		-						20/30	3	3704208	0		
	Form	990-T	E	xempt Orga						OMB No 1545-0687	 -		
	1		F	•	nd proxy tax und			TX 20 201		2018			
		(*)	For cal	endar year 2018 or other tax ye Go to www					<u> </u>	2010			
,		Department of the Treasury Laternal Revenue Service Department of the Treasury Department of the Trea											
	A Check box if address changed Name of organization (Check box if name changed and see instructions.) D Emi (Em instructions.)										•		
		xempt under section?		23-7072915									
	X	501(c)(3	or [~] _Type	Number, street, and roon 20 JAY STRE			structions.			Unrelated business activity code See instructions)			
	<u> </u>	408(e) 220(e) 408A 530(a)											
	-]408A 530(a)]529(a)	900	00099									
	C Boo	ok value of all assets and of year		BROOKLYN, N F Group exemption numl		>			<u> </u>		. (_		
	- at 6	2,188,76	53.	G Check organization typ		poration	501(c) trust	401(a) trust	Other trust			
				tion's unrelated trades or t		1	Describe	the only (or first) ur	related				
				EE STATEMENT				complete Parts I-V		•			
				ce at the end of the previou	us sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	nal trad	e or			
		siness, then complete P			offiliated group or a para	nt oubo	diany controlled around			es X No			
				oration a subsidiary in an a ifying number of the parer		111-8008	idiary controlled group?		Y	es LALINO			
		e books are in care of		EDGARDO RIVE			Teleph	one number 🕨 (718)625-0080			
001	Pa	rt I Unrelated		le or Business Inc			(A) Income	(B) Expense		(C) Net	•		
20	√ 1a	Gross receipts or sales	1							<u> </u>			
ox) р	Less returns and allow	ances		c Balance	10		<u>-</u>		*	_		
-		Cost of goods sold (Sc				2							
3) ~	Gross profit Subtract I				3							
		Capital gain net income				4a							
	ם כ			art II, line 17) (attach Form	14797)	4b							
ž	. 5	Capital loss deduction		its hip or an S corporation (al	tach etatement)	4c							
ANNE	6	Rent income (Schedule		inp of an 3 corporation (a	itaon statement)	6							
C	7		I debt-financed income (Schedule E)										
Š	8	Interest, annuities, roya	alties, a	nd rents from a controlled	organization (Schedule F)	8					_		
	9	Investment income of a	a sectio	n 501(c)(7), (9), or (17) o	rganization (Schedule G)	9							
		Exploited exempt activi				10							
		Advertising income (So		•		11							
		Other income (See inst				12	0.						
		Total. Combine lines 3 rt II Deduction		L									
_		(Except for co	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business-income.)										
2020	14	Compensation of office	ers, dır	ectors, and trustees (Sche	dule K)		TIE	EIVED	114				
0	15	Salaries and wages					9 MAR	15	115				
~	16	Repairs and maintena	nce				B _ MAR						
MAR	17	Bad debts						0 2 2020	17				
	18	Interest (attach sched	ule) (se	e instructions)			OGD	EN, UT	10				
שָׁרֶי	19 20	Taxes and licenses	no (Coo	instructions for limitation	rulos)				19 20				
latching/ Ocden	21	Depreciation (attach F			Tules)		21		20				
n C	22	•		Schedule A and elsewher	22a		22b						
	23	Depletion							23				
Rec In Come	24	Contributions to defer	red cor	npensation plans					24				
ox =	25	Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 25											
	26												
	27												
	28	Other deductions (atta		•				. 4	28				
	29 30	Total deductions Add			Loce daduction Subtrac	et line of	from line 12	a le	30	0.	^ /		
	31			come before net operating oss arising in tax years beg					31		ן' ע		
	32	=	_		· ·	., 20	io (acc manuchona)	31	32	0.	U		
	32 Unrelated business taxable income Subtract line 31 from line 30								٦,	Form 990-T (2018)	1		

Form 990-	DIGORDIN INCID COUNCILY INCI	<u>23-70</u>	<u>72915 </u>	Page 2
Part I	II Total Unrelated Business Taxable Income			
` 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
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	20	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	35	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	<u> </u>	38	0.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	(J() >	39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	- (0		
	Tax rate schedule or Schedule D (Form 1041)	>	40	
41	Proxy tax See instructions	•	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income See instructions	1 1	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	40	44	0.
Part \	/ Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		_	
b	Other credits (see instructions) 45b		_}	
C	General business credit. Attach Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		<u> </u>	
е	Total credits Add lines 45a through 45d		45 ^f e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	ttach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)	W.	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 24	<i>'</i>	49	0.
50 a	Payments: A 2017 overpayment credited to 2018	1,757	<u>.</u>	
b	2018 estimated tax payments	2,509	<u>.</u>	
C	Tax deposited with Form 8868			
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d	·		
е	Backup 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 ► 50g		J	
51	Total payments Add lines 50a through 50g		51	4,266.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	>	58	
_54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	55 ▶	54	4,266.
2 35		nded >	55	4,266.
Part \	Statements Regarding Certain Activities and Other Information (see instruc	tions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	,		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			
	here >			_ <u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		X
	If "Yes," see instructions for other forms the organization may have to file			
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
C:	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 (other than taxpayer) is based on all information of which preparer has any knowledge.		owledge and beli	ef, it is true,
Sign	(A) 1/4 () () () () () () () ()		May the IRS discu	ss this return with
Here	wh pull willy 7/18/20 BOARD CHAIR		he preparer show	
	Signature of officer Date / Title	1	nstructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
Paid		elf- employed	1	
Prepa	rer cintib billiando			341714
Use C	Inly Firm's name ► LUTZ AND CARR, SPAS INLP	Firm's EIN 🕨	<u> 13-1</u>	655065
	551 FIFTH AVENUE,\SUITE 400			
	Firm's address ► NEW YORK, NY 10176	Phone no	212-697	
823711 01	-09-19		For	m 990-T (2018)

Schedule A - Cost of Good	is Sold. Enter	method of inve	ntory v	aluation ► N/A				 _		
1 Inventory at beginning of year 1				Inventory at end of year	6	T				
2 Purchases	2		7	Cost of goods sold St						
3 Cost of labor	3			from line 5 Enter here						
4 a Additional section 263A costs				line 2		7]			
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes	No		
Other costs (attach schedule)	45		_	property produced or a	acquired	d for resale) apply to				
5 Total Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property ar	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 		
1 Description of property										
(1)										
(2)					•					
(3)								.		
(4)	·									
	2. Rent receiv	ed or accrued								
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)		-								
(2)										
(3)										
(4)								_		
Total	0.	Total			0.					
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter •			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.	
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)						
			2	Gross income from		3 Deductions directly cor to debt-finan				
Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)		-	 							
(2)								-		
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property ischedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deducti (column 6 x total of co 3(a) and 3(b))		
(1)	<u> </u>			%						
(2)			1	%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals				▶		0			0.	
Total dividends-received deductions in	ncluded in column	8					•]		0.	

Schedule F - Interest,		-, · · · · , · · · ·			Controlled O				1300 1113	Hactio	113/	
Name of controlled organization	ation	2 Emplidentifica	ation (Net unr (loss) (see			ments made includ		Part of column 4 that is ncluded in the controlling ganization's gross income		6 Deductions directly connected with income in column 5	
(1)												
(2)					<u>-</u> -						<u></u>	
(3)				-								
(4)	I	· · · · · · · · · · · · · · · · · · ·										
Nonexempt Controlled Organ	nizations		r				_					
7 Taxable Income		related income e instructions)	(loss)	9 Total	of specified payr made	ments	10 Part of column the controllingross	mn 9 that ing organ s income	is included ization's		eductions directly connected h income in column 10	
(1)							 .					
(2)												
(3)												
(4)											-	
				•			Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals						▶			0.		0.	
Schedule G - Investme	ent Incon tructions)	ne of a S	ection 50	01(c)(1	7), (9), or	(17) Or	ganization	ì				
1 Desc	cription of incon	ne			2 Amount of	income	3 Deduction directly conne (attach sched	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											<u> </u>	
(2)												
(3)							-		•			
(4)					-							
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Totals				▶		0.					0.	
Schedule I - Exploited (see instri		Activity I	Income,	Other	Than Ad	vertisi	ng Income	•				
1 Description of exploited activity	2 Grunrelated buncome trade or bu	ousiness from	3 Expension directly connective c	ected tion id	4 Net incom from unrelated business (co minus column gain, compute through	trade or umn 2 3) If a cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									-			
(2)												
(3)												
(4)												
	Enter here page 1, line 10, c	Parti, ol (A)	Enter here an page 1, Par line 10, col	t I (B)				•			Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertisi	ing Inco-	0.	tminting'	0.		 						
Part I Income From				Con	solidated	Basis						
· · ·		2 Gross	Τ	·	4 Adverti		Τ_	Τ			7 Excess readership	
1 Name of periodical		advertising income	3 Di advertisir		or (loss) (co col 3) If a ga cols 5 th	in, compute	5 Circulati income	ion	6 Reader		costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)			1								1	
(3)]	
(4)					<u> </u>					_		
Totals (carry to Part II, line (5))	•	0		0	•						0.	
											Form 990-T (2018)	

Form 99Q-T (2018) BROOKLYN ARTS COUNCIL, INC. 23-70729

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

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 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		,					
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				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	4 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

VOLUNTARY EMPLOYEE DEDUCTIONS ON QUALIFIED TRANSIT BENEFIT TO FORM 990-T, PAGE 1

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

Identifying number

► Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates

OMB No 1545-0172

•					,			7,,
BROOKLYN ARTS COUNCIL,						AGE 10		23-7072915
Part I Election To Expense Certain Propert	y Under Section 17	9 Note, If yo	u have any li	sted p	operty,	complete Part	V before	ou complete Part I
1 Maximum amount (see instructions)							1	1,000,000.
2 Total cost of section 179 property place	d in service (see i	nstructions)					2	
3 Threshold cost of section 179 property i	efore reduction i	n limitation					3	2,500,000.
4 Reduction in limitation Subtract line 3 fr			r -0-				4	
5 Dollar limitation for tax year Subtract line 4 from line	If zero or less, enter -	0- If married film	ng separately, see	e instruct	ions		5	
6 (a) Description of prop			(b) Cost (busin			(c) Elected (cost	
								!
								·
7 Listed property Enter the amount from I	ine 29				7			
8 Total elected cost of section 179 proper		ın column (c	lines 6 and	7			8	· -
9 Tentative deduction Enter the smaller of		(0	,,	•			9	
10 Carryover of disallowed deduction from		17 Form 456	32				10	
11 Business income limitation. Enter the sm	•			ro) or li	ne 5		11	
12 Section 179 expense deduction Add lin		•		•			12	
13 Carryover of disallowed deduction to 20				•	13			
Note: Don't use Part II or Part III below for I					15			
Part II Special Depreciation Allowan				e lister	i prope	rtv 1		
14 Special depreciation allowance for qualif		·	·					
the tax year	led property (oth	er triair listet	property) pr	aceu ii	1 Sel VIC	e during	14	
15 Property subject to section 168(f)(1) elec	tion							
, , , , , , , , , , , , , , , , , , , ,	don						15 16	38,064.
16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't ii	oclude listed pror	erty See in	etructions)				110	30,004.
MACKS Depreciation (Don't	iciade listed prop		ction A			<u>.</u>		
47 MACDS deductions for secrets alread in				0			17	
17 MACRS deductions for assets placed in	•	-	-				٦ - ''	
18 If you are electing to group any assets placed in service Section B - Assets F						neral Depress	tion Syste	am
Section B - Assets F	(b) Month and		depreciation	T		Terai Deprecia	tion Syst	5111
(a) Classification of property	year placed in service	(business/in	vestment use nstructions)	(a)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
40- 2 year aranarty		,		<u> </u>				
19a 3-year property	<u> </u>			ļ				
b 5 year property	}		•	.				
c 7-year property	}							
d 10-year property	-		•		_			
e 15-year property	-							
f 20-year property	-			_	E 1,445		C/I	
g 25 year property	· ,			1	5 yrs	1414	S/L	
h Residential rental property	/				5 yrs	MM	S/L	
	/		·		5 yrs	MM	S/L	
ı Nonresidential real property	/			3	9 yrs	MM	S/L	
· · · ·		2				MM	S/L	
Section C - Assets Pl	aced in Service I	Juring 2018	lax Year U	sing tr	e Alter	native Deprec		stem
20a Class life	-			ļ .	_		S/L	
b 12-year					2 yrs		S/L	
c 30-year	/			+	0 yrs	MM	S/L	
d 40-year	//		 .	4	0 yrs	MM	S/L	
Part IV Summary (See instructions)		-			_			
21 Listed property Enter amount from line :							21	
22 Total. Add amounts from line 12, lines 1	_							
Enter here and on the appropriate lines of				tions -	see inst	tr	22	38,064.
23 For assets shown above and placed in s	ervice during the	current year	, enter the					
portion of the basis attributable to section	n 263A costs				23			

Form 4562 (2018) BROOKLYN ARTS COUNCIL 23-7072915 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Ycз No 24b If "Yes," is the evidence written? Yes No (b) (c) (e) (i) (f) (g)(d) Date Business/ Basis for depreciation Elected Type of property Cost or Recovery Method/ Depreciation placed in investment section 179 (business/investment (list vehicles first) other basis period Convention deduction service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % Property used 50% or less in a qualified business use % S/L % S/L % S/L 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes Νo employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization (f) (b) (c) (d) (e) Date amortization Amortization for this year Description of costs Amortizable

42 Amortization of costs that begins during your 2018 tax year

43 Amortization of costs that began before your 2018 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562 (2018)