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/	34		_	EXTENDED TO M								
	Form	990-T	E	Exempt Organization Bus	sine	ss Income	e Tax l			OMB No	1545-0687	
ú'	v	•		(and proxy tax und				19	06	0	040	
			For cal	lendar year 2018 or other tax year beginning $\c{ m JUL}$ $\c{ m 1}$,	20	18 and ending	<u>JUN 3</u>	<u>0, 201</u>	<u>9</u>	Z I	D18	
	Depart	tment of the Treasury		► Go to www.irs.gov/Form990T for in					F	Open to Pu	iblic Inspection for	
	Interna	I Revenue Service		Do not enter SSN numbers on this form as it may	/ be ma	de public if your or	ganization is	a 501(c)(3).		501(c)(3) Or	rganizations Only	
	A L	Check box if		Name of organization (Check box if name of	hanged	and see instruction	ıs.)		(Emp	loyees' trus	cation number it, see	
		address changed			^					ictions)	04220	
		rempt under section	Print	THE BROOKLYN COLLEGE F			NC.				04329 ess activity code	
] 501(<u>ch)(3</u>)	or Type	Number, street, and room or suite no. If a P.O. bo						nstructions		
	<u> </u>	408(e) 220(e)	''	2900 BEDFORD AVE, INGE					┨			
	\vdash] 408A530(a)] 529(a)		City or town, state or province, country, and ZIP of BROOKLYN, NY 11210	ii loreig	n postar code			525	990		
	C Boo	ok value of all assets		F Group exemption number (See instructions.)	<u> </u>				525	<u> </u>		
	ate	101,636,7	30.	G Check organization type ► X 501(c) cor	poration	501(c) t	rust	401(a	trust		Other trust	L
	H En			tion's unrelated trades or businesses.	1		scribe the onl			,_ }_		
			•	EE STATEMENT 1			y one, comple				i ,	
				ce at the end of the previous sentence, complete Pa	arts I an						•	
		siness, then complete										
	l Du	ring the tax year, was	the corp	oration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled gro	up?	▶ [Ye	s X	No	
	<u>If "</u>	Yes," enter the name a	nd ident	tifying number of the parent corporation.								
	J Th			BEATRICE GILLING RAYNOR			elephone nur	nber 🕨 (718	,	<u>1-5778 </u>	
	'Pa	rt I Unrelated	Trac	le or Business Income	,	(A) Income		(B) Expense:	3	ļ	(C) Net	3
	1 a	Gross receipts or sale	s				, ,	<u> </u>		ĺ	2	ĺ
		Less returns and allow		c Balance ▶	1c				-	ļ		
	2	Cost of goods sold (S		· · ·	2		4-	*				!
	3	Gross profit. Subtract			3					 		
?		Capital gain net incom	•	•	4a			<u> </u>				
i		- ' ' '		art II, line 17) (attach Form 4797)	4b					$\vdash \!$,
		Capital loss deduction			4c 5	24,33	18	STMT	2 %		24,338.	
1		Rent income (Schedu		chip or an S corporation (attach statement)	6	24,55	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DIMI A			24,5501	
	7	Unrelated debt-finance	•	ne (Schedule F)	7							
	•			nd rents from a controlled organization (Schedule F)	\vdash							
				in 501(c)(7), (9), or (17) organization (Schedule G)	-							
		Exploited exempt activ		, , , , , , , , , , , , , , , , , , , ,	10							
<u>.</u>	11	Advertising income (S	Schedule	· J) `	11							
	12	Other income (See ins	struction	s; attach schedule)	12							
8		Total, Combine lines			13	24,33					24,338.	
}	Pa			ot Taken Elsewhere (See instructions for								
		(Except for o	contribu	itions, deductions must be directly connected	d with t	he unrelated busi	iness incom	e)				
SCANNED	14		icers, dii	rectors, and trustees (Schedule K)					14	ļ		
S	15	Salaries and wages		EN, UT	CE) 			15			
Ź	16	Repairs and mainten	ance	A					16	\vdash		
R	17	Bad debts	ما داما	ee instructions) 0202 5 1	l Lega	- B8			17	\vdash		,
Ö	10	Tayes and becase	oule) (Si	ee instructions)	VA:	, 181			18			
Þ		Charitable contribute	nnc /Sac	a instructions for limitation (III)		<u> </u>			20			
JUG	21	Depreciation (attach			SEC	21	l		1	<u> </u>		
G	22			Schedule A and elsewhere on return		22a			22b	1		
31	23	Depletion Co.	4111100 01	Todalo A and disciniore on retain		[224			23			
		Contributions to defe	erred cor	mpensation plans					24			,
2020	25	Employee benefit pro		, , , , , , , , , , , , , , , , , , ,					25			
\Box	26	Excess exempt exper	-	chedule I)					26			
	27	Excess readership co	•	•					27			
	28	Other deductions (at	tach sch	nedule)		SEE S	TATEME	NT 3	28		1,000.	
	29	Total deductions. A						28	29		1,000.	
	30	Unrelated business t	axable ır	ncome before net operating loss deduction. Subtrac	t line 29	from line 13			30	<u> </u>	<u>23,338.</u>	:
	31			oss arising in tax years beginning on or after Janua	ıry 1, 20	118 (see instructions	s)	71	31	<u> </u>	· · · · · · · · · · · · · · · · · · ·	į
	32			ncome. Subtract line 31 from line 30				31	32		23,338.	-
	82370	1 01-09-19 LHA FO	r Paper	work Reduction Act Notice, see instructions.					٠	Form	990-T ₍₂₀₁₈₎	ı



Form 990-1	THE BROOKERS COLUMN TO THE TOTAL TO THE TOTAL TO THE TENT TO THE T	11-190	4329	Page Z
Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	23,338.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	23,338.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		111	
	enter the smaller of zero or line 36	59	18	22,338.
Part I	V: Tax Computation	·	11-	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	40 >	74	4,691.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 38 from:	.[0]	88	
40	Tax rate schedule or Schedule D (Form 1041)	_		
44				
41	Proxy tax See instructions		41 -	
42	Afternative minimum tax (trusts only)		#	
43	Tax on Noncompliant Facility Income See instructions	45	43	4 601
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	95	<u> 1 44 </u>	4,691.
Part \	······································		Tases of	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
b	Other credits (see instructions)			
c	General business credit. Attach Form 3800			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		SE 74	
е	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44	-	46	4,691.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	ntach schedula)	4	
48	Total tax Add lines 46 and 47 (see instructions)	49	48	4,691.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	-	49	0.
50 a	Payments A 2017 overpayment credited to 2018	6,424.		
b	2018 estimated tax payments			
С	Tax deposited with Form 8868	1,300.	345	
d	Foreign organizations, Tax paid or withheld at source (see instructions) 50d			
е	Backup withholding (see instructions) 5De			
	Credit for small employer health insurance premiums (attach Form 8941)			
	Other credits, adjustments, and payments: Form 2439		[編]	
•	☐ Form 4136 ☐ Other ☐ Total ► \$0g			
51	Total payments. Add lines 50a through 50g] a ₁	7,724.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	• ••	52	<u> </u>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	SS	54	3,033.
		unded 🕨	5	0.
Parti			- " 	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
50	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			7.5
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
				x
	here ▶			$-\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	ngn trust?	•	A
	If 'Yes,' see instructions for other forms the organization may have to file.			1000
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		d = 1 = 2 d = 2 = 1 = 1	pora (°C2) .
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct and complete. Declaration of preparer father than taxpayorlus based on all information of which preparer has any knowledge.	rear or my Knowle	uge and belief I	
Here	1412	М	lay the IRS disci	usa thia return with
11616	TREASURER TABLE		ne preparer show	
	Signature of officer Date Title		istructions)?	X Yes No
		Check 🗶 i		
Paid		self- employed	4	
Prepa	rer CPA			140777
Use C	only Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP	Firm's EIN	39-0	0859910
	125 BAYLIS ROAD SUITE 300			
	Firm's address ► MELVILLE, NY 11747	Phone no. 6	531.752	
823711 01	09-19		Fo	rm 990-T (2018)

`								
Schedule A - Cost of Good	Is Sold. Enter	method of inve	ntory valuation 🕨 N/2	A				
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6		
2 Purchases	2		7 Cost of goods sold. S	Subtract	line 6			
3 Cost of labor	3		from line 5. Enter her	e and in	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to		Yes	No
 Other costs (attach schedule) 	4b		property produced or	acquired	d for resale) apply to		<u> </u>	
5 Total. Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Lease	d With Real Prop	erty)		
(see instructions)			. ,					
1. Description of property								
(1)								
(2)			**					
(3)								
(4)								
	2. Rent receiv	ed or accrued			T			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if ant is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connecte nd 2(b) (at	d with the income if tach schedule)	1
(1)					-		_	
(2)		İ			1	,		
(3)								
(4)			774.0					
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		ter		0.	(b) Total deductions. Enter here and on page 1,			0.
Schedule E - Unrelated Del		Income (see	e instructions)	<u> </u>	Part I, line 6, column (B)			
		130)	Instructionsy	T	3. Deductions directly con	nected wit	th or allocable	
			2. Gross income from	<u> </u>	to debt-financ	ed proper	ty	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	'	(b) Other deduction (attach schedule)	
(1)				+		+		
(1)				+		+		
(3)				+		+		
(4)	-				**· <u>·</u>	+		
4. Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divided		7. Gross income	+ .	Allocable deduct	
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property h schedule)	by column 5		reportable (column 2 x column 6)		n. Allocable deduct Dlumn 6 x total of co 3(a) and 3(b))	
(1)			%	+		+-		
(2)	1		%	†		1		
(3)			%	†				
(4)	†		%					
	<u> </u>	• • • • • • • • • • • • • • • • • • • •		<u> </u>	nter here and on page 1.	Fn	ter here and on pag	e 1
					Part I, line 7, column (A)		art I, line 7, column (
Totals			•	.	0 .	.		0.
Total dividends-received deductions	ncluded in columr	1 8	ŕ					0.

				Exempt	Controlled O	rganizatio	ons				
Name of controlled organize	ation	2. Em identifi num	cation		related income e instructions)	4. Toto payn	al of specified nents made	include	t of column 4 ed in the contr ation's gross	olling	6. Deductions directly connected with income in column 5
(1)				<u> </u>				l			
(2)				<u> </u>			_ \				
(3)											
(4)				l							
Nonexempt Controlled Organ	nizations										
7. Taxable Income		nrelated inconsee instruction		9. Total	of specified payr made	nents	10. Part of column the controllingross	nn 9 that ng organ i income	is included ization's	11, Dec with	ductions directly connected income in column 10
(1)											
(2)				l							
(3)											
(4)											
	•						Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme (see ins	ent Incor	ne of a S	Section	501(c)(7	7), (9), or (17) Org	janization				
1. Des	scription of inco	me			2. Amount of	income	 Deduction directly connected (attach sched) 	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)			•								
(4)			·								
					Enter here and Part I, fine 9, co		-				Enter here and on page 1 Part I, line 9, column (B)
Totals				>		0.			1		0.
Schedule I - Exploited	-	Activity	Income	e, Other	Than Adv	ertisin	g Income				-
Description of exploited activity	unrelated	èross business e from business	directly of with pro of uni	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)					<u>"</u>						
(3)											
(4)	İ					i					
		re and on , Part I, col (A)	page 1	re and on 1, Part I, , col (B)			• ,		-	-	Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertis	ina Incor		nstruction		L						
Part I Income From					solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	4. Advert or (loss) (c col 3) If a g cols 5 th		5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						***					
(2)			Ì								
(3)											
(4)					ヿ						,
					1		1				
Totals (carry to Part II, line (5))	<u> </u>		0.	0	<u>.l</u>		<u> </u>				0 . Form 990-T (2018

Form 990-T (2018) THE BROOKLYN COLLEGE FOUNDATION, INC. 11-19043 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Groulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-	<u></u>	•				
(2)							
(3)		`					
(4)					•		
Totals from Part I	•	0.	0.	,		, ~ , 8	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			**	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.	, ,	. , `	. ,	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3, Percent of time devoted to business	Compensation attributable to unrelated business
(1)	·	%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	·	•	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

BROOKLYN COLLEGE FOUNDATION HAS INVESTMENTS IN TRADING PARTNERSHIPS WHICH ARE ENGAGED IN THE ACTIVE CONDUCT OF A BUSINESS AS A TRADER IN SECURITIES.

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
TURINGS CRAFT INC.	- ORDINARY BUSINESS INCOME (LOSS)	24,338.
TOTAL INCLUDED ON F	FORM 990-T, PAGE 1, LINE 5	24,338.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
FORM 990-T DESCRIPTION	OTHER DEDUCTIONS	STATEMENT 3 AMOUNT