	 1 a	= . ^	"NOTIC					298	933	41,	016	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	j
Form 990-1	Exempt Organization Business Income Tax Return									OMB	No 7545-0687 · r	_	
12	(and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning									2018			
, .	For calendar year 2018 or other tax year beginning, and ending, and ending  Go to www irs gov/Form990T for instructions and the latest information							-   <b>Z</b> U 10					
Department of the Treasury . Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)  Open to Public Inspection.									ublic Inspection for Organizations Only	or y		
A Check box if address changed	. Name of organization ( Check box if name changed and see instructions )							D Employer identification number (Employees' trust, see instructions)					
B Exempt under section	Print	Print BROOKLYN COMMUNITY FOUNDATION							11-3422729			_	
X 501(c <u>0</u> 3 )	Type	The Number, Succe, and room of Suite no. If a 1.0. Box, See instructions.								ated busin nstruction:	ess activity code s)		
408(e) 220(e)	1000 BEAR SIREET, NO. 307												
408A530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11238											_	
C Book value of all assets at end of year  F Group exemption number (See instructions.)										<del></del>	-(		
G Check organization type X 501(c) corporation 501(c) trust 401(a) trust											Other trust	—`	
trade or business here		ation's unrelated trades or i	ousinesses. >					tne only (i , complete	,			10	
•		ace at the end of the previo	us sentence, comi	nlete Pa	rts I an							τ,	
business, then complete			ao oomonoo, oom	pioto i u		o n, complete a	001100011	J 141 101 000	., 400	a. 1. 400	OI .		
		poration a subsidiary in an	affiliated group or	a parer	nt-subs	diary controlled	group?		<b>D</b>	Ye	es [	No	_
		tifying number of the parer	nt corporation. ⊳										
J The books are in care of						4		one numb			0-7500		
<u> </u>		de or Business Inc	ome		1	(A) Incor	ne	1	Expenses		Mark Turks	(C) Net	<u></u>
1a Gross receipts or sale b Less returns and allow		1	c Ba'		10								
-		A line 7)	j C Da		1c 2					-6340	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND STREET	
	Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c				3				SECTION.		7.2		
4a Capital gain net incon					4a				Calle of				_
		Part II, line 17) (attach Forn	n 4797),		4b				Artio E.				_
c Capital loss deduction	n for tru	sts .			4c				THE STATE				_
5 Income (loss) from a	partner	ship or an S corporation (a	ttach statement)		5			F-750	がおり				_
6 Rent income (Schedu			•		<u>6</u> 7								_
	,							-					_
-	8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)							-			<del></del>		_
	9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)							ļ			<del></del>		
<ul><li>10 Exploited exempt acti</li><li>11 Advertising income (§</li></ul>		•			10	<del></del>		ļ					_
		•			12			12 E.W. 18	FFE B	(Profit			_
·	,						0.						_
Part II Deductio	ns No	ot Taken Elsewher	e (See instruct	tions fo	or limita	ations on dedu	ctions)			-			_
(Except for	contrib	utions, deductions mus	be directly con	nected	with t	he unrelated b	usiness	income)	-				_
14 Compensation of off	ficers, d	rectors, and trustees (Scho	eduie K)		, • · · ·					14			_
15 Salaries and wages			-			FIVED				15			_
16 Repairs and mainter	nance		1	F	<b>ill</b>	EIVED	701			16		<del></del>	_
17 Bad debts	vdula) (a	on unatrustions)	1	eo [		15	18			17			_
<ul><li>18 Interest (attach sche</li><li>19 Taxes and licenses</li></ul>	auue) (s	ee instructions)	1	2-65	NOA	<b>52</b> 501a	10			18 19			-
	ions (Se	e instructions for limitation	rules)	副	•		1 Sept.			20			_
21 Depreciation (attach			14100)	-	זהר	TEN. W	21	ĺ		No.			_
*-		n Schedule A and elsewher	e on return	فسسأ		2	2a			22b	Í		
23 Depletion										23			_
24 Contributions to defe	erred co	mpensation plans								24			_
25 Employee benefit pro						,				25	<b></b>		
26 Excess exempt expe										26	<u> </u>	<del></del> -	
27 Excess readership co	•	·								27			
28 Other deductions (attach schedule)								28			).		
Total deductions: Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13								29 30		<del></del>	<u>.</u>		
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)								31	Land Train	্র বিশ্বসূত্র নিশ্বস্থানী			
32 Unrelated business taxable income. Subtract line 31 from line 30								32			٠.		
823701 01-09-19 LHA FO				S.			)				Form	9 <b>90-T</b> (201	18)

						<b>.</b>
orm 99 <del>0</del> -1	(2018)	BROOKLYN COMMUNITY FOUNDATION		11-3422	729	Page
Partil	II T	otal Unrelated Business Taxable Income				
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)		33	0.
34	Amou		34	7,282.		
35		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	35			
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the su	•			
00	lines :		36	7,282.		
07			37	1,000		
37	-	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	20		3/	2,000.
38		ated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 3	50,			6 202
Dort I	_	the smaller of zero or line 36			38	6,282.
Part I		ax Computation izations Taxable as Corporations Multiply line 38 by 21% (0.21)			1	1 210
39	_	<b>•</b>	39	1,319.		
40	$\overline{}$	Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 38 from:			
		Tax rate schedule or Schedule D (Form 1041)			40	
41	Proxy	tax. See instructions			41	
42	Altern	ative minimum tax (trusts only)			42	
43	Taxo		43			
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	1,319.
Part \	/ 1	ax and Payments				
45 a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
		credits (see instructions)	45b			
		al business credit. Attach Form 3800	45c			
		for prior year minimum tax (attach Form 8801 or 8827)	45d			
		credits Add lines 45a through 45d	100		45e	
46		act line 45e from line 44		,	46	1,319.
		taxes. Check if from Form 4255 Form 8611 Form 8697 Form 886	SE Othor (	ach schedule)	47	
47			Other (att	ach schedule)		1,319.
48		tax Add lines 46 and 47 (see instructions)			48	1,319.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	l I		49	<u> </u>
	-	ents: A 2017 overpayment credited to 2018	50a			
		estimated tax payments	50b	4 550		
_		eposited with Form 8868	50c	1,750.		
d	Foreig	n organizations. Tax paid or withheld at source (see instructions)	50d			
е	Backu	p withholding (see instructions)	50e			
f	Credit	for small employer health insurance premiums (attach Form 8941)	50f			
g	Other	credits, adjustments, and payments: Form 2439				
		Form 4136 Other Total <b>&gt;</b>	50g			
51	Total	payments Add lines 50a through 50g			51	1,750.
52	Estim	ated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔲			52	
53		ue If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		▶	53	
54		ayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		<b>&gt;</b>	54	431.
55	-	the amount of line 54 you want: Credited to 2019 estimated tax	431. Refu	nded 🕨	55	0.
Part \		Statements Regarding Certain Activities and Other Information				
 56		time during the 2018 calendar year, did the organization have an interest in or a signature				Yes No
30		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				163 100
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the i	oreign country			<del>  -   -  </del>
	here					<del> </del>
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	insteror to, a torei	gn trust?		<u> </u>
		," see instructions for other forms the organization may have to file.				
58	7	the amount of tax-exempt interest received or accrued during the tax year >\$				
o:	Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat rect, and gomplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	ements, and to the be has any knowledge	st of my knowled	lge and belief,	t is true,
Sign		11/2/-		M	ay the IRS disc	uss this return with
Here			2 marl	9	e preparer show	
		Signature of officer Date 7		រោទ	structions)?	Yes No
		Print/Type preparer's name Preparer's siggature Dat	e CI	neck 🔲 i	f PTIN	
Paid		/ / / / / Nov	' 1 2 2019 <sub>°</sub>	elf- employed		
	·ror	JAMES J. REILLY	,	3	P0018	3769
Prepa		Firm's name CONDON O MEARA MCGINTY & DONNELLY LIP	l F	irm's EIN 🟲	13-3	3628255
Use C	וחי	ONE BATTERY PARK PLAZA, 7TH FL.		HIN VENT		

823711 01-09-19

Firm's address NEW YORK, NY 10004

Form **990-T** (2018)

Phone no. 212-661-7777