESTORATION CORPORATION - 1368 FULTON STREET - BROOKLYN, NY 11216	11-6083182		10,000.	0.		
BEND THE ARC: A JEWISH PARTNERSHIP FOR JUSTICE - 330 7TH AVE STE 1900 - NEW YORK, NY 10001-5010	52-1332694		45,000.	0.		
BLACK WOMEN'S BLUEPRINT PO BOX 24713 BROOKLYN, NY 11202-4713	27-1308862		16,000.	0.		
BLOCK ISLAND HEALTH SERVICES INC PO BOX 919 BLOCK ISLAND, RI 02807	22-2570482		10,000.	0.		
BOREALIS PHILANTHROPY P.O. BOX 3295 MINNEAPOLIS, MN 55403	46-4598642		125,000.	0.		
BOROUGH OF MANHATTAN COMMUNITY COLLEGE FOUNDATION INC - 199 CHAMBERS ST - NEW YORK, NY 10007	51-0187969		16,000.	0.		

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BRIDGE OVER TROUBLED WATERS, INC. 47 WEST STREET BOSTON, MA 02111	04-2472126		6,000.	0.		
BRIGHT COMMUNITY TRUST INC 2605 ENTERPRISE RD E STE 230 CLEARWATER, FL 33759	26-2352365		10,000.	0.		
BRONX COMMUNITY FOUNDATION 557 GRAND CONCOURSE STE 3, #125 BRONX, NY 10451	81-4237999		10,000.	0.		
BROOKLYN BOTANIC GARDEN 1000 WASHINGTON AVE BROOKLYN, NY 11225-1008	11-2417338		10,000.	0.		
BROOKLYN BOTANIC GARDEN 1000 WASHINGTON AVE BROOKLYN, NY 11225-1008	11-2417338		10,000.	0.		
BROOKLYN BOTANICAL GARDEN 1000 WASHINGTON AVE BROOKLYN, NY 11225	11-2417338		10,000.	0.		
BROOKLYN BRIDGE PARK CONSERVANCY, INC. - 334 FURMAN ST - BROOKLYN, NY 11201-9750	13-3277651		25,000.	0.		
BROOKLYN BRIDGE PARK CONSERVANCY, INC. - 334 FURMAN ST - BROOKLYN, NY 11201-9750	13-3277651		25,000.	0.		
BROOKLYN BUREAU OF COMMUNITY SERVICE - PO BOX 24630 - BROOKLYN, NY 11217	11-1630780		10,000.	0.		

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BROOKLYN COMMUNITY BAIL FUND 195 MONTAGUE STREET BROOKLYN, NY 11201	90-1014588		9,000.	0.		
BROOKLYN COMMUNITY HOUSING & SERVICES, INC - 105 CARLTON AVE - BROOKLYN, NY 11205-2201	11-2549027		10,000.	0.		
BROOKLYN COMMUNITY HOUSING AND SERVICES INC. - 105 CARLTON AVE - BROOKLYN, NY 11205	11-2549027		8,500.	0.		
BROOKLYN COMMUNITY SERVICES PO BOX 24630 BROOKLYN, NY 11202-4630	11-1630780		20,000.	0.		
BROOKLYN HEIGHTS MONTESSORI SCHOOL 185 COURT ST BROOKLYN, NY 11201-6444	11-6044329		32,000.	0.		
BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLZ BROOKLYN, NY 11238-5600	11-1904261		8,000.	0.		
BROOKLYN QUEENS LAND TRUST 30 3RD AVE APT 842 BROOKLYN, NY 11217	61-1441052		16,000.	0.		
BROOKLYN WORKFORCE INNOVATIONS 621 DEGRAW ST BROOKLYN, NY 11217	11-3111694		12,000.	0.		
CENTER FOR COMMUNITY ALTERNATIVES 115 E JEFFERSON ST STE 200 SYRACUSE, NY 13202-2537	16-1395992		75,000.	0.		

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CENTER FOR FAMILY LIFE IN SUNSET PARK INC - 443 39TH ST - BROOKLYN, NY 11232-2037	85-1058164		20,000.	0.		
CENTER ON RURAL INNOVATION INC 2 QUECHEE RD HARTLAND, VT 05048	82-4508477		10,000.	0.		
CHAUTAUQUA FUND P.O. BOX 28 CHAUTAUQUA, NY 14722	16-6028421		15,000.	0.		
CHAUTAUQUA INSTITUTION PO BOX 28 CHAUTAUQUA, NY 14722	16-0758844		20,000.	0.		
CHILDREN OF PROMISE 54 MACDONOUGH STREET BROOKLYN, NY 11216	83-0440009		7,000.	0.		
CHILDREN'S AID SOCIETY 117 WEST 124TH STREET NEW YORK, NY 10027	13-5562191		10,000.	0.		
CITY GROWERS INC 63 FLUSHING AVE. BROOKLYN, NY 11205-1010	45-2149344		8,000.	0.		
CITY HARVEST 6 EAST 32ND STREET NEW YORK, NY 10016	13-3170676		7,500.	0.		
CITY HARVEST, INC. 6 EAST 32ND STREET NEW YORK, NY 10016	13-3170676		6,000.	0.		



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CITY PARKS FOUNDATION 830 FIFTH AVE NEW YORK, NY 10065	13-3561657		6,000.	0.		
CITY PARKS FOUNDATION 830 FIFTH AVE NEW YORK, NY 10065	13-3561657		11,500.	0.		
CLAREMONT MCKENNA COLLEGE 101 SOUTH MILLS AVENUE CLAREMONT, CA 91711	95-1664101		15,000.	0.		
COLOR OF CHANGE EDUCATION FUND 1714 FRANKLIN STREET OAKLAND, CA 94612	45-5569879		10,000.	0.		
COMMUNITY HOUSING WORKS 3111 CAMINO DEL RIO N, STE. 800 SAN DIEGO, CA 92108-5728	33-0317950		8,000.	0.		
COMPLETE COLLEGE AMERICA INC 350 MASSACHUSETTS AVE STE 350 INDIANAPOLIS, IN 46204	26-4789471		10,000.	0.		
CORNELL UNIVERSITY 1300 YORK AVE BOONE, IA 50037-0334	15-0532082		25,000.	0.		
COVENANT HOUSE 461 EIGHTH AVENUE NEW YORK, NY 10001	13-2725416		25,000.	0.		
COVENANT HOUSE NEW JERSEY 330 WASHINGTON STREET NEWARK, NJ 07102	13-3537710		20,000.	0.		

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CRADLES TO CRAYONS, INC. PO BOX 411134 BOSTON, MA 02241-1125	04-3584367		6,000.	0.		
CRISTO REY BROOKLYN HIGH SCHOOL 710 E 37TH ST BROOKLYN, NY 11203-5604	26-2433224		25,000.	0.		
CYPRESS HILLS CHILD CARE CORPORATION - 625 JAMAICA AVE - BROOKLYN, NY 11208-1203	11-3116118		8,000.	0.		
CYPRESS HILLS CHILD CARE CORPORATION - 625 JAMAICA AVE - BROOKLYN, NY 11208-1203	11-3116118		50,000.	0.		
DANCE IQUAIL INC 3500 LANCASTER AVE PHILADELPHIA, PA 19104	80-0153273		10,000.	0.		
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116		10,000.	0.		
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452		10,000.	0.		
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452		10,000.	0.		
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452		25,000.	0.		

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DRIVE CHANGE INC 630 FLUSHING AVE, MAILBOX 25 BROOKLYN, NY 11206-5768	46-4691123		13,000.	0.		
EAST SIDE HOUSE, INC. 337 ALEXANDER AVENUE BRONX, NY 10454	13-1623989		15,000.	0.		
EMMA'S TORCH 345 SMITH STREET BROOKLYN, NY 11231	81-3651292		16,000.	0.		
EMMA'S TORCH LTD 345 SMITH STREET BROOKLYN, NY 11231	81-3651292		25,000.	0.		
EMPODER INC 26879 MOODY RD LOS ALTOS HILLS, CA 94022	47-1585971		6,000.	0.		
ENVIRONMENTAL DEFENSE FUND INCORPORATED - 257 PARK AVENUE SOUTH - NEW YORK, NY 10010	11-6107128		25,000.	0.		
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091		15,000.	0.		
EXTREME KIDS & CREW 185 VAN DYKE ST STE 205 BROOKLYN, NY 11231	35-2392415		20,000.	0.		
FAMILIES FOR FREEDOM 35 WEST 31ST STREET, #702 NEW YORK, NY 10001-4418	20-2798922		10,000.	0.		

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FIFTH AVENUE COMMITTEE 621 DEGRAW STREET BROOKLYN, NY 11217	11-2475743		15,000.	0.		
FISHER CENTER FOR PERFORMING ARTS- BARD COLLEGE - PO BOX 5000 - ANNANDALE-ON-HUDSON, NY 12504	14-1713034		25,000.	0.		
FRIENDS AND RESIDENTS OF GREATER GOWANUS - 393 PRESIDENT STREET - BROOKLYN, NY 11231	80-0558407		15,000.	0.		
FUND FOR THE CITY OF NEW YORK 121 AVENUE OF THE AMERICAS, 6TH FL NEW YORK, NY 10013-1510	13-2612524		20,000.	0.		
GAVI ALLIANCE 2099 PENNSYLVANIA AVE NW STE 200 WASHINGTON, DC 20006	98-0593375		125,000.	0.		
GEORGE FLOYD GLOBAL MEMORIAL PO BOX 11203 SAINT PAUL, MN 55111	85-3271661		7,500.	0.		
GLOBAL FUND FOR CHILDREN 1411 K ST NW WASHINGTON, DC 20005	56-1834887		10,000.	0.		
GRAHAM WINDHAM ONE PIERREPONT PLAZA, SUITE 901 BROOKLYN, NY 11201-3227	13-2926426		50,000.	0.		
GRAHAM WINDHAM ONE PIERREPONT PLAZA, SUITE 901 BROOKLYN, NY 11201-3227	13-2926426		50,000.	0.		

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GRAMEEN AMERICA 150 WEST 30TH STREET JACKSON HEIGHTS, NY 11372	20-8497991		10,000.	0.		
GRAMEEN AMERICA INC 150 WEST 30TH STREET NEW YORK, NY 10001	20-8497991		10,000.	0.		
HAWAII FOODBANK, INC. 2611 KILIHOU STREET HONOLULU, HI 96819-2021	99-0220699		7,500.	0.		
HIAS 1300 SPRING STREET, SUITE 500 SILVER SPRING, MD 20910	13-5633307		10,000.	0.		
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE - 800 EIGHTH STREET, NW - WASHINGTON, DC 20001	52-1844823		10,000.	0.		
HISTORIC HUGUENOT STREET 88 HUGUENOT STREET NEW PALTZ, NY 12561	14-6030196		6,000.	0.		
HORIZONS FOR HOMELESS CHILDREN INC 1785 COLUMBUS AVENUE ROXBURY, MA 02119	22-2915188		25,000.	0.		
HUDSON GUILD 441 WEST 26TH STREET NEW YORK, NY 10001	13-5562989		16,000.	0.		
HUDSON RIVER HOUSING 313 MILL ST POUGHKEEPSIE, NY 12601	22-2456648		6,000.	0.		

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HUNGER FREE AMERICA 50 BROAD STREET NEW YORK, NY 10004	13-3471350		10,000.	0.		
ID ART CENTER INC 51 BERGEN ST. BROOKLYN, NY 11201	47-3931963		7,000.	0.		
IHS THE INSTITUTE FOR HUMAN SERVICES INC - 546 KAAHI ST - HONOLULU, HI 96817	99-0199107		7,500.	0.		
INSTITUTE FOR COMMUNITY EQUITY AND SHARING INC - 13 GREENE AVE - BROOKLYN, NY 11238-1017	83-0909234		8,000.	0.		
INSTITUTE FOR FREEDOMS 2 WASHINGTON SQUARE VLG, PH H BROOKLYN, NY 10012	35-2667788		65,000.	0.		
INSTITUTE FOR FREEDOMS 2 WASHINGTON SQUARE VLG, PH H BROOKLYN, NY 10012	35-2667788		75,000.	0.		
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD LOS ANGELES, CA 90025-1019	95-3949646		10,000.	0.		
INTERNATIONAL RESCUE COMMITTEE 122 E 42ND ST NEW YORK, NY 10168-0002	13-5660870		10,000.	0.		
INTERNATIONAL RESCUE COMMITTEE 122 E 42ND ST NEW YORK, NY 10168-0002	13-5660870		10,000.	0.		

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ISABAHLIA LADIES OF ELEGANCE FOUNDATION, INC - 150 AMBOY STREET - BROOKLYN, NY 11212-5047	27-2519508		10,000.	0.		
JOHN JAY COLLEGE 555 W 57TH ST 6TH FL NEW YORK, NY 10019	13-2553815		10,000.	0.		
JOHN JAY COLLEGE FOUNDATION JOHN JAY COLLEGE OF CRIMINAL JUSTICE NEW YORK, NY 10019	13-3683676		195,000.	0.		
JOIN FOR JUSTICE INC. PO BOX 51248 BOSTON, MA 02205	04-3617885		7,500.	0.		
KINGS COUNTY TENNIS 1 DOCK 72 WAY, 7TH FLOOR BROOKLYN, NY 11205	27-3170420		40,000.	0.		
KIVA MICROFUNDS 986 MISSION ST, 4TH FLOOR SAN FRANCISCO, CA 94103	71-0992446		10,000.	0.		
KIVA MICROFUNDS 986 MISSION ST, 4TH FLOOR SAN FRANCISCO, CA 94103	71-0992446		178,500.	0.		
LIFT (LEGAL INFORMATION FOR FAMILIES TODAY) - 32 COURT ST STE 1208 - BROOKLYN, NY 11201-4407	13-3910567		13,000.	0.		
LREI 272 SIXTH AVENUE NEW YORK, NY 10014	13-5562268		10,000.	0.		

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LREI 272 SIXTH AVENUE NEW YORK, NY 10014	13-5562268		10,000.	0.		
MAGNOLIA TREE EARTH CENTER OF BEDFORD STUYVESANT INC - 677 LAFAYETTE AVE - BROOKLYN, NY 11216	23-7303098		25,000.	0.		
MARTHA'S TABLE 2375 ELVANS ROAD SE WASHINGTON, DC 20020	52-1186071		10,000.	0.		
MARTHA'S TABLE 2375 ELVANS ROAD SE WASHINGTON, DC 20020	52-1186071		20,000.	0.		
MEMPHIS BLACK ARTS ALLIANCE, INC. 985 SOUTH BELLEVUE BLVD MEMPHIS, TN 38106	58-1605133		10,000.	0.		
MICHAEL REESE HEALTH TRUST 1707 N RANDALL RD, SUITE 200 CHICAGO, IL 60123-9414	36-2170910		125,000.	0.		
NATIONAL PARKS CONSERVATION ASSOCIATION - 777 6TH STREET NW - WASHINGTON, DC 20001	53-0225165		50,000.	0.		
NEO PHILANTHROPY 45 WEST 36TH STREET NEW YORK, NY 10018	13-3191113		10,000.	0.		
NEO PHILANTHROPY 45 WEST 36TH STREET NEW YORK, NY 10018	13-3191113		20,000.	0.		



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NEST 501 5TH AVE SUITE 1608 NEW YORK, NY 10017	20-5450672		184,800.	0.		
NEST 501 5TH AVE SUITE 1608 NEW YORK, NY 10017-6107	20-5450672		20,000.	0.		
NEW YORK CARES 65 BROADWAY NEW YORK, NY 10006	13-3444193		10,000.	0.		
NEW YORK FOUNDATION FOR THE ARTS INC - 20 JAY ST STE 740 - BROOKLYN, NY 11201-8352	23-7129564		30,000.	0.		
NEW YORK JEWISH AGENDA P.O. BOX 380 NEW YORK, NY 10101	84-4275421		25,000.	0.		
NEW YORK ON TECH INC 25 BROADWAY BROOKLYN, NY 11208	46-5336001		16,000.	0.		
NEW YORKERS FOR CHILDREN, INC. 450 SEVENTH AVENUE NEW YORK, NY 10123	13-3904537		75,000.	0.		
NOEL POINTER FOUNDATION INC 1368 FULTON ST BROOKLYN, NY 11216-5372	11-3271472		8,000.	0.		
NORTHSIDE CENTER FOR CHILD DEVELOPMENT - 1475 PARK AVE - NEW YORK, NY 10029-3810	13-1656679		25,000.	0.		

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NYC KIDS RISE 28-07 JACKSON AVENUE, 5TH FLOOR LONG ISLAND CITY, NY 11101	81-4526739		30,000.	0.		
OCTAVIA PROJECT INC PO BOX 381031 BROOKLYN, NY 11238-8031	83-3975000		6,000.	0.		
ON POINT FOR COLLEGE 488 WEST ONONDAGA SYRACUSE, NY 13202	16-1569356		75,000.	0.		
OSBORNE ASSOCIATION, INC. 809 WESTCHESTER AVE BRONX, NY 10455-1704	13-5563028		8,000.	0.		
OXFAM-AMERICA 226 CAUSEWAY STREET BOSTON, MA 02114	23-7069110		25,000.	0.		
PACKER COLLEGIATE INSTITUTE P.O. BOX 22759 BROOKLYN, NY 11201-4312	11-1633522		15,000.	0.		
PACKER COLLEGIATE INSTITUTE P.O. BOX 22759 BROOKLYN, NY 11201-4312	11-1633522		135,000.	0.		
PARTNERS IN HEALTH A NONPROFIT CORPORATION - 800 BOYLSTON STREET - BOSTON, MA 02199	04-3567502		125,000.	0.		
PROJECT EATS 336 WEST 37TH STREET NEW YORK, NY 10018-4392	30-0558873		20,000.	0.		

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PROJECT PROSPER OF FLORIDA 2815 EDWARDS AVE S ST PETERSBURG, FL 33705	45-0491407		6,000.	0.		
PROSPECT PARK ALLIANCE 95 PROSPECT PARK W BROOKLYN, NY 11215	11-2843763		10,000.	0.		
PROSPECT PARK ALLIANCE 95 PROSPECT PARK W BROOKLYN, NY 11215	11-2843763		20,000.	0.		
PROSPECT PARK ALLIANCE, INC. 95 PROSPECT PARK W BROOKLYN, NY 11215-3709	11-2843763		7,500.	0.		
PROVIDENCE HOUSE 703 LEXINGTON AVE BROOKLYN, NY 11221-2206	11-2594653		13,000.	0.		
PURSUIT TRANSFORMATION COMPANY INC. - 47-10 AUSTELL PLACE - LONG ISLAND CITY, NY 11101	61-1652332		10,000.	0.		
READ 718 INC. 420 ATLANTIC AVE. BROOKLYN, NY 11217-1704	46-4080472		20,000.	0.		
RED HOOK INITIATIVE 767 HICKS ST BROOKLYN, NY 11231-2505	20-3904662		20,000.	0.		
RED HOOK INITIATIVE, INC. 767 HICKS ST BROOKLYN, NY 11231	20-3904662		14,500.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
REMERGE OF OKLAHOMA COUNTY INC PO BOX 2845 OKLAHOMA CITY, OK 73101	46-4504748		10,000.	0.		
RESEARCH FOUNDATION OF CUNY 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190		50,000.	0.		
RESEARCH FOUNDATION OF CUNY 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190		150,000.	0.		
RHODE ISLAND SCHOOL OF DESIGN TWO COLLEGE STREET PROVIDENCE, RI 02903-2784	05-0258956		10,000.	0.		
RIDERS ALLIANCE INC 555 8TH AVE RM 1803 NEW YORK, NY 10018	84-3709393		10,000.	0.		
SADIE NASH LEADERSHIP PROJECT 4 W 43RD ST STE 502 NEW YORK, NY 10036-7408	11-3633912		13,000.	0.		
SECOND CHANCE STUDIOS 171 ELIZABETH ST APT 2 NEW YORK, NY 10012	84-4730397		10,000.	0.		
SECOND HARVEST FOOD BANK 700 EDWARDS AVENUE NEW ORLEANS, LA 70123	72-0956468		10,000.	0.		
SHARE THE MAGIC FOUNDATION INC 2870 PEACHTREE ROAD #109 ATLANTA, GA 30305	81-1221582		7,500.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
SISTERSONG WOMEN OF COLOR REPRODUCTIVE JUSTICE COLLECTIVE - P.O. BOX 94408 - ATLANTA, GA 30377	51-0544927		6,000.	0.		
SOS CHILDREN'S VILLAGE USA, INC. 1620 I STREET, NW WASHINGTON, DC 20006	13-6188433		10,000.	0.		
SOUL FIRE FARM INSTITUTE INC 1972 NY HIGHWAY 2 PETERSBURG, NY 12138	47-2549969		6,000.	0.		
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743		10,000.	0.		
STEM FROM DANCE 315 EMPIRE BLVD #250562 BROOKLYN, NY 11225	46-1793936		16,000.	0.		
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	95-3941826		50,000.	0.		
THE 52ND STREET PROJECT, INC. 789 10TH AVE NEW YORK, NY 10019-5027	13-3467948		10,000.	0.		
THE CAMPAIGN AGAINST HUNGER 2010 FULTON ST BROOKLYN, NY 11233-6791	20-0934854		7,500.	0.		
THE CAMPAIGN AGAINST HUNGER 2010 FULTON ST BROOKLYN, NY 11233-6791	20-0934854		16,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
THE CAMPAIGN AGAINST HUNGER 2010 FULTON ST BROOKLYN, NY 11233-6791	20-0934854		17,000.	0.		
THE CARTER CENTER ONE COPENHILL ATLANTA, GA 30307	58-1454716		10,000.	0.		
THE CENTER FOR DISCOVERY P.O. BOX 840 HARRIS, NY 12742	14-1395426		17,500.	0.		
THE GRADUATE CENTER CUNY 365 5TH AVENUE NEW YORK, NY 10016	35-2189280		30,000.	0.		
THE POSSIBILITY PROJECT 104 W 27TH STREET NEW YORK, NY 10001	13-4134366		16,000.	0.		
THE UNITED WAY OF SOUTHEAST LOUISIANA - 2515 CANAL STREET - NEW ORLEANS, LA 70119	72-0471369		10,000.	0.		
THE YOUNG CENTER FOR IMMIGRANT CHILDRENS RIGHTS - 2245 S. MICHIGAN AVE, SUITE 301 - CHICAGO, IL 60616	26-1839249		16,000.	0.		
TOUCHING TINY LIVES FOUNDATION 1550 LARIMER STREET DENVER, CO 80202	20-3425472		6,000.	0.		
UNITED COMMUNITY CENTERS INC 613 NEW LOTS AVE BROOKLYN, NY 11207-7214	11-1950787		8,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
UNITED STATES CATHOLIC CONFERENCE 7100 SHORE RD BROOKLYN, NY 11209	11-1637740		10,000.	0.		
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS - 3211 4TH ST NE - WASHINGTON, DC 20017-1104	53-0196617		20,000.	0.		
UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION - 709 S WESTNEDGE AVENUE - KALAMAZOO, MI 49007	38-1359193		10,000.	0.		
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PL # 101 ATHENS, GA 30601	58-6033837		12,500.	0.		
WALKILL VALLEY LAND TRUST PO BOX 208 NEW PALTZ, NY 12561	22-2867070		6,000.	0.		
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001-5554	27-3521132		10,000.	0.		
WORLD FOOD PROGRAM USA 1725 EYE STREET NW, SUITE 510 WASHINGTON, DC 20006-2425	13-3843435		10,000.	0.		
YA-YA NETWORK, INC 135 WEST 36TH ST, PH NEW YORK, NY 10018	47-1422209		40,000.	0.		
YOU GOTTA BELIEVE THE OLDER CHILD ADOPTION & PERMANENCY MOVEMENT - 3114 MERMAID AVE - BROOKLYN, NY 11224	11-3272603		16,000.	0.		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
YOUTH COMMUNICATION NEW YORK CENTER, INC. - 242 W. 38TH ST. - NEW YORK, NY 10018	13-3047555		16,000.	0.		
YWCA BROOKLYN 30 THIRD AVENUE BROOKLYN, NY 11217	11-1630919		75,000.	0.		
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10272	83-3036502		19,175.	0.		
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10272	83-3036502		50,000.	0.		
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10272	83-3036502		50,000.	0.		
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10272	83-3036502		150,000.	0.		
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10272	83-3036502		150,000.	0.		
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10272	83-3036502		100,000.	0.		
THE WOMEN'S ORGANIZING NETWORK 249 MANHATTAN AVE BROOKLYN, NY 11215	11-2942449		10,369.	0.		



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10272	83-3036502		250,000.	0.		
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10272	83-3036502		250,000.	0.		
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10272	83-3036502		173,578.	0.		
DOCUMENTED LTD PO BOX 250250 NEW YORK, NY 10272	83-3036502		50,000.	0.		

**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)

**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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <b>BROOKLYN COMMUNITY FOUNDATION</b>	Employer identification number <b>11-3422729</b>
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**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

**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, 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) and

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
(1) SARAH SHANNON FORMER COO	(i)	157,965.	0.	0.	14,195.	28,767.	
	(ii)	0.	0.	0.	0.	0.	
(2) MARCELLA TILLET FORMER VP PROGRAMS	(i)	145,667.	0.	0.	13,138.	9,964.	
	(ii)	0.	0.	0.	0.	0.	
(3) CECILIA CLARKE FORMER PRESIDENT & CEO	(i)	123,838.	0.	0.	10,838.	16,650.	
	(ii)	0.	0.	0.	0.	0.	
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	60	6,192,067. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

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

THE FOUNDATION HAS AN EMPLOYMENT MANAGEMENT AGREEMENT WITH A

PROFESSIONAL EMPLOYER ORGANIZATION THAT PROVIDES A COMPREHENSIVE

PERSONNEL MANAGEMENT SYSTEM ENCOMPASSING A BROAD RANGE OF SERVICES,

INCLUDING BENEFITS AND PAYROLL ADMINISTRATION, HEALTH, WORKER'S

COMPENSATION INSURANCE PROGRAMS, PERSONNEL RECORDS MANAGEMENT, EMPLOYER

LIABILITY MANAGEMENT, PENSION, ETC.

FORM 990, PART III, LINE 1

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 \$75 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 3, CHANGES IN PROGRAM SERVICES:

THE WELLNESS AND RECOVERY FUND GRANTMAKING. BROOKLYN COMMUNITY

FOUNDATION ESTABLISHED THE WELLNESS AND RECOVERY FUND FROM CHARITABLE

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

Schedule O (Form 990) 2021

132211 11-11-21



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

ASSETS THAT REMAINED AFTER THE OFFICE OF THE ATTORNEY GENERAL (OAG)

DISSOLVED CANARSIE A.W.A.R.E., INC. FOR ITS PARTICIPATION IN A SCHEME

THAT EXPLOITED SOME OF NEW YORK'S MOST VULNERABLE RESIDENTS AND

DEFRAUDED MEDICAID. THE \$2.2 MILLION FUND SUPPORTS ORGANIZATIONS

WORKING TO ENSURE THAT THOSE WHO NAVIGATE THE DIFFICULT ROAD OF

SUBSTANCE ABUSE AND ADDICTION DO SO WITH RELIABLE SUPPORT THAT HONORS

THEIR AGENCY AND DIGNITY.

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

BROOKLYN ELDERS FUND

EXPENSES \$ 640,159. INCLUDING GRANTS OF \$ 585,000. 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 CALL

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 SHARED WITH 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

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

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 AND COMPENSATION BENCHMARKS FROM A RETAINED SEARCH FIRM ARE EVALUATED. THE BOARD APPROVES ALL SALARY ADJUSTMENTS IN AN EXECUTIVE SESSION DURING WHICH CONTEMPORANEOUS MINUTES ARE NOT RECORDED. AFTER REVIEW AND DISCUSSION, THE BOARD DETERMINES THE PRESIDENT'S COMPENSATION FOR THE NEXT YEAR.

15B. OFFICERS AS WELL AS OTHER EMPLOYEES RECEIVE A PERFORMANCE APPRAISAL FROM THEIR IMMEDIATE SUPERVISORS. SALARY ADJUSTMENTS MUST BE APPROVED BY THE PRESIDENT AND WILL BE GIVEN, WHERE APPROPRIATE, BASED UPON THE PERFORMANCE APPRAISAL AND WITHIN BUDGETARY LIMITS. VARIOUS INDUSTRY 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 BROOKLYN COMMUNITY FOUNDATION WEBSITE.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  BROOKLYN COMMUNITY FOUNDATION	Taxpayer identification number (TIN)  11-3422729
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 DEAN STREET, 307	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOKLYN, NY 11238	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

MONIQUE NIEVES, COO

- The books are in the care of ▶ 1000 DEAN STREET, 307 - BROOKLYN, NY 11238

Telephone No. ▶ 718-480-7500

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.