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Form **990**Department of the Treasury
Internal Revenue Service**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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016Open to Public
Inspection**A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

BROOKLYN COMMUNITY FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

1000 DEAN STREET

Room/suite

307

City or town, state or province, country, and ZIP or foreign postal code

BROOKLYN, NY 11238

F Name and address of principal officer

CECILIA CLARKE

SAME AS C ABOVE

D Employer identification number

11-3422729

E Telephone number

(718) 480-7500

G Gross receipts \$ 27,006,065.**H(a) Is this a group return for subordinates?** Yes ☐ No ☒**H(b) Are all subordinates included?** Yes ☐ No ☐

If "No," attach a list. (see instructions)

H(c) Group exemption number**I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.BROOKLYNCOMMUNITYFOUNDATION.ORG**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L Year of formation** 1998 **M State of legal domicile** DE**Part I Summary****Activities & Governance****1** Briefly describe the organization's mission or most significant activities BROOKLYN COMMUNITY FOUNDATION IS ON A MISSION TO SPARK LASTING SOCIAL CHANGE, MOBILIZING PEOPLE, CAPITAL, AND EXPERTISE FOR A FAIR AND JUST BROOKLYN.**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3** 14.**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 14.**5** Total number of individuals employed in calendar year 2016 (Part V, line 2a) **5** 16.**6** Total number of volunteers (estimate if necessary) **6** 18.**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0.**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** 0.**Revenue****8** Contributions and grants (Part VIII, line 1h) **3098** **RECEIVED** **NOV 27 2017** **IRSOCS** **OGDEN, UT** **Prior Year** 2,458,056. **Current Year** 3,316,835.**9** Program service revenue (Part VIII, line 2g) **0.** **0.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **3,816,295.** **1,512,742.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **-17.** **-3,956.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **6,274,334.** **4,825,621.****Expenses****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **3,881,500.** **4,352,818.****14** Benefits paid to or for members (Part IX, column (A), line 4) **0.** **0.****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **1,012,176.** **1,090,739.****16a** Professional fundraising fees (Part IX, column (A), line 11e) **0.** **0.****b** Total fundraising expenses (Part IX, column (D), line 25) **426,107.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **694,178.** **666,217.****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) **5,587,854.** **6,109,774.****19** Revenue less expenses Subtract line 18 from line 12 **686,480.** **-1,284,153.****Net Assets or Fund Balances****20** Total assets (Part X, line 16) **Beginning of Current Year** 60,400,915. **End of Year** 59,938,892.**21** Total liabilities (Part X, line 26) **156,315.** **150,407.****22** Net assets or fund balances. Subtract line 21 from line 20. **60,244,600.** **59,788,485.****Part II Signature Block**

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

Sign Here

Signature of officer

Date

Type or print name and title

JAMES J REILLY

Preparer's signature

Date

NOV 13 2017

Check ☐ if self-employed

PTIN

P00183769

Paid Preparer Use Only

Firm's name ▶ CONDON O'MEARA MCGINTY & DONNELLY L

Firm's EIN ▶ 13-3628255

Firm's address ▶ ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405

Phone no 212-661-7777

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

SCANNED DEC 08 2017

949
20

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

BROOKLYN COMMUNITY FOUNDATION IS ON A MISSION TO SPARK LASTING SOCIAL
CHANGE, MOBILIZING PEOPLE, CAPITAL, AND EXPERTISE FOR A FAIR AND JUST
BROOKLYN. (CONTINUED ON SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code:) (Expenses \$ 2,443,386. including grants of \$ 2,286,163.) (Revenue \$)

IN 2016, THE FOUNDATION INVESTED \$2.3 MILLION THROUGH A UNIQUE SET
OF PROGRAMS INCLUDING \$1,925,000 TO 60 YOUTH-SERVING NONPROFITS
FROM OUR INVEST IN YOUTH GRANT PROGRAM, AS WELL AS A SIGNIFICANT
INVESTMENT IN A NEW RESTORATIVE JUSTICE MODEL FOR BROOKLYN PUBLIC
SCHOOLS VIA OUR BROOKLYN RESTORATIVE JUSTICE PROJECT. OUR BROOKLYN
YOUTH FELLOWSHIP ALSO ENTERED ITS SECOND YEAR, ALLOWING YOUNG
BROOKLYN RESIDENTS THE OPPORTUNITY TO BE COMMUNITY GRANTMAKERS.

4b (Code:) (Expenses \$ 257,224. including grants of \$ 100,000.) (Revenue \$)

LAUNCHED IN CROWN HEIGHTS IN 2014, NEIGHBORHOOD STRENGTH CONTINUES
THE FOUNDATION'S EFFORTS TO POSITION BROOKLYN RESIDENTS AS KEY
DECISION-MAKERS IN LOCAL INVESTMENTS WHILE CREATING A MODEL FOR
NEIGHBORHOOD GRANTMAKING THAT CAN BE USED ACROSS THE BOROUGH. IN
2016, A DIVERSE GROUP OF RELIGIOUS LEADERS, BUSINESS OWNERS,
ACTIVISTS AND YOUTH CAME TOGETHER TO FORM THE CROWN HEIGHTS
ADVISORY COUNCIL. TOGETHER, THEY DETERMINED THE PRIORITIES FOR A
GRANT PROGRAM THAT AWARDED \$100,000 TO LOCAL ORGANIZATIONS
ADDRESSING TENANTS' RIGHTS AND HOMELESSNESS, POLICE RELATIONSHIPS,
YOUTH DEVELOPMENT, AND STRONGER BONDS BETWEEN CROWN HEIGHTS'
DISTINCT COMMUNITIES.

4c (Code:) (Expenses \$ 272,223. including grants of \$ 115,000.) (Revenue \$)

BROOKLYN ACCELERATOR IS A MULTI-FACETED INITIATIVE DESIGNED TO
BOLSTER AND BUILD CAPACITY IN THE BOROUGH'S NONPROFIT SECTOR,
ANCHORED BY TWO SIGNATURE PROGRAMS: THE SPARK PRIZE FOR BROOKLYN
NONPROFITS AND THE INCUBATOR PROJECT FOR START-UP ORGANIZATIONS
AND LEADERS. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O)

(Expenses \$ 2,053,799. including grants of \$ 1,851,655.) (Revenue \$)

4e Total program service expenses **▶** 5,026,632.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		X
6 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? If "Yes," complete Schedule D, Part I.	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, 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? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		X
11 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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
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? If "Yes," complete Schedule D, Part VII.	X	
c 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? If "Yes," complete Schedule D, Part VIII.		X
d 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? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	X	
f 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)? If "Yes," complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? If "Yes," complete Schedule F, Parts I and IV.		X
15 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? If "Yes," complete Schedule F, Parts II and IV.		X
16 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? If "Yes," complete Schedule F, Parts III and IV.		X
17 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? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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>	21	X
22 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>	22	X
23 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>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a	X
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>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 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>	33	X
34 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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	20	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	16
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 in 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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	14	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b Enter the number of voting members included in line 1a, above, who are independent	14	
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?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
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?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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 in Schedule O	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b 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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NEW YORK**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **SARAH SHANNON 1000 DEAN STREET, SUITE 307 BROOKLYN, NY 11238 718-460-7500**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN H. FISHMAN CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) HILDY SIMMONS VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(3) RICHARD W. MOORE SECRETARY	1.00 0.	X		X				0.	0.	0.
(4) GENEVIEVE KAHR TREASURER	1.00 0.	X		X				0.	0.	0.
(5) AMANI MARTIN DIRECTOR	1.00 0.	X						0.	0.	0.
(6) MARTIN KESSLER FORMER DIRECTOR	1.00 0.	X						0.	0.	0.
(7) NICOLE GUERON DIRECTOR	1.00 0.	X						0.	0.	0.
(8) ROBERT B. CATELL DIRECTOR	1.00 0.	X						0.	0.	0.
(9) SARAH WILLIAMS DIRECTOR	1.00 0.	X						0.	0.	0.
(10) REV. EMMA JORDAN-SIMPSON DIRECTOR	1.00 0.	X						0.	0.	0.
(11) HARSHA G. MARTI DIRECTOR	1.00 0.	X						0.	0.	0.
(12) CONSTANCE R. ROOSEVELT DIRECTOR	1.00 0.	X						0.	0.	0.
(13) GABRIEL SCHWARTZ DIRECTOR	1.00 0.	X						0.	0.	0.
(14) MICHAEL SHERMAN DIRECTOR	1.00 0.	X						0.	0.	0.

[illegible]

	Yes	No
3		X
4	X	
5		X

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Form **990** (2016)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 51,700.				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,265,135.				
	g	Noncash contributions included in lines 1a-1f \$ 1,099,323.				
h Total. Add lines 1a-1f ▶			3,316,835.			
Program Service Revenue	2a _____ Business Code _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f	All other program service revenue				
	g Total. Add lines 2a-2f ▶		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶	773,806.			773,806.
	4	Income from investment of tax-exempt bond proceeds ▶	0.			
	5	Royalties ▶	0.			
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶	0.			
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other 22,900,679.				
	b	Less cost or other basis and sales expenses 22,161,743.				
	c	Gain or (loss) 738,936.				
	d	Net gain or (loss) ▶	738,936.			738,936.
	8a	Gross income from fundraising events (not including \$ 51,700. of contributions reported on line 1c) See Part IV, line 18 a 14,745.				
	b	Less direct expenses b 18,701.				
	c	Net income or (loss) from fundraising events ▶	-3,956.			-3,956.
	9a	Gross income from gaming activities. See Part IV, line 19 a 0.				
	b	Less direct expenses b 0.				
c	Net income or (loss) from gaming activities ▶	0.				
10a	Gross sales of inventory, less returns and allowances a 0.					
b	Less: cost of goods sold b 0.					
c	Net income or (loss) from sales of inventory ▶	0.				
Miscellaneous Revenue		Business Code				
11a	_____					
b	_____					
c	_____					
d	All other revenue					
e	Total. Add lines 11a-11d ▶		0.			
12	Total revenue. See instructions ▶		4,825,621.			1,508,786.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,352,818.	4,352,818.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	241,851.	103,515.	66,619.	71,717.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	620,182.	266,556.	170,224.	183,402.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,619.	19,158.	12,767.	13,694.
9 Other employee benefits	128,369.	53,910.	35,925.	38,534.
10 Payroll taxes	54,718.	22,979.	15,313.	16,426.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	1,225.	600.	625.	
c Accounting	52,950.	25,946.	27,004.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	219,346.		219,346.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,360.	27,735.	29,625.	
12 Advertising and promotion	26,820.	21,408.	1,612.	3,800.
13 Office expenses	135,411.	32,101.	36,953.	66,357.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	103,184.	68,288.	18,396.	16,500.
17 Travel	10,284.	3,399.	4,309.	2,576.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	21,174.	11,558.	4,805.	4,811.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	19,635.	13,155.	3,339.	3,141.
23 Insurance	18,828.	3,506.	10,173.	5,149.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,109,774.	5,026,632.	657,035.	426,107.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	73.	1	66.
	2 Savings and temporary cash investments	2,443,239.	2	1,854,142.
	3 Pledges and grants receivable, net	1,552.	3	338,000.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	2,204,500.	7	2,107,000.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	21,139.	9	23,583.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 598,993.		
	b Less: accumulated depreciation	10b 490,864.		
		126,923.	10c	108,129.
	11 Investments - publicly traded securities	35,564,399.	11	36,556,956.
	12 Investments - other securities. See Part IV, line 11	19,976,314.	12	18,889,666.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	62,776.	15	61,350.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	60,400,915.	16	59,938,892.	
Liabilities	17 Accounts payable and accrued expenses	124,488.	17	113,369.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	31,827.	25	37,038.
	26 Total liabilities. Add lines 17 through 25	156,315.	26	150,407.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	60,244,600.	27	59,488,485.
	28 Temporarily restricted net assets	0.	28	300,000.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	60,244,600.	33	59,788,485.
	34 Total liabilities and net assets/fund balances	60,400,915.	34	59,938,892.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,825,621.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,109,774.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,284,153.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,244,600.
5	Net unrealized gains (losses) on investments	5	828,038.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,788,485.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,588,964.	2,418,153.	3,283,899.	2,458,056.	3,273,085.	14,022,157.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	2,588,964.	2,418,153.	3,283,899.	2,458,056.	3,273,085.	14,022,157.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,789,131.
6 Public support. Subtract line 5 from line 4						11,233,026.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	2,588,964.	2,418,153.	3,283,899.	2,458,056.	3,273,085.	14,022,157.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,005,097.	878,388.	851,097.	942,473.	773,806.	4,450,861.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)				274.		274.
11 Total support. Add lines 7 through 10						18,473,292.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	60.81%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	58.49%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

- 7 ☐ 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)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions.			
7 Excess distributions carryover to 2017 Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	43.	
2 Aggregate value of contributions to (during year)	2,215,602.	
3 Aggregate value of grants from (during year)	1,851,655.	
4 Aggregate value at end of year	2,608,642.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No		

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2016

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 are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 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** Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

- | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 130,422. | 39,126. | 91,296. |
| d Equipment | | 468,571. | 451,738. | 16,833. |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 108,129. |

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	8,367,346.	FMV
(B) HEDGE FUNDS	10,256,055.	FMV
(C) BANK DEPOSIT AGREEMENT	266,265.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	18,889,666.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT PAYABLE	37,038.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	37,038.

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 FIN 48 (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.

1	Total revenue, gains, and other support per audited financial statements	1	5,574,313.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	828,038.
b	Donated services and use of facilities	2b	140,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	968,038.
3	Subtract line 2e from line 1	3	4,606,275.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	219,346.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	219,346.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,825,621.

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.

1	Total expenses and losses per audited financial statements		1	6,030,428.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 140,000.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e 140,000.	
3	Subtract line 2e from line 1		3 5,890,428.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 219,346.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c 219,346.	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5 6,109,774.	

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

[illegible]

Part XIII Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 ANNUAL GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	66,445.			66,445.
2 Less Contributions	7,950.			7,950.
3 Gross income (line 1 minus line 2).	58,495.			58,495.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	16,451.			16,451.
8 Entertainment				
9 Other direct expenses	2,250.			2,250.
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				18,701.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				39,794.

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				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain. _____

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

b If "Yes," explain. _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

**SCHEDULE I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service

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 selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AUDRE LORDE PROJECT 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	06-1502452	501 (C) (3)	5,384.				GENERAL SUPPORT
(2) CHILDREN OF PROMISE, NYC 54 MACDONOUGH ST BROOKLYN, NY 11216	83-0440009	501 (C) (3)	5,384.				GENERAL SUPPORT
(3) MUSEUM OF CONTEMPORARY AFRICAN DIASPORAN AR 80 HANSON PL BROOKLYN, NY 11217	11-3526774	501 (C) (3)	5,384.				GENERAL SUPPORT
(4) NEIGHBORS TOGETHER CORP. 2094 FULTON STREET BROOKLYN, NY 11233	11-2632109	501 (C) (3)	5,384.				GENERAL SUPPORT
(5) PRATT AREA COMMUNITY COUNCIL 238 ADDELPHI STREET BROOKLYN, NY 11205	11-2451752	501 (C) (3)	5,384.				GENERAL SUPPORT
(6) YWCA OF BROOKLYN 30 3RD AVE BROOKLYN, NY 11217	11-1630919	501 (C) (3)	5,384.				GENERAL SUPPORT
(7) BANGLADESHI AMERICAN COMMUNITY DEVELOPMENT 181 FORBELL STREET SUITE 1	45-2389573	501 (C) (3)	10,000.				GENERAL SUPPORT
(8) COUNCIL OF PEOPLES ORGANIZATION 1081 CONEY ISLAND AVENUE BROOKLYN, NY 11230	75-3046891	501 (C) (3)	10,000.				GENERAL SUPPORT
(9) FLANBWAYAN HAITIAN LITERACY PROJECT 208 PARKSIDE AVENUE, 2ND FLOOR	27-0974276	501 (C) (3)	10,000.				GENERAL SUPPORT
(10) UNITED CHINESE ASSOCIATION OF BROOKLYN 78 QUENTIN ROAD BROOKLYN, NY 11223	37-1469112	501 (C) (3)	10,000.				GENERAL SUPPORT
(11) ADDED VALUE P.O. BOX 310028 BROOKLYN, NY 11238	81-0545837	501 (C) (3)	20,000.				GENERAL SUPPORT
(12) CENTER FOR URBAN PEDAGOGY INC. 232 THIRD STREET #201 BROOKLYN, NY 11215	11-3625306	501 (C) (3)	20,000.				GENERAL SUPPORT

- 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

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

**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.

Department of the Treasury
Internal Revenue Service

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 selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOW OUR LIVES LINK ALL TOGETHER (H.O.L.L.A.) 510 GATES AVENUE BROOKLYN, NY 11216	51-0141489	501(C)(3)	20,000.				GENERAL SUPPORT
(2) MYRTLE AVENUE REVITALIZATION PROJECT 472 MYRTLE AVENUE, 2ND FLOOR	31-1706307	501(C)(3)	20,000.				GENERAL SUPPORT
(3) TEACHERS UNITE 90 JOHN STREET, SUITE 308	11-3826739	501(C)(3)	20,000.				GENERAL SUPPORT
(4) UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 184 ELDRIDGE STREET NEW YORK, NY 10002	13-5562374	501(C)(3)	20,000.				GENERAL SUPPORT
(5) YOUNG NEW YORKERS 33 FLATBUSH AVE, 4TH FLOOR	81-1465388	501(C)(3)	20,000.				GENERAL SUPPORT
(6) ACTIVE CITIZEN PROJECT 55 EXCHANGE PLACE, SUITE 404	30-0558873	501(C)(3)	25,000.				GENERAL SUPPORT
(7) ALEX HOUSE PROJECT 76 LORRAINE ST BROOKLYN, NY 11231	47-5488301	501(C)(3)	25,000.				GENERAL SUPPORT
(8) BRIDGE STREET DEVELOPMENT CORPORATION 460 NOSTRAND AVE BROOKLYN, NY 11216	11-3250772	501(C)(3)	25,000.				GENERAL SUPPORT
(9) BROOKLYN BOTANIC GARDEN BROOKLYN BOTANIC GARDEN BROOKLYN, NY 11225	11-2417338	501(C)(3)	25,000.				GENERAL SUPPORT
(10) FOOTSTEPS INC 114 JOHN STREET #930 NEW YORK, NY 10272	20-0666923	501(C)(3)	25,000.				GENERAL SUPPORT
(11) REEL WORKS TEEN FILMMAKING 540 PRESIDENT STREET, #2F	20-0936377	501(C)(3)	25,000.				GENERAL SUPPORT
(12) THEATRE OF THE OPPRESSED NYC PO BOX 24742 BROOKLYN, NY 11202	45-4815944	501(C)(3)	25,000.				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TRUTHWORKER THEATER COMPANY 195 FENIMORE STREET BROOKLYN, NY 11225	51-0462232	501(C)(3)	25,000.				GENERAL SUPPORT
(2) BLACK ALLIANCE FOR JUST IMMIGRATION 660 NOSTRAND AVE BROOKLYN, NY 11216	27-1911378	501(C)(3)	30,000.				GENERAL SUPPORT
(3) BROOKLYN COMMUNITY SERVICES 285 SCHERMERHORN STREET BROOKLYN, NY 11217	11-1630780	501(C)(3)	30,000.				GENERAL SUPPORT
(4) CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION CYPRESS HILLS LOC 625 JAMAICA AVENUE	11-2683663	501(C)(3)	30,000.				GENERAL SUPPORT
(5) IFETAYO CULTURAL ARTS ACADEMY 348 ST. MARK'S AVENUE, SUITE 1B	11-3027538	501(C)(3)	30,000.				GENERAL SUPPORT
(6) URBAN YOUTH COLLABORATIVE 233 BROADWAY SUITE 720 NEW YORK, NY 10279	11-3344389	501(C)(3)	30,000.				GENERAL SUPPORT
(7) DANCE THEATRE ETCETERA 480 VAN BRUNT STREET, SUITE 203	13-3015965	501(C)(3)	30,384.				GENERAL SUPPORT
(8) ATLAS:DIY 462 36TH STREET SUITE PHB	45-4316117	501(C)(3)	30,500.				GENERAL SUPPORT
(9) BROOKLYN COMMUNITY BAIL FUND 81 PROSPECT STREET BROOKLYN, NY 11201	90-1014588	501(C)(3)	35,000.				GENERAL SUPPORT
(10) CHURCHES UNITED FOR FAIR HOUSING 66 WHIPPLE STREET BROOKLYN, NY 11206	26-4698161	501(C)(3)	35,000.				GENERAL SUPPORT
(11) DRIVE CHANGE 630 FLUSHING AVENUE 5TH FLOOR	46-4691123	501(C)(3)	35,000.				GENERAL SUPPORT
(12) DRUM - DESIS RISING UP & MOVING 72-18 ROOSEVELT AVENUE 2ND FLOOR	38-3652741	501(C)(3)	35,000.				GENERAL SUPPORT

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**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.
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OMB No 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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Employer identification number

11-3422729

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes ☐ No
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(1) EL PUENTE 211 SOUTH 4TH STREET BROOKLYN, NY 11211	11-2614265	501(C)(3)	35,000.				GENERAL SUPPORT
(2) GIRL BE HEARD 20 JAY STREET, 210B BROOKLYN, NY 11201	27-1848709	501(C)(3)	35,000.				GENERAL SUPPORT
(3) GIRLS FOR GENDER EQUITY (GGE), INC. 25 CHAPEL STREET SUITE 1006	04-3697166	501(C)(3)	35,000.				GENERAL SUPPORT
(4) GLOBAL KIDS 137 EAST 25TH STREET 2ND FLOOR	13-3629485	501(C)(3)	35,000.				GENERAL SUPPORT
(5) GROUNDSWELL COMMUNITY MURAL PROJECT 415 ARGYLE ROAD APT 1MN BROOKLYN, NY 11218	11-3427213	501(C)(3)	35,000.				GENERAL SUPPORT
(6) KINGS AGAINST VIOLENCE INITIATIVE 402A BAINBRIDGE ST BROOKLYN, NY 11233	81-1626947	501(C)(3)	35,000.				GENERAL SUPPORT
(7) OSBOURNE ASSOCIATION 809 WESTCHESTER AVENUE BRONX, NY 10455	13-5563028	501(C)(3)	35,000.				GENERAL SUPPORT
(8) THE ARAB-AMERICAN FAMILY SUPPORT CENTER 150 COURT STREET, 3RD FLOOR	11-3167245	501(C)(3)	35,000.				GENERAL SUPPORT
(9) THE CENTER FOR ALTERNATIVE SENTENCING AND E CASES 346 BROADWAY, 3RD FLOOR	13-2668080	501(C)(3)	35,000.				GENERAL SUPPORT
(10) TURNING POINT BROOKLYN 5220 4TH AVE BROOKLYN, NY 11220	11-2838138	501(C)(3)	35,384.				GENERAL SUPPORT
(11) VERNON AVENUE PROJECT 233 WEST 21ST STREET APT 6E	27-2995249	501(C)(3)	35,384.				GENERAL SUPPORT
(12) CENTER FOR COMMUNITY ALTERNATIVES 25 CHAPEL STREET SUITE 701	16-1395992	501(C)(3)	35,854.				GENERAL SUPPORT

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

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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Department of the Treasury
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Name of the organization

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Employer identification number

11-3422729

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(1) CENTER FOR FAMILY LIFE 443 39TH ST BROOKLYN, NY 11232	11-2777066	501(C)(3)	40,000.				GENERAL SUPPORT
(2) EXALT YOUTH 150 COURT STREET, 2ND FLOOR	20-5540955	501(C)(3)	40,000.				GENERAL SUPPORT
(3) GLOBAL ACTION PROJECT 130 W 25TH ST # 2C NEW YORK, NY 10001	11-3425000	501(C)(3)	40,000.				GENERAL SUPPORT
(4) THE LINEAGE PROJECT PO BOX 4668#8375 NEW YORK, NY 10163	94-3213100	501(C)(3)	40,000.				GENERAL SUPPORT
(5) BLACK WOMEN'S BLUEPRINT P.O. BOX 24713 BROOKLYN, NY 11202	43-1952083	501(C)(3)	40,384.				GENERAL SUPPORT
(6) UPROSE 166A 22ND STREET BROOKLYN, NY 11232	11-2490531	501(C)(3)	40,384.				GENERAL SUPPORT
(7) GREEN CITY FORCE 630 FLUSHING AVENUE, 8TH FLOOR	80-0428040	501(C)(3)	45,384.				GENERAL SUPPORT
(8) MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	45,384.				GENERAL SUPPORT
(9) RED HOOK INITIATIVE 767 HICKS STREET BROOKLYN, NY 11231	20-3904662	501(C)(3)	45,384.				GENERAL SUPPORT
(10) UNITED COMMUNITY CENTERS 613 NEW LOTS AVENUE BROOKLYN, NY 11207	11-1950787	501(C)(3)	45,384.				GENERAL SUPPORT
(11) ARAB AMERICAN ASSOCIATION OF NEW YORK 7111 5TH AVENUE BROOKLYN, NY 11209	11-3604756	501(C)(3)	50,000.				GENERAL SUPPORT
(12) BROOKLYN DEFENDER SERVICES 177 LIVINGSTON STREET BROOKLYN, NY 11201	11-3305406	501(C)(3)	50,000.				GENERAL SUPPORT

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Schedule I (Form 990) (2016)

SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Department of the Treasury
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Name of the organization

BROOKLYN COMMUNITY FOUNDATION

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(1) SAFE PASSAGE 185 WEST BROADWAY NEW YORK, NY 10013	46-2946211	501(C)(3)	50,000.				GENERAL SUPPORT
(2) THE CENTER FOR ANTI-VIOLENCE EDUCATION 327 7TH STREET, 2ND FLOOR	11-2444676	501(C)(3)	50,000.				GENERAL SUPPORT
(3) COMMON JUSTICE: VERA INSTITUTE OF JUSTICE COMMON JUSTICE PROJECT 150 COURT ST. 2ND FL	13-1941627	501(C)(3)	50,384.				GENERAL SUPPORT
(4) GOOD SHEPHERD SERVICES 305 SEVENTH AVENUE, 9TH FLOOR	13-5598710	501(C)(3)	100,000.				GENERAL SUPPORT
(5) NEW YORK PEACE INSTITUTE INC. 111 JOHN ST, STE. 600 NEW YORK, NY 10038	45-1964622	501(C)(3)	100,000.				GENERAL SUPPORT
(6) PARTNERSHIP WITH CHILDREN 299 BROADWAY, SUITE 1300 NEW YORK, NY 10007	13-5596751	501(C)(3)	100,000.				GENERAL SUPPORT
(7) CENTER FOR NULEADERSHIP 510 GATES AVENUE BROOKLYN, NY 11216	45-4968344	501(C)(3)	140,384.				GENERAL SUPPORT
(8) BROOKLYN BRIDGE PARK CONSERVANCY, INC. 334 FURMAN STREET OFFICE :PIER 2-FURMAN STR	13-3277651	501(C)(3)	6,000.				DAF
(9) BROOKLYN FRIENDS SCHOOL 375 PEARL STREET BROOKLYN, NY 11201	11-1630751	501(C)(3)	6,000.				DAF
(10) HUNGER FREE AMERICA 50 BROAD STREET SUITE 1103	13-3471350	501(C)(3)	6,000.				DAF
(11) NATURAL AREAS CONSERVANCY 1234 FIFTH AVENUE NEW YORK, NY 10029	46-1791849	501(C)(3)	6,250.				DAF
(12) CATHOLIC CHARITIES OF BROOKLYN AND QUEENS 29 ABEEL STREET YONKERS, NY 10705	11-1633548	501(C)(3)	7,000.				DAF

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

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(1) KENYON COLLEGE 209 CHASE AVENUE GAMBIER, OH 43022	31-4379507	501(C)(3)	7,500.				DAF
(2) CLAREMONT MCKENNA COLLEGE 101 SOUTH MILLS AVENUE CLAREMONT, CA 91711	95-1664101	501(C)(3)	10,000.				DAF
(3) DISCALCED, INC. (DBA MARK MORRIS DANCE GROU 3 LAYFAYETTE AVENUE BROOKLYN, NY 11217	13-3577394	501(C)(3)	10,000.				DAF
(4) ENERGY VISION 138 EAST 13TH STREET NEW YORK, NY 10003	20-8031944	501(C)(3)	10,000.				DAF
(5) FRIENDS OF THE HIGH LINE THE DILLER-VON FURSTENBERG BUILDING 820 WAS	31-1734086	501(C)(3)	10,000.				DAF
(6) HOFSTRA UNIVERSITY 202 G DAVISON HALL HOFSTRA UNIVERSITY	11-1630906	501(C)(3)	10,000.				DAF
(7) INTERFAITH FAMILY 90 OAK STREET 4TH FLOOR NEWTON, MA 02464	04-3577816	501(C)(3)	10,000.				DAF
(8) THE BROOKLYN HOSPITAL FOUNDATION, INC. 121 DEKALB AVENUE BROOKLYN, NY 11201	11-2936410	501(C)(3)	10,000.				DAF
(9) CORA INC. CORA BROOKLYN, NY 11231	11-3639921	501(C)(3)	10,500.				DAF
(10) CONCERTS IN MOTION 341 W. 38TH STREET SUITE 501	27-1367692	501(C)(3)	11,000.				DAF
(11) KANSAS CITY ART INSTITUTE 4415 WARWICK AVENUE KANSAS CITY, MO 64111	44-0546278	501(C)(3)	11,500.				DAF
(12) CORO NEW YORK LEADERSHIP CENTER CORO NEW YORK LEADERSHIP CENTER 42 BROADWAY	13-357110	501(C)(3)	13,500.				DAF

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

11-3422729

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CRISTO REY BROOKLYN HIGH SCHOOL 710 EAST 37TH STREET BROOKLYN, NY 11203	26-2433224	501(C)(3)	14,600.				DAF
(2) BROOKLYN ACADEMY OF MUSIC 30 LAFAYETTE AVE BROOKLYN, NY 11217	11-2201344	501(C)(3)	15,000.				DAF
(3) ALEX HOUSE PROJECT 76 LORRAINE ST BROOKLYN, NY 11231	47-5488301	501(C)(3)	17,000.				DAF
(4) ATLAS:DIY 462 36TH STREET SUITE PHB	45-4316117	501(C)(3)	17,000.				DAF
(5) HARLEM EDUCATIONAL ACTIVITIES FUND (HEAF) 2090 ADAM CLAYTON POWELL, JR. BLVD 10TH FLO	13-3568672	501(C)(3)	17,000.				DAF
(6) CHABAD OF PORT WASHINGTON 80 SHORE ROAD PORT WASHINGTON, NY 11050	11-3281694	501(C)(3)	17,500.				DAF
(7) LURIA ACADEMY OF BROOKLYN 238 ST. MARKS AVENUE BROOKLYN, NY 11238	14-2005770	501(C)(3)	18,000.				DAF
(8) ST. JOSEPH HIGH SCHOOL ST. JOSEPH HIGH SCHOOL 80 WILLOUGHBY STREET	11-1630831	501(C)(3)	19,000.				DAF
(9) BROOKLYN COMMUNITY HOUSING AND SERVICES, IN 285 SCHERMERHORN STREET BROOKLYN, NY 11217	11-2549027	501(C)(3)	20,000.				DAF
(10) SAINT ANN'S SCHOOL 129 PIERREPONT STREET BROOKLYN, NY 11201	11-2606681	501(C)(3)	20,000.				DAF
(11) UNIVERSITY OF WASHINGTON 407 GERBERDING HALL BOX 351210	94-3079432	501(C)(3)	20,000.				DAF
(12) VERNON AVENUE PROJECT 233 WEST 21ST STREET APT 6E	27-2995249	501(C)(3)	20,000.				DAF

- 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 ▶▶

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

**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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PROSPECT PARK ALLIANCE LITCHFIELD VILLA 95 PROSPECT PARK WEST	11-2843763	501(C)(3)	21,750.				DAF
(2) GREEN CITY FORCE 630 FLUSHING AVENUE, 8TH FLOOR	80-0428040	501(C)(3)	22,000.				DAF
(3) THE SYLVIA CENTER THE SYLVIA CENTER 304 HUDSON ST. #201	20-4297703	501(C)(3)	22,500.				DAF
(4) BROOKLYN COMMUNITY BAIL FUND 81 PROSPECT STREET BROOKLYN, NY 11201	90-1014588	501(C)(3)	24,000.				DAF
(5) BROOKLYN HISTORICAL SOCIETY 350 16TH STREET BROOKLYN, NY 11215	11-1630813	501(C)(3)	26,000.				DAF
(6) BROOKLYN YOUTH CHORUS ACADEMY 179 PACIFIC STREET BROOKLYN, NY 11201	11-3129249	501(C)(3)	26,000.				DAF
(7) RED HOOK INITIATIVE 767 HICKS STREET BROOKLYN, NY 11231	20-3904662	501(C)(3)	26,300.				DAF
(8) HEIGHTS AND HILLS 57 WILLOUGHBY STREET, 4TH FLOOR	23-7237927	501(C)(3)	27,500.				DAF
(9) COMMUNITY ROOTS CHARTER SCHOOL 51 ST. EDWARDS STREET BROOKLYN, NY 11205	20-4272476	501(C)(3)	30,250.				DAF
(10) BROOKLYN COMMUNITY SERVICES 285 SCHERMERHORN STREET BROOKLYN, NY 11217	11-1630780	501(C)(3)	38,500.				DAF
(11) CUNY SCHOOL OF PROFESSIONAL STUDIES FOUNDAT 119 W. 31ST STREET, 10TH FLOOR	45-2579691	501(C)(3)	50,000.				DAF
(12) EXTREME KIDS AND CREW 71 SULLIVAN STREET BROOKLYN, NY 11231	35-2392415	501(C)(3)	50,000.				DAF

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 ▶▶

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

11-3422729

OMB No 1545-0047

2016

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PACKER COLLEGIATE INSTITUTE 170 JORALEMON STREET BROOKLYN, NY 11201	11-1633522	501(C)(3)	73,250.				DAF
(2) THE HOPE PROGRAM 1 SMITH STREET BROOKLYN, NY 11201	13-3268539	501(C)(3)	80,000.				DAF
(3) RHODE ISLAND SCHOOL OF DESIGN TWO COLLEGE STREET PROVIDENCE, RI 02903	05-0258956	501(C)(3)	100,000.				DAF
(4) BROOKLYN MUSEUM DEVELOPMENT DEPARTMENT BROOKLYN MUSEUM 200	11-1672743	501(C)(3)	425,000.				DAF
(5) NEW YORK CITY URBAN DEBATE LEAGUE 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	45-5249743	501(C)(3)	20,000.				GENERAL SUPPORT
(6) FUND FOR THE CITY OF NEW YORK INC. 121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	60,000.				GENERAL SUPPORT
(7) POWER OF TWO 400 ROCKAWAY AVENUE, SUITE 2	81-2018185	501(C)(3)	20,000.				DAF
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 116.

3 Enter total number of other organizations listed in the line 1 table. 116.

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

Schedule I (Form 990) (2016)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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 (C) (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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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 filing 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.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CECILIA CLARKE	(i) 197,832.	0.	0.	14,466.	29,553.	241,851.	
1 PRESIDENT & CEO	(ii) 0.	0.	0.				
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open To Public
Inspection**

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	16.	1,099,323.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	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		

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

Schedule M (Form 990) (2016)

JSA

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

PART III - LINE 1

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 MADE THE
TRANSITION 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 \$33 MILLION IN GRANTS TO
MORE THAN 300 NONPROFITS THROUGHOUT THE BOROUGH, BOLSTERING VITAL
PROGRAMS AND SERVICES WHILE RESPONDING TO URGENT COMMUNITY NEEDS.

PART III - LINE 4C

BROOKLYN ACCELERATOR:

SPARK PRIZE WAS LAUNCHED IN 2016 TO CELEBRATE BROOKLYN NONPROFITS AND
ENCOURAGE GREATER LOCAL GIVING. IN ITS FIRST YEAR, OVER 150 APPLICATIONS
WERE SUBMITTED AND REVIEWED BY A COMMITTEE OF LOCAL BUSINESS, CIVIC AND
PHILANTHROPIC LEADERS. 20 FINALISTS WERE INITIALLY IDENTIFIED AND WERE
THE BENEFICIARIES OF BROOKLYN GIVES, THE BOROUGH'S FIRST #GIVING TUESDAY
CAMPAIGN. IN TOTAL, OVER \$170,000 WAS RAISED IN A 24-HOUR PERIOD AND THE
FOUNDATION PROVIDED \$100,000 IN MATCHING GRANTS. ULTIMATELY, THE SPARK
COMMITTEE SELECTED 5 HONOREES THAT RECEIVED \$100,000 EACH - THESE PRIZES
WERE AWARDED AT A CELEBRATION BREAKFAST IN FEBRUARY 2017.

INCUBATOR PROJECT: CREATED TO PROVIDE A SPRINGBOARD FOR EXCITING,
EMERGING BROOKLYN ORGANIZATIONS. WITH OUR HEADQUARTERS IN CROWN HEIGHTS,

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

THE FOUNDATION SUPPORTS A SMALL COHORT OF STARTUP NONPROFITS BY PROVIDING FREE CO-WORKING SPACE FOR 18 MONTHS, CUSTOMIZED TECHNICAL ASSISTANCE AND CAPACITY BUILDING SUPPORT, AND A \$5,000 STIPEND. THROUGHOUT THE YEAR, THE FOUNDATION ALSO OFFERS TRAININGS, WORKSHOPS, BOARD MATCHING SERVICES, A NONPROFIT DIRECTORY AND FREE USE OF OUR COMMUNITY ROOM FOR BROOKLYN NONPROFITS.

PART III - LINE 4D

DONOR ADVISED FUNDS:

FOUNDATION STAFF PROVIDE CUSTOMIZED SUPPORT, GUIDANCE AND PHILANTHROPIC ADVISORY SERVICES TO DONORS WHO OPEN A DONOR ADVISED FUND (DAF) WITH THE FOUNDATION. IN 2016, THE FOUNDATION ISSUED OVER \$1.75 MILLION IN DONOR-DIRECTED GRANTS - 75% OF WHICH WENT TO BROOKLYN NONPROFITS.

PART VI - SECTION B. - QUESTION 11B

PRIOR TO FILING, ALL DIRECTORS WILL BE PROVIDED WITH THE PREPARED FORM 990 WITH THE EXCEPTION OF SCHEDULE B FOR REVIEW AND WILL BE ENCOURAGED TO SHARE CONCERNS AND QUESTIONS WITH THE AUDIT COMMITTEE AND/OR STAFF PREPARER. IN ADDITION, ALL DIRECTORS WILL BE INVITED TO ATTEND THE AUDIT COMMITTEE MEETING AT WHICH THE FORM WITH THE EXCEPTION OF SCHEDULE B WILL BE REVIEWED AND DISCUSSED WITH STAFF MANAGEMENT.

PART VI - SECTION B. - QUESTION 12C

ANNUALLY, ALL DIRECTORS AND EMPLOYEES COMPLETE A CONFLICT OF INTEREST

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

DISCLOSURE QUESTIONNAIRE WHICH IS REVIEWED BY THE DIRECTOR OF STRATEGY & OPERATIONS AND ELEVATED TO THE PRESIDENT AND GOVERNANCE & NOMINATING COMMITTEE IF ISSUES ARE NOTED. BEFORE NEW DIRECTORS ARE ELECTED TO THE BOARD, THE COMPLETED QUESTIONNAIRE IS SIMILARLY REVIEWED. AS POTENTIAL TRANSACTIONS ARE CONSIDERED, DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS, AND THE CONFLICTED DIRECTOR OR EMPLOYEE IS EXCLUDED FROM PARTICIPATING IN DELIBERATIONS AND DECISIONS CONCERNING THE MATTER. SUCH DISCLOSURES ARE NOTED IN THE MEETING MINUTES.

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

15A. COMPENSATION BENCHMARKS FROM A RETAINED SEARCH FIRM WERE EVALUATED WHEN INITIALLY SETTING COMPENSATION. THE COMPENSATION FOR THE PRESIDENT IS REVIEWED AND DECIDED UPON ANNUALLY BY THE BOARD. AS PART OF THE PROCESS, A WRITTEN PERFORMANCE APPRAISAL IS CONDUCTED. THE BOARD APPROVES ALL SALARY ADJUSTMENTS IN AN EXECUTIVE SESSION DURING WHICH CONTEMPORANEOUS MINUTES ARE NOT RECORDED. AFTER REVIEW AND DISCUSSION, THE BOARD DETERMINES THE PRESIDENT'S COMPENSATION FOR THE NEXT YEAR.

15B. OFFICERS AS WELL AS OTHER EMPLOYEES RECEIVE A PERFORMANCE APPRAISAL FROM THEIR IMMEDIATE SUPERVISORS. SALARY ADJUSTMENTS MUST BE APPROVED BY THE PRESIDENT AND WILL BE GIVEN, WHERE APPROPRIATE, BASED UPON THE PERFORMANCE APPRAISAL AND WITHIN BUDGETARY LIMITS. VARIOUS OUTSIDE SALARY SURVEYS ARE USED TO ASSIST IN DETERMINING ANY ADJUSTMENTS.

PART VI - SECTION C. - QUESTION 19

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

Name of the organization

BROOKLYN COMMUNITY FOUNDATION

Employer identification number

11-3422729

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