| Depa                           | . Janu                                | <b>90</b><br>Jary 2020)<br>of the Treasury<br>nue Service | Under section 501(c),                                 | Organizati<br>527, or 4947(a)(1) of<br>ter social security of<br>www.irs.gov/Form99 | the Internal Revenumbers on this for | nue Code (exc<br>rm as it may b | ept private foun<br>e made public.      |   | OMB No. 1545-0047<br>2019<br>Open to Public<br>Inspection |
|--------------------------------|---------------------------------------|---|---|---|--------------------------------------|---------------------------------|---|---|---|
| AF                             | or the                                | e 2019 calend   | lar year, or tax year beg                             | inning JUL 1  | , 2019 a                             | and ending J                    | UN 30, 2                                | 020   |   |
| Bo                             | heck if<br>pplicable                  | C Name o  | f organization  |   |                                      |                                 | D Employer id                           | lentifica   | tion number   |
|                                | Addres<br>change<br>Name<br>change    | BROC  | KLYN COMMUNI  | TY PRIDE CI   | ENTER, INC                           | •                               | 26-22                                   | 14534   | 4   |
|                                | Initial<br>return<br>Final<br>return/ | 1360  | FULTON, GRO   |   | street address)                      | Room/suite                      | E Telephone r<br>347-8                  |   |   |
| _                              | termin<br>ated                        | City or t   | town, state or province, c<br>KLYN,NY 11              | ountry, and ZIP or fo   | oreign postal code                   |                                 | G Gross receipts \$<br>H(a) Is this a g | 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - | 1,054,747.  |
| -                              | _return<br>Applic                     |   | and address of principal of                           |   | UMOHR                                |                                 | for subord                              |   |   |
| L                              | _ tion<br>pendir                      |   | FULTON, GROU  |   |                                      | NY 112                          | H(b) Are all subord                     |   |   |
|                                |                                       |   |   |   |                                      |                                 |   |   | t. (see instructions)                                     |
|                                |                                       |   | X 501(c)(3) 501(<br>LGBTBROOKLYN                      |   | sitilo.) 4947(a                      |                                 | H(c) Group exe                          |   |   |
|                                |                                       |   |   | ust Association   | Other ►                              | L Voor                          |   |   | State of legal domicile: NY                               |
|                                | orm of                                |   |   |   | Ottiler                              | L rear                          |   |   | State of legal dofinitie. 14 1                            |
| Pa                             |                                       | Summary   |   |   | DOI                                  | DD DDOUT                        | DEC CEDU                                | TOPO  | AND   |
| e                              | 1                                     | Briefly describ   | be the organization's miss                            | sion or most significa  | ant activities: BCI                  | IDOUGUI (                       | DES SERV                                | DROC  | DAMATNO   |
| anc                            |                                       |   | TO BROOKLYN   |   |                                      |                                 |   |   |   |
| & Governance                   |                                       |   | ox 🕨 🛄 if the organi                                  |   |                                      | sposed of more                  | than 25% of its i                       |   | S. 11   |
| ove                            | 3                                     | Number of vo  | ting members of the gove                              | erning body (Part VI,   | line 1a)                             |                                 |   |   | 11  |
| G                              |                                       |   | dependent voting membe                                | -   |                                      |                                 |   |   | . 11  |
| Se                             | 5                                     | Total number  | of individuals employed                               | n calendar year 201   | 9 (Part V, line 2a)                  |                                 |   | 5   | 78  |
| vitie                          | 6                                     | Total number  | of volunteers (estimate if                            | necessary)  |                                      |                                 |   | 6   | 94  |
| Activities                     | 7a                                    | Total unrelate  | d business revenue from                               | Part VIII, column (C)   | , line 12                            |                                 |   | 7a  | 0.  |
| A                              | b                                     | Net unrelated   | business taxable income                               | from Form 990-T, li   | ne 39                                |                                 |   | 7b  | 0.  |
|                                |                                       |   |   |   |                                      |                                 | Prior Year                              |   | Current Year  |
|                                | 8                                     | Contributions   | and grants (Part VIII, line                           | 1h)   |                                      |                                 | 945,6                                   | 06.   | 968,671.  |
| Revenue                        |                                       |   | ice revenue (Part VIII, line                          |   |                                      |                                 |   | 0.  | 0.  |
| ver                            |                                       | •   | come (Part VIII, column (                             |   |                                      |                                 | 6                                       | 16.   | 1,706.  |
| Re                             |                                       |   | e (Part VIII, column (A), lin                         |   |                                      |                                 | 57,3                                    | 80.   | 84,370.   |
|                                |                                       |   | - add lines 8 through 11                              |   |                                      |                                 | 1,003,6                                 |   | 1,054,747.  |
|                                |                                       |   | milar amounts paid (Part                              |   |                                      |                                 |   | 0.  | 0.  |
|                                |                                       |   |   |   |                                      |                                 |   | 0.  | 0.  |
|                                |                                       |   | to or for members (Part I<br>er compensation, employe |   |                                      |                                 | 507,8                                   |   | 611,057.  |
| ses                            |                                       |   |   |   |                                      |                                 | 50170                                   | 0.  | 0.  |
| ens                            |                                       |   | fundraising fees (Part IX,                            |   | ▶141                                 | 534                             |   |   |   |
| Expenses                       | 10.00                                 |   | ing expenses (Part IX, co                             |   |                                      |                                 | 239,1                                   | 52  | 256,301.  |
| -                              |                                       |   | es (Part IX, column (A), li                           |   |                                      |                                 | 746,9                                   |   | 867,358.  |
| in the                         | 1000                                  |   | es. Add lines 13-17 (must                             |   | in (A), line 25)                     |                                 |   |   | 187,389.  |
|                                |                                       | Revenue less  | expenses. Subtract line                               | 18 from line 12   |                                      |                                 | 256,6                                   |   |   |
| Net Assets or<br>Fund Balances |                                       |   |   |   |                                      |                                 | ginning of Current                      |   | End of Year<br>874,983.                                   |
| set                            | 20                                    | Total assets (  | Part X, line 16)                                      |   |                                      |                                 | 586,3                                   |   | 140,543.  |
| t As                           | 21                                    |   | s (Part X, line 26)                                   |   |                                      |                                 | 39,2                                    |   |   |
| Pa                             | 22<br>Int II                          | Net assets or<br>Signatur                                 | fund balances. Subtract<br>e Block                    | line 21 from line 20  |                                      |                                 | 547,0                                   | 51.   | 734,440.  |
| Und                            | er pena                               | alties of periury.  | I declare that I have examin                          | ed this return, including   | accompanying sche                    | dules and statem                | ents, and to the bes                    | t of my ki  | nowledge and belief, it is                                |
|                                |                                       |   | e. Declaration of preparer (                          |   |                                      |                                 |   |   |   |
| uuo,                           | 501100                                |   | Funk  | Zulta   |                                      |                                 | 51                                      |   | 021   |
| Sim                            |                                       | Signatur  | e of officer  | )   |                                      |                                 | Date                                    |   | ,   |
| Sig                            |                                       |   | LIUS KENDRIC  | K-SMTTH BO  | DARD PREST                           | DENT                            |   |   |   |
| Her                            | e                                     |   | print name and title                                  | Surring De  |                                      |                                 |   |   |   |
|                                |                                       | Print/Type pre  |   | Prepare   | r's signature                        |                                 | Date                                    | heck  | ] PTIN  |

|   | Print/Type preparer's name  | Preparer's signature                     |                                     |  |  |  |  |
|---|-----------------------------|--|-------------------------------------|--|--|--|--|
|   | JOEL DRESSNER, CPA          | Joel L. Dussner                          | 04/21/21 if self-employed P00348540 |  |  |  |  |
| Preparer  | Firm's name GETTRY MARCUS   | CPA, P.C.                                | Firm's EIN 🕨 13-3418879             |  |  |  |  |
| Use Only  | Firm's address 88 FROEHLICH | FARM BLVD., 3RD FLOOR                    |                                     |  |  |  |  |
|   | WOODBURY, NY                | 11797                                    | Phone no.516-364-3390               |  |  |  |  |
| May the IRS discuss this return with the preparer shown above? (see instructions) |                             |  |                                     |  |  |  |  |
| 932001 01-2   |                             | t Notice, see the separate instructions. | Form <b>990</b> (2019)              |  |  |  |  |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

|        | 990 (2019) BROOKLYN COMMUNITY PRIDE CENTER, INC. 26-2214534 Page 2  |
|--------|---|
| Par    | t III Statement of Program Service Accomplishments  |
|        | Check if Schedule O contains a response or note to any line in this Part III  |
| 1      | Briefly describe the organization's mission:<br>THE ORGANZIATION'S MISSION IS TO CREATE, FORM AND ESTABLISH A   |
|        | COMMUNITY CENTER FOR THE BENEFIT OF THE LESBIAN, GAY, BISEXUAL AND  |
|        | TRANSGENDER COMMUNITY AND ANY OTHER INTERESTED INDIVIDUALS.   |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?       Yes X No         If "Yes," describe these new services on Schedule O.       Image: Comparison of the prior Form Service of the prior Form Se |
| 3      | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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.<br>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 \$535,476. including grants of \$) (Revenue \$)         THE ORGANIZATION OFFERS PROGRAMS AND EVENTS FOR THE LESBIAN, GAY,   |
|        | BISEXUAL, TRANSGENDER COMMUNITY INCLUDING PEER SUPPORT SERVICES FOR   |
|        | YOUTH, SENIORS, AND TRANS PERSONS, AS WELL AS ART AND CULTURAL  |
|        | PROGRAMMING CELEBRATING THE LGBTQ COMMUNITY. ACROSS THE SPECTRUM FROM   |
|        | YOUNG PEOPLE TO ELDERS, THE BROOKLYN COMMUNITY PRIDE CENTER ENABLES THE   |
|        | COMMUNITY TO ACTIVELY PARTICIPATE IN POSITIVE, LIFE-AFFIRMING   |
|        | ACTIVITIES. THEY OFFER A DISTINCTIVE CHOICE FOR THE RESIDENTS OF  |
|        | BROOKLYN TO CELEBRATE, HEAL, LEARN, CREATE, ORGANIZE, RELAX AND PLAY.   |
|        | THE ORGANIZATION'S WORK EXPANDS THE QUANTITY AND QUALITY OF LGBTQ   |
|        | SERVICES IN THE COMMUNITY AND STRENGTHENS THE COMMUNITY FROM THE INSIDE   |
|        | OUT.  |
|        |   |
| 4b     | (Code:) (Expenses \$including grants of \$) (Revenue \$)  |
| чы     | (code) (Expenses \$) (nevenue \$)   |
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|        |   |
| 4c     | (Code:) (Expenses \$ including grants of \$) (Revenue \$)   |
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|        |   |
| 4d     | Other program services (Describe on Schedule O.)  |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )   |
| 4e     | Total program service expenses ► 535,476.   |
| 932002 | Form <b>990</b> (2019)  |

| Form 990 (2 |                |               | COMMUNITY | PRIDE | CENTER, | INC |
|-------------|----------------|---------------|-----------|-------|---------|-----|
| Part IV     | Checklist of R | equired Scheo | dules     |       |         |     |

|        |   |             | 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   | 1           | Х            |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2           | 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  | 3           |              | <u> </u> |
| 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   | 4           |              | _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  | 5           |              | _X       |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |             |              | 37       |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6           |              | <u> </u> |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |             |              | 37       |
| _      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7           |              | <u> </u> |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |             |              | v        |
| •      | Schedule D, Part III  | 8           |              | <u> </u> |
| 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?   |             |              | х        |
| 10     | If "Yes," complete Schedule D, Part IV  | 9           |              | <u> </u> |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  | 40          |              | х        |
| 44     | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10          |              | <u>_</u> |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X   |             |              |          |
| ~      | as applicable.<br>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes." <i>complete Schedule D</i> .  |             |              |          |
| d      |   | 11a         | x            |          |
| h      | Part VI   | <u> 11a</u> |              |          |
| b      |   | 11b         |              | х        |
| c      | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i><br>Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 110         |              |          |
| Ŭ      | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c         |              | х        |
| 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   | 11d         |              | х        |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         | Х            |          |
| 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  | 11f         | x            |          |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |             |              |          |
|        | Schedule D, Parts XI and XII  | 12a         | 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   | 12b         |              | Х        |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>   | 13          |              | Х        |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a         |              | Х        |
| 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  | 14b         |              | 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  | 15          |              | 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   | 16          |              | <u> </u> |
| 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  | 17          |              | <u>X</u> |
| 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   | 18          | 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   | 19          |              | <u> </u> |
|        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a         |              | X        |
|        | 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   |             |              | 37       |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II   | 21          | 000          | X        |
| 332003 | 3 01-20-20  | ⊦orm        | <b>990</b> ( | 2019)    |

| Form 990 (2019) BROO |
|----------------------|
|----------------------|

|        |  |            | Yes | No     |
|--------|--|------------|-----|--------|
| 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? If "Yes," complete Schedule I, Parts I and III  | 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? If "Yes," complete                         |            |     |        |
|        | Schedule J   | 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? If "Yes," answer lines 24b through 24d and complete                     |            |     |        |
|        | Schedule K. If "No," go to line 25a  | 24a        |     | X      |
|        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                      | 24b        |     |        |
| с      | 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        |     |        |
|        | 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                           |            |     | 37     |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete                  |            |     | 77     |
|        | Schedule L, Part I   | 25b        |     | X      |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                        |            |     |        |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                |            |     | v      |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                     | 26         |     | X      |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,            |            |     |        |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled            | 07         |     | х      |
| 00     | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III               | 27         |     |        |
| 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):   |            |     |        |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>                | 28a        |     | х      |
| h      | "Yes," complete Schedule L, Part IV<br>A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 20a<br>28b |     | X      |
|        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If                              | 200        |     |        |
| C      | "Yes," complete Schedule L, Part IV  | 28c        |     | х      |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                               | 29         |     | X      |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation            | 25         |     |        |
| 50     | contributions? If "Yes," complete Schedule M   | 30         |     | х      |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                     | 31         |     | X      |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                       |            |     |        |
| 02     | Schedule N. Part II  | 32         |     | х      |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                             | 02         |     |        |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |     | х      |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and              |            |     |        |
|        | Part V, line 1   | 34         |     | х      |
| 35a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |     | Х      |
|        | 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)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |     |        |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?             |            |     |        |
|        | If "Yes," complete Schedule R, Part V, line 2  | 36         |     | х      |
| 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? If "Yes," complete Schedule R, Part VI                           | 37         |     | х      |
| 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         | Х   |        |
| Par    |  |            |     |        |
|        | Check if Schedule O contains a response or note to any line in this Part V   | <u></u>    |     |        |
|        |  |            | Yes | No     |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8  |            |     |        |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   |            |     |        |
| с      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                     |            |     |        |
|        | (gambling) winnings to prize winners?  | 1c         | Х   |        |
| 932004 | 01-20-20   | Form       | 990 | (2019) |

| Form 990 (2019)   |                | COMMUNITY         |           |           |             |
|-------------------|----------------|-------------------|-----------|-----------|-------------|
| Part V Statements | Regarding Othe | er IRS Filings ar | nd Tax Co | ompliance | (continued) |

|        |  |        |                        |          | Yes | No     |
|--------|--|--------|------------------------|----------|-----|--------|
| 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     | 78                     |          |     |        |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax return   | ms? .  |                        | 2b       | Х   | L      |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction   | s)     |                        |          |     |        |
|        |  |        |                        | 3a       |     | X      |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule  |        |                        | 3b       |     |        |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other a  |        | -                      |          |     | 77     |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial a   | accoui | nt)?                   | 4a       |     | X      |
| b      | If "Yes," enter the name of the foreign country  |        |                        |          |     |        |
| Fa     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A   |        |                        | Fa       |     | x      |
|        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?<br>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa  |        |                        | 5a<br>5b |     | X      |
| b<br>C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |        |                        | 50<br>5c |     |        |
|        | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th  |        |                        |          |     |        |
| u      | 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 contribut  |        |                        |          |     |        |
|        | were not tax deductible?   |        |                        | 6b       |     |        |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |        |                        |          |     |        |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se   | rvices | 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       |     |        |
| с      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w   | as req | uired                  |          |     |        |
|        | to file Form 8282?   | 1      |                        | 7c       |     | X      |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d     |                        |          |     |        |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c  |        | t?                     | 7e       |     | X      |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr   |        |                        | 7f<br>7g |     | X      |
| g      | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |        |                        |          |     | X<br>X |
| h      | 5  |        |                        |          |     |        |
| 8      | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?  | -      |                        | 8        |     |        |
| 9      | Sponsoring organizations maintaining donor advised funds.  |        |                        | 0        |     |        |
| a      |  |        |                        | 9a       |     |        |
| b      |  |        |                        | 9b       |     |        |
| 10     | Section 501(c)(7) organizations. Enter:  |        |                        |          |     |        |
| а      | 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:   |        |                        |          |     |        |
| а      | 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    |                        |          |     |        |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   |        | ?                      | 12a      |     |        |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b    | 1                      |          |     |        |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |        |                        | 13a      |     |        |
| a      | Is the organization licensed to issue qualified health plans in more than one state?   |        |                        | ISa      |     |        |
| h      | Enter the amount of reserves the organization is required to maintain by the states in which the   |        |                        |          |     |        |
| 5      | organization is licensed to issue qualified health plans   | 13b    |                        |          |     |        |
| с      | Enter the amount of reserves on hand   | 13c    |                        |          |     |        |
|        | Did the construction of the second state of the base of the second state of the second | •      |                        | 14a      |     | X      |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu  |        | 1                      | 14b      |     |        |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune   |        |                        |          |     |        |
|        | excess parachute payment(s) during the year?   |        |                        | 15       |     | X      |
|        | If "Yes," see instructions and file Form 4720, Schedule N.   |        |                        |          |     |        |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment  | t inco | ne?                    | 16       |     | X      |
|        | If "Yes," complete Form 4720, Schedule O.  |        |                        |          |     |        |

Form **990** (2019)

| Form 990 ( | 2019) |
|------------|-------|
|------------|-------|

## BROOKLYN COMMUNITY PRIDE CENTER, INC.

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

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

| <u>Sec</u> | tion 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  | 1a      | 11                      |            |            |        |
|            | 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 on Schedule 0.  |         |                         |            |            |        |
| b          | Enter the number of voting members included on line 1a, above, who are independent   | 1b      | 11                      |            |            |        |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship  | o 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   |         |                         |            |            |        |
|            |  |         |                         | 3          |            | X      |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 9  | 90 w    | as filed?               | 4          |            | Х      |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's ass   | ets?    |                         | 5          |            | Х      |
| 6          | Did the organization have members or stockholders?   |         |                         | 6          |            | Х      |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or ap   | •       |                         |            |            |        |
|            | more members of the governing body?  |         |                         | 7a         |            | X      |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members, st   |         |                         |            |            |        |
|            | persons other than the governing body?   |         |                         | 7b         |            | X      |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  |         | •                       |            |            |        |
| а          | The governing body?  |         |                         | <u>8a</u>  | 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 read   |         |                         |            |            |        |
|            | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |         |                         | 9          |            | X      |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Re   | venue   | e Code.)                |            | <u> </u>   |        |
|            |  |         |                         |            | Yes        | No     |
|            | Did the organization have local chapters, branches, or affiliates?   |         |                         | 10a        |            | Х      |
| b          | If "Yes," did the organization have written policies and procedures governing the activities of such ch  | •       |                         |            |            |        |
|            |  |         |                         | 10b        | 37         |        |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing body  | y befo  | ore filing the form?    | 11a        | Х          |        |
| b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |         |                         |            | 37         |        |
| 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                                  |         |                         | 12b        | Х          |        |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "}  | 'es," ( | describe                |            | 77         |        |
|            | in Schedule O how this was done  |         |                         | 12c        | X          |        |
| 13         | Did the organization have a written whistleblower policy?  |         |                         | 13         | X<br>X     |        |
| 14         | Did the organization have a written document retention and destruction policy?   |         |                         | 14         |            |        |
| 15         | Did the process for determining compensation of the following persons include a review and approva   | l by li | idependent              |            |            |        |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |         |                         | 45         | v          |        |
| a          | The organization's CEO, Executive Director, or top management official   |         |                         | 15a        | X          | х      |
| D          | Other officers or key employees of the organization  |         |                         | 15b        |            | ~      |
| 16-        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  | 00-     |                         |            |            |        |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent tauchte antibut during the upper          |         |                         | 10-        |            | v      |
| L.         | taxable entity during the year?<br>If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat           |         |                         | <u>16a</u> |            | X      |
| b          |  |         | -                       |            |            |        |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? |         |                         | 16b        |            |        |
| Sec        | exempt status with respect to such arrangements?   |         |                         |            |            |        |
| 17         | List the states with which a copy of this Form 990 is required to be filed <b>NY</b>   |         |                         |            |            |        |
| 18         | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar  | nd 00   | D T (Saction 501(c))(2) |            | availa     | blo    |
| 10         | for public inspection. Indicate how you made these available. Check all that apply.  | iu 99   |                         | S Offiy)   | avalla     | DIE    |
|            | X       Own website       X       Another's website       X       Upon request       Other (explain)   |         | chedule ()              |            |            |        |
| 19         | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co  |         | ,                       | d finan    | cial       |        |
|            | statements available to the public during the tax year.  | mot     | or interest policy, all |            |            |        |
| 20         | State the name, address, and telephone number of the person who possesses the organization's boo   | nks ar  | nd records              |            |            |        |
| 20         | FLOYD RUMOHR - 347-889-7719  | no al   |                         |            |            |        |
|            | 1360 FULTON, GROUND FLOOR, BROOKLYN, NY 11216  |         |                         |            |            |        |
| 932004     | 01-20-20   |         |                         | Form       | <b>990</b> | (2019) |
| 202000     |  |         |                         |            |            | ()     |
|            |  |         |                         |            |            |        |

2019.05091 BROOKLYN COMMUNITY PRIDE 16689.42

| Form 990 (2019) BROOKLYN COMMUNITY PRIDE CENTER, INC. 26-2214534  | Page 7        |
|---|---------------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated  |               |
| Employees, and Independent Contractors  |               |
| Check if Schedule O contains a response or note to any line in this Part VII  |               |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  |               |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization  | ı's tax year. |
| • List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount of comper<br>Enter -0- in columns (D), (E), and (F) if no compensation was paid.   | isation.      |
| 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 recein able 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 organization (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 organization (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 organization (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 organization (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 organization (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 organization (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 organization (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 organization (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 organization (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 organization (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization (Box 7 of Form 1099-MISC) of more than \$100,000 from the organization (Box 7 of Form 1099-MISC) of more than \$100,000 from the organization (Box 7 of Form 1099-MISC) of more than \$100,000 from the organization (Box 7 of Form 1099-MISC) of more than \$100,000 from the \$ |               |
| · · · · · · · · · · · · · · · · · · ·   |               |

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

| (A)                         | (B)                  | (C)                            |                             | (D)     | (E)   | (F)                             |           |                 |                 |                             |
|-----------------------------|----------------------|--------------------------------|-----------------------------|---------|---|---------------------------------|-----------|-----------------|-----------------|-----------------------------|
| Name and title              | Average              | (do                            | (do not check more than one |         | Reportable                                  | Reportable                      | Estimated |                 |                 |                             |
|                             | hours per            | box                            | , unle                      | ss pe   | rson i                                      | s both                          | n an      | compensation    | compensation    | amount of                   |
|                             | week                 |                                | cer ar                      | nd a d  | irecto                                      | or/trus<br>T                    | tee)      | from            | from related    | other                       |
|                             | (list any            | rector                         |                             |         |   |                                 |           | the             | organizations   | compensation                |
|                             | hours for<br>related | e or di                        | ee                          |         |   | sated                           |           | organization    | (W-2/1099-MISC) | from the                    |
|                             | organizations        | rustee                         | trust                       |         | ee  | npens                           |           | (W-2/1099-MISC) |                 | organization<br>and related |
|                             | below                | dual ti                        | itiona                      |         | nploy                                       | st cor                          | -         |                 |                 | organizations               |
|                             | line)                | Individual trustee or director | nstitutional trustee        | Officer | Key employee                                | Highest compensated<br>employee | Former    |                 |                 | organizatione               |
| (1) KAREN POTTER            | 1.00                 |                                | _                           |         | <u> </u>                                    |                                 |           |                 |                 |                             |
| BOARD MEMBER                |                      | Х                              |                             |         |   |                                 |           | 0.              | 0.              | 0.                          |
| (2) JONATHAN SANTOS RAMOS   | 2.00                 |                                |                             |         |   |                                 |           |                 |                 |                             |
| VICE PRESIDENT              |                      | Х                              |                             | Х       |   |                                 |           | 0.              | 0.              | 0.                          |
| (3) SONELIUS KENDRICK-SMITH | 2.00                 |                                |                             |         |   |                                 |           |                 |                 |                             |
| BOARD PRESIDENT             |                      | Х                              |                             | Х       |   |                                 |           | 0.              | 0.              | 0.                          |
| (4) SARITA NIRANJAN BHATT   | 1.00                 |                                |                             |         |   |                                 |           |                 |                 |                             |
| BOARD MEMBER                |                      | Х                              |                             |         |   |                                 |           | 0.              | 0.              | 0.                          |
| (5) FLOYD RUMOHR            | 40.00                |                                |                             |         |   |                                 |           |                 |                 |                             |
| CHIEF EXECUTIVE OFFICER     |                      | Х                              |                             |         |   |                                 |           | 156,923.        | 0.              | 0.                          |
| (6) ALEX SHELDON            | 1.00                 |                                |                             |         |   |                                 |           |                 |                 |                             |
| BOARD SECRETARY             |                      | Х                              |                             |         |   |                                 |           | 0.              | 0.              | 0.                          |
| (7) STEPHANIE JOHNSON       | 1.00                 |                                |                             |         |   |                                 |           |                 |                 | -                           |
| BOARD MEMBER                |                      | Х                              |                             |         | ⊢   |                                 |           | 0.              | 0.              | 0.                          |
| (8) MICHAEL ARLOTTO         | 2.00                 |                                |                             |         |   |                                 |           |                 |                 | -                           |
| TREASURER                   |                      | Х                              |                             | X       | ⊢   |                                 |           | 0.              | 0.              | 0.                          |
| (9) JOANNE JACOBSON         | 1.00                 |                                |                             |         |   |                                 |           |                 |                 | -                           |
| BOARD MEMBER                |                      | х                              |                             |         | <u> </u>                                    |                                 |           | 0.              | 0.              | 0.                          |
| (10) OMARI SCOTT            | 1.00                 |                                |                             |         |   |                                 |           |                 |                 |                             |
| BOARD MEMBER                | 1.00                 | Х                              |                             |         | <u> </u>                                    |                                 |           | 0.              | 0.              | 0.                          |
| (11) BARBARA SMALLWOOD      | 1.00                 |                                |                             |         |   |                                 |           |                 |                 |                             |
| BOARD MEMBER                | 1.00                 | Х                              |                             |         | <u> </u>                                    |                                 |           | 0.              | 0.              | 0.                          |
| (12) QUINCEY SMITH          | 1.00                 |                                |                             |         |   |                                 |           |                 |                 |                             |
| BOARD MEMBER                |                      | Х                              |                             |         | <u> </u>                                    |                                 |           | 0.              | 0.              | 0.                          |
|                             |                      |                                |                             |         |   |                                 |           |                 |                 |                             |
|                             |                      |                                |                             |         | ┝──   |                                 |           |                 |                 |                             |
|                             |                      |                                |                             |         |   |                                 |           |                 |                 |                             |
|                             |                      |                                |                             |         | –   |                                 |           |                 |                 |                             |
|                             |                      | -                              |                             |         |   |                                 |           |                 |                 |                             |
|                             |                      |                                |                             |         | ├──   |                                 |           |                 |                 |                             |
|                             |                      |                                |                             |         |   |                                 |           |                 |                 |                             |
|                             |                      |                                |                             |         | -   |                                 |           |                 |                 |                             |
|                             |                      |                                |                             |         |   |                                 |           |                 |                 |                             |
|                             | 1                    | I                              | 1                           | 1       | <u>ــــــــــــــــــــــــــــــــــــ</u> | 1                               |           | 1               | 1               |                             |

|      | 990 (2019) BROOKLYN                                  | COMMUNI                | ΤY                             | P                     | RI        | DE           | C                               | EN     | ITER,      | INC.             | 26-22             | 214    | 534     | Pa             | age <b>8</b> |
|------|--|------------------------|--------------------------------|-----------------------|-----------|--------------|---------------------------------|--------|------------|------------------|-------------------|--------|---------|----------------|--------------|
| Part | VII Section A. Officers, Directors, Trus             | tees, Key Emp          | oloy                           | ees,                  | and       | l Hig        | ghes                            | st C   | ompensa    | ated Employee    | s (continued)     |        |         |                |              |
| _    | (A)  | (B)                    |                                |                       | (0        |              |                                 |        |            | (D)              | (E)               |        |         | (F)            |              |
|      | Name and title                                       | Average                | (-1-                           |                       | Pos       |              |                                 |        | Re         | portable         | Reportable        |        | Es      | timate         | ed           |
|      |  | hours per              | box                            | , unles               | ss per    | rson i       | than o<br>s both                | n an   | 1          | pensation        | compensatio       |        | an      | nount          | of           |
|      |  | week                   | offic                          | cer an                | d a di    | irecto       | r/trus                          | tee)   | 4          | from             | from related      | 1      |         | other          |              |
|      |  | (list any              | ector                          |                       |           |              |                                 |        |            | the              | organization      | s      | com     | pensa          | tion         |
|      |  | hours for              | or dire                        |                       |           |              | ted                             |        | org        | anization        | (W-2/1099-MIS     | SC)    | fr      | om the         | е            |
|      |  | related                | stee c                         | ruste                 |           |              | ensa                            |        | (W-2/      | 1099-MISC)       |                   |        | •       | anizati        |              |
|      |  | organizations<br>below | al tru:                        | onal t                |           | loyee        | comp<br>g                       |        |            |                  |                   |        |         | d relat        |              |
|      |  | line)                  | Individual trustee or director | Institutional trustee | Officer   | Key employee | Highest compensated<br>employee | Former |            |                  |                   |        | orga    | anizatio       | ons          |
|      |  | iiiie)                 | lno                            | lns                   | 0ff       | Key          | e, <u>H</u>                     | ß      |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
| 1b 3 | Subtotal   |                        |                                |                       |           |              |                                 |        | 1          | 56,923.          |                   | 0.     |         |                | 0.           |
| c ·  | Total from continuation sheets to Part VI            | I, Section A           |                                |                       |           |              |                                 |        |            | 0.               |                   | 0.     |         |                | 0.           |
|      | Total (add lines 1b and 1c)                          |                        |                                |                       |           |              |                                 |        | 1          | 56,923.          |                   | 0.     |         |                | 0.           |
|      | Total number of individuals (including but n         |                        |                                |                       |           |              |                                 | o re   | eceived m  | ore than \$100,  | 000 of reportable | ;      |         |                |              |
|      | compensation from the organization                   |                        |                                |                       |           |              |                                 |        |            |                  | ·                 |        |         |                | 1            |
|      | · · · · · · · · · · · · · · · · · · ·                |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         | Yes            | No           |
| 3    | Did the organization list any <b>former</b> officer, | director, truste       | e. k                           | ev e                  | Iame      | ove          | e. or                           | hia    | hest com   | pensated emp     | lovee on          | [      |         |                |              |
|      | ine 1a? If "Yes," complete Schedule J for s          | -                      |                                |                       | •         | -            |                                 | Ŭ      |            | • • •            |                   |        | 3       |                | Х            |
|      | For any individual listed on line 1a, is the su      |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      | and related organizations greater than \$150         |                        |                                |                       |           |              |                                 |        |            |                  |                   |        | 4       | x              |              |
|      | Did any person listed on line 1a receive or a        |                        |                                |                       |           |              |                                 |        |            |                  |                   |        | -       |                |              |
|      | rendered to the organization? If "Yes." com          |                        |                                |                       |           |              |                                 |        |            |                  |                   |        | 5       |                | х            |
|      | on B. Independent Contractors                        |                        | , 0 /(                         | <u>JI 30</u>          |           | 5613         | 011 .                           |        |            |                  |                   |        | I       |                |              |
| 1 0  | Complete this table for your five highest co         | mpensated ind          | epe                            | nder                  | nt co     | ontra        | actor                           | rs th  | nat receiv | ed more than \$  | 100.000 of com    | pensat | ion fro | m              |              |
|      | the organization. Report compensation for            | -                      |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      | (A)  | <u>ine culonau je</u>  |                                |                       | <u>.g</u> |              |                                 |        | inte erga  | (B)              |                   |        | (0      | :)             |              |
|      | Name and business                                    | address                | NC                             | ONE                   | 2         |              |                                 |        | 0          | Description of s | ervices           | С      |         | nsatio         | n            |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
| _    |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        |         |                |              |
| 2    | Total number of independent contractors (i           | ncluding but no        | ot lin                         | nitec                 | tot       | thos         | se lis                          | ted    | above) w   | ho received me   | ore than          |        |         |                |              |
|      | \$100,000 of compensation from the organiz           | 0                      |                                |                       |           | C            |                                 |        | ·          |                  |                   |        |         |                |              |
|      |  |                        |                                |                       |           |              |                                 |        |            |                  |                   |        | Form    | 9 <b>90</b> (2 | 2019)        |

|   | <u>1 990 (</u> |   | MUNITY PR            | IDE CENTER    | , INC.                   | 26-2214          | 534 Page 9              |
|---|----------------|---|----------------------|---------------|--------------------------|------------------|-------------------------|
| Pa  | rt VII         | Statement of Revenue                          |                      |               |                          |                  |                         |
|   |                | Check if Schedule O contains a respon         | se or note to any li |               |                          |                  |                         |
|   |                |   |                      |               | (B)<br>Related or exempt | (C)<br>Unrelated | (D)<br>Revenue excluded |
|   |                |   |                      | Total revenue | function revenue         | business revenue | from tax under          |
|   |                |   |                      |               |                          |                  | sections 512 - 514      |
| ts<br>t   | 1 a            | Federated campaigns 1a                        |                      |               |                          |                  |                         |
| ran   | b              | Membership dues 1b                            |                      |               |                          |                  |                         |
| G U   | с              | Fundraising events 1c                         |                      | 7             |                          |                  |                         |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | d              | Related organizations 11                      |                      | 7             |                          |                  |                         |
| s, G<br>nils  | е              | Government grants (contributions)             | 623,500.             | _             |                          |                  |                         |
| Sii   | f              | All other contributions, gifts, grants, and   |                      | 1             |                          |                  |                         |
| her   | -              | similar amounts not included above <b>1f</b>  | 345,171.             |               |                          |                  |                         |
| ot  | g              | Noncash contributions included in lines 1a-1f | ,                    | -             |                          |                  |                         |
| Sor   | h              |   | •                    | 968,671.      |                          |                  |                         |
| 0 0   |                |   | Business Code        |               |                          |                  |                         |
| •   | 2 a            |   |                      |               |                          |                  |                         |
| Program Service<br>Revenue                                | z a<br>b       |   |                      |               |                          | +                |                         |
| Ser,  | c b            |   |                      |               |                          | +                |                         |
| am Ser  |                |   |                      |               |                          |                  |                         |
| gra<br>Re   | d              |   | _                    |               |                          |                  |                         |
| ro  | e              | All other program convice revenue             | _                    |               |                          |                  |                         |
|   |                | All other program service revenue             |                      |               |                          |                  |                         |
|   | g<br>c         | Total. Add lines 2a-2f                        |                      |               |                          |                  |                         |
|   | 3              | Investment income (including dividends, int   |                      | 1,706.        | 1,706.                   |                  |                         |
|   |                | other similar amounts)                        |                      | 1,700.        | 1,700.                   | +                |                         |
|   | 4              | Income from investment of tax-exempt bon      | •                    |               |                          |                  |                         |
|   | 5              | Royalties                                     |                      |               |                          |                  |                         |
|   | _              |   | (ii) Personal        | -             |                          |                  |                         |
|   | 6 a            | Gross rents 6a                                |                      | -             |                          |                  |                         |
|   | b              | Less: rental expenses 6b                      |                      | -             |                          |                  |                         |
|   | С              | Rental income or (loss) 6c                    |                      |               |                          |                  |                         |
|   | d              | Net rental income or (loss)                   |                      |               |                          |                  |                         |
|   | 7 a            | Gross amount from sales of (i) Securitie      | s (ii) Other         | -             |                          |                  |                         |
|   |                | assets other than inventory <b>7a</b>         |                      | -             |                          |                  |                         |
|   | b              | Less: cost or other basis                     |                      |               |                          |                  |                         |
| evenue  |                | and sales expenses 7b                         |                      | 4             |                          |                  |                         |
| svel  |                | Gain or (loss) 7c                             |                      |               |                          |                  |                         |
|   |                | Net gain or (loss)                            | <u></u>              |               |                          |                  |                         |
| Other Ro  | 8 a            | Gross income from fundraising events (not     |                      |               |                          |                  |                         |
| ð   |                | including \$ of                               |                      |               |                          |                  |                         |
|   |                | contributions reported on line 1c). See       |                      |               |                          |                  |                         |
|   |                | Part IV, line 18                              | 8a                   | 4             |                          |                  |                         |
|   | b              | Less: direct expenses                         | 8b                   |               |                          |                  |                         |
|   | с              | Net income or (loss) from fundraising events  | s 🕨                  |               |                          | L                |                         |
|   | 9 a            | Gross income from gaming activities. See      |                      |               |                          |                  |                         |
|   |                | · · · · · · · · · · · · · · · · · · ·         | 9a                   |               |                          |                  |                         |
|   | b              |   | 9b                   |               |                          |                  |                         |
|   | С              | Net income or (loss) from gaming activities   | <b>▶</b>             |               |                          |                  |                         |
|   | 10 a           | Gross sales of inventory, less returns        |                      |               |                          |                  |                         |
|   |                | and allowances                                | 10a                  |               |                          |                  |                         |
|   | b              |   | 10b                  |               |                          |                  |                         |
|   | с              | Net income or (loss) from sales of inventory  | <b>&gt;</b>          |               |                          |                  |                         |
|   |                |   | Business Code        |               |                          |                  |                         |
| ŝno   | 11 a           |   | 541610               | 48,930.       | 48,930.                  |                  |                         |
| evenue  | b              | ROOM LICENSING FEES                           | 531390               | 35,440.       | 35,440.                  |                  |                         |
| eve   | с              |   |                      |               |                          |                  |                         |
| Miscellaneous<br>Revenue                                  |                | All other revenue                             |                      |               |                          |                  |                         |
| Σ   |                | Total. Add lines 11a-11d                      |                      | 84,370.       |                          |                  |                         |
|   | 12             | Total revenue. See instructions               |                      | 1,054,747.    | 86,076.                  | 0.               | 0.                      |
| 93200   | 9 01-20        |   |                      | -             | -                        |                  | Form <b>990</b> (2019)  |

Form 990 (20

| 19) |  | BROO | I |
|-----|--|------|---|
|     |  |      |   |
|     |  |      |   |

KLYN COMMUNITY PRIDE CENTER, INC. 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).

| Do | Check if Schedule O contains a respons<br>not include amounts reported on lines 6b,                      | (A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and | <b>(D)</b><br>Fundraising |
|----|--|-----------------------|------------------------|-----------------------|---------------------------|
|    | 8b, 9b, and 10b of Part VIII.  | Total expenses        | expenses               | general expenses      | expenses                  |
| 1  | Grants and other assistance to domestic organizations  |                       |                        |                       |                           |
|    | and domestic governments. See Part IV, line 21   |                       |                        |                       |                           |
| 2  | Grants and other assistance to domestic  |                       |                        |                       |                           |
|    | individuals. See Part IV, line 22  |                       |                        |                       |                           |
| 3  | Grants and other assistance to foreign   |                       |                        |                       |                           |
|    | organizations, foreign governments, and foreign  |                       |                        |                       |                           |
|    | individuals. See Part IV, lines 15 and 16  |                       |                        |                       |                           |
| 4  | Benefits paid to or for members  |                       |                        |                       |                           |
| 5  | Compensation of current officers, directors,   | 156 000               | 70 (15                 | 47 077                | 20 021                    |
| _  | trustees, and key employees  | 156,923.              | 70,615.                | 47,077.               | 39,231                    |
| 6  | Compensation not included above to disqualified  |                       |                        |                       |                           |
|    | persons (as defined under section 4958(f)(1)) and  |                       |                        |                       |                           |
| _  | persons described in section 4958(c)(3)(B)   | 352,859.              | 269,994.               | 26,040.               | 56 925                    |
| 7  | Other salaries and wages   | 552,059.              | 209,994.               | 20,040.               | 56,825                    |
| 8  | Pension plan accruals and contributions (include   |                       |                        |                       |                           |
| ~  | section 401(k) and 403(b) employer contributions)  | 54,216.               | 33,707.                | 8,995.                | 11,514                    |
| 9  | Other employee benefits  | 47,059.               | 34,766.                | 4,311.                | 7,982                     |
| 0  | Payroll taxes  | 47,039.               | 54,700.                | 4,511.                | 7,902                     |
| 1  | Fees for services (nonemployees):  |                       |                        |                       |                           |
|    | Management   |                       |                        |                       |                           |
|    | Legal<br>Accounting  | 40,234.               |                        | 40,234.               |                           |
|    | Lobbying   | 10,2510               |                        | 40,2340               |                           |
|    | Professional fundraising services. See Part IV, line 17  |                       |                        |                       |                           |
| f  | Investment management fees   |                       |                        |                       |                           |
|    | Other. (If line 11g amount exceeds 10% of line 25,   |                       |                        |                       |                           |
| э  | column (A) amount, list line 11g expenses on Sch 0.)   | 49,964.               | 9,914.                 | 35,962.               | 4.088                     |
| 2  | Advertising and promotion  | 5,458.                | 9,914.<br>2,480.       | 698.                  | 4,088                     |
| 3  | Office expenses  | 2,750.                | 53.                    | 2,317.                | 380                       |
| 14 | Information technology   |                       |                        |                       |                           |
| 15 | Royalties  |                       |                        |                       |                           |
| 16 | Occupancy  | 88,670.               | 66,503.                | 8,518.                | 13,649                    |
| 17 | Travel   | 16,915.               | 12,088.                | 4,662.                | 165                       |
| 8  | Payments of travel or entertainment expenses   |                       | ,                      |                       |                           |
| Ū  | for any federal, state, or local public officials  |                       |                        |                       |                           |
| 9  | Conferences, conventions, and meetings   | 3,918.                | 3,207.                 | 711.                  |                           |
| 20 | Interest   | •                     |                        |                       |                           |
| 21 | Payments to affiliates   |                       |                        |                       |                           |
| 22 | Depreciation, depletion, and amortization  | 15,651.               | 11,739.                | 2,347.                | 1,565                     |
| 3  | Insurance  | 5,014.                | 3,729.                 | 512.                  | 773                       |
| 24 | Other expenses. Itemize expenses not covered   |                       |                        |                       |                           |
|    | above (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A) |                       |                        |                       |                           |
|    | amount, list line 24e expenses on Schedule 0.)   |                       |                        |                       |                           |
| а  | UTILITIES AND TELEPHONE  | 11,701.               | 8,536.                 | 1,242.                | 1,923                     |
| b  | SUPPLIES   | 6,436.                | 3,158.                 | 2,756.                | 522                       |
| с  | EQUIPMENT RENTAL   | 4,190.                | 3,171.                 | 400.                  | 619                       |
| d  | DATA AND PAYROLL PROCES  | 3,188.                |                        | 3,188.                |                           |
| е  | All other expenses   | 2,212.                | 1,816.                 | 378.                  | 18                        |
| 5  | Total functional expenses. Add lines 1 through 24e   | 867,358.              | 535,476.               | 190,348.              | 141,534                   |
| 6  | 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 Figure if following SOP 98-2 (ASC 958-720)  |                       |                        |                       |                           |

Form 990 (2019)
Part X Balance Sheet

| BROOKLYN | COMMUNITY | PRIDE | CENTER, | INC. |  |
|----------|-----------|-------|---------|------|--|
|----------|-----------|-------|---------|------|--|

26-2214534 Page 11

|                             |     | Check if Schedule O contains a response or no       | te to any lin | ie in this Part X   |                                 |          |                                 |
|-----------------------------|-----|---|---------------|---------------------|---------------------------------|----------|---------------------------------|
|                             |     |   |               |                     | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year       |
|                             | 1   | Cash - non-interest-bearing                         |               | 326,824.            | 1                               | 601,040  |                                 |
|                             | 2   | Savings and temporary cash investments              |               |                     |                                 | 2        |                                 |
|                             | 3   | Pledges and grants receivable, net                  |               |                     | 69,333.                         | 3        | 89,504                          |
|                             | 4   | Accounts receivable, net                            |               |                     | 31,209.                         | 4        | 34,992                          |
|                             | 5   | Loans and other receivables from any current of     |               |                     |                                 |          |                                 |
|                             |     | trustee, key employee, creator or founder, subs     | tantial cont  | ributor, or 35%     |                                 |          |                                 |
|                             |     | controlled entity or family member of any of the    | se persons    |                     |                                 | 5        |                                 |
|                             | 6   | Loans and other receivables from other disqual      | ified person  | is (as defined      |                                 |          |                                 |
|                             |     | under section 4958(f)(1)), and persons describe     | d in section  | 4958(c)(3)(B)       |                                 | 6        |                                 |
| s.                          | 7   | Notes and loans receivable, net                     |               |                     |                                 | 7        |                                 |
| Assets                      | 8   | Inventories for sale or use                         |               |                     |                                 | 8        |                                 |
| As                          | 9   |   |               |                     | 14,680.                         | 9        | 20,841                          |
| .                           | 10a | Land, buildings, and equipment: cost or other       |               |                     |                                 |          |                                 |
|                             |     | basis. Complete Part VI of Schedule D               | 10a           | 139,724.            |                                 |          |                                 |
|                             | b   | Less: accumulated depreciation                      | 10b           | 139,724.<br>34,180. | 121,195.                        | 10c      | 105,544                         |
| .                           | 11  | Investments - publicly traded securities            |               |                     | •                               | 11       | •                               |
|                             | 12  | Investments - other securities. See Part IV, line   |               |                     |                                 | 12       |                                 |
|                             | 13  | Investments - program-related. See Part IV, line    |               |                     | 13                              |          |                                 |
|                             | 14  | Intangible assets                                   |               | 14                  |                                 |          |                                 |
|                             | 15  | Other assets. See Part IV, line 11                  | 23,062.       | 15                  | 23,062                          |          |                                 |
|                             | 16  | Total assets. Add lines 1 through 15 (must equ      |               | 586,303.            | 16                              | 874,983  |                                 |
|                             | 17  | Accounts payable and accrued expenses               | 19,828.       | 17                  | 15,508                          |          |                                 |
|                             | 18  | Grants payable                                      |               | 18                  |                                 |          |                                 |
|                             | 19  | Deferred revenue                                    |               | 19                  |                                 |          |                                 |
|                             | 20  | <b>—</b>  |               |                     | 20                              |          |                                 |
|                             | 21  | Escrow or custodial account liability. Complete     |               |                     |                                 | 20       |                                 |
|                             | 22  | Loans and other payables to any current or forr     |               |                     |                                 | 21       |                                 |
| Liabilities                 | 22  | trustee, key employee, creator or founder, subs     |               |                     |                                 |          |                                 |
| pilit                       |     | controlled entity or family member of any of the    |               |                     |                                 | 22       |                                 |
| Lial                        | 00  |   |               |                     |                                 | 22       |                                 |
|                             | 23  | Secured mortgages and notes payable to unrel        | •             | F                   |                                 | 23<br>24 |                                 |
|                             | 24  | Unsecured notes and loans payable to unrelate       |               |                     |                                 |          |                                 |
| 1                           | 25  | Other liabilities (including federal income tax, pa |               |                     |                                 |          |                                 |
|                             |     | parties, and other liabilities not included on line | s 17-24). Go  | omplete Part X      | 19,424.                         | 05       | 125,035                         |
|                             | ~~  | of Schedule D                                       |               |                     | 39,252.                         | 25       | 140,543                         |
| -                           | 26  | Total liabilities. Add lines 17 through 25          |               |                     | JJ, 4J4.                        | 26       | 140,545                         |
| ç                           |     | Organizations that follow FASB ASC 958, ch          | eck nere      |                     |                                 |          |                                 |
| 2 J                         | ~~  | and complete lines 27, 28, 32, and 33.              |               |                     | 448,113.                        | 07       | 691,940                         |
| alai                        | 27  | Net assets without donor restrictions               | 98,938.       | 27                  | 42,500                          |          |                                 |
| ä i                         | 28  | Net assets with donor restrictions                  | 90,930.       | 28                  | 42,500                          |          |                                 |
| ň                           |     | Organizations that do not follow FASB ASC 9         |               |                     |                                 |          |                                 |
| 5                           |     | and complete lines 29 through 33.                   |               |                     |                                 |          |                                 |
| ts                          | 29  | Capital stock or trust principal, or current funds  |               |                     |                                 | 29       |                                 |
| sse   :                     | 30  | Paid-in or capital surplus, or land, building, or e |               |                     |                                 | 30       |                                 |
| Net Assets or Fund Balances | 31  | Retained earnings, endowment, accumulated in        |               |                     |                                 | 31       | <b>BA</b> 44A                   |
|                             | 32  | Total net assets or fund balances                   |               |                     | 547,051.                        | 32       | 734,440                         |
| :                           | 33  | Total liabilities and net assets/fund balances      |               |                     | 586,303.                        | 33       | 874,983<br>Form <b>990</b> (201 |

Form 990 (2019)

| Form | BROOKLYN COMMUNITY PRIDE CENTER, INC.   | 26-      | 2214534   | Pag | <sub>ge</sub> 12  |  |  |  |  |
|------|---|----------|-----------|-----|-------------------|--|--|--|--|
| Pa   | rt XI Reconciliation of Net Assets  |          |           |     |                   |  |  |  |  |
|      | Check 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        | 1,054     |     |                   |  |  |  |  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2        |           |     | <u>58.</u><br>89. |  |  |  |  |
| 3    | Revenue less expenses. Subtract line 2 from line 1  |          |           |     |                   |  |  |  |  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             |          |           |     |                   |  |  |  |  |
| 5    | Net unrealized gains (losses) on investments  | 5        |           |     |                   |  |  |  |  |
| 6    | Donated services and use of facilities  | 6        |           |     |                   |  |  |  |  |
| 7    | Investment expenses   | 7        |           |     |                   |  |  |  |  |
| 8    | Prior period adjustments  | 8        |           |     |                   |  |  |  |  |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 9        |           |     | 0.                |  |  |  |  |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |          |           |     |                   |  |  |  |  |
|      | column (B))   | 10       | 734       | 1,4 | 40.               |  |  |  |  |
| Pa   | rt XII Financial Statements and Reporting   |          |           |     |                   |  |  |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |          |           |     | Ш                 |  |  |  |  |
|      |   |          |           | Yes | No                |  |  |  |  |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |          | _         |     |                   |  |  |  |  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | 0.       |           |     |                   |  |  |  |  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |          | 2a        |     | X                 |  |  |  |  |
|      | 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?                                    |          | 2b        | Х   | <b> </b>          |  |  |  |  |
|      | 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:  |          |           |     |                   |  |  |  |  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |          |           |     |                   |  |  |  |  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | e audit, |           |     |                   |  |  |  |  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |          | 2c        | Х   | <u> </u>          |  |  |  |  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch     |          |           |     |                   |  |  |  |  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audi | :         |     |                   |  |  |  |  |
|      | Act and OMB Circular A-133?   |          | <u>3a</u> |     | X                 |  |  |  |  |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |          |           |     |                   |  |  |  |  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |          |           | 000 | L                 |  |  |  |  |

Form **990** (2019)

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Department of the Treasury

(Form 990 or 990-EZ)

## **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.

| OMB No. 1545-0047 |
|-------------------|
| 2019              |
| Open to Public    |

| Intern | al Rever  | nue Service                        |   | Go to www.irs.go       | v/Form990 for instruction                      | ons and th             | ie latest ir       | nformation.     |               | Inspection               |    |  |  |  |
|--------|-----------|------------------------------------|---|------------------------|--|------------------------|--------------------|-----------------|---------------|--------------------------|----|--|--|--|
| Nan    | ne of t   | the organizati                     | on  |                        |  |                        |                    |                 |               | identification numb      | )e |  |  |  |
| _      |           |                                    | BROO  | KLYN COMMU             | NITY PRIDE CH                                  | ENTER                  | , INC.             | ,               |               | 6-2214534                |    |  |  |  |
| Pa     | rt I      | Reason                             | for Public (  | Charity Status (       | All organizations must co                      | mplete th              | is part.) Se       | e instructions  | 3.            |                          |    |  |  |  |
| The    | organ     | ization is not a                   | a private found   | ation because it is: ( | For lines 1 through 12, cl                     | heck only              | one box.)          |                 |               |                          |    |  |  |  |
| 1      |           | A church, co                       | nvention of ch  | urches, or associatio  | on of churches described                       | in sectio              | n 170(b)(1         | I)(A)(i).       |               |                          |    |  |  |  |
| 2      |           |                                    |   |                        | (Attach Schedule E (Form                       |                        |                    |                 |               |                          |    |  |  |  |
| 3      |           |                                    | •   |                        | anization described in se                      |                        |                    |                 |               |                          |    |  |  |  |
| 4      |           |                                    | 0   | ation operated in co   | njunction with a hospital                      | described              | in sectio          | n 170(b)(1)(A   | )(iii). Enter | the hospital's name,     |    |  |  |  |
|        |           | city, and stat                     | -   |                        |  |                        |                    |                 |               |                          |    |  |  |  |
| 5      |           |                                    |   |                        | llege or university owned                      | or operat              | ed by a go         | overnmental u   | nit describe  | ed in                    |    |  |  |  |
|        |           |                                    |   | Complete Part II.)     |  |                        |                    |                 |               |                          |    |  |  |  |
| 6      |           |                                    | -   | -                      | nental unit described in                       |                        |                    |                 |               |                          |    |  |  |  |
| 7      | X         | -                                  |   | •                      | intial part of its support fr                  | om a gove              | ernmental          | unit or from th | ne general p  | public described in      |    |  |  |  |
| _      |           |                                    | section 170(b)(1)(A)(vi). (Complete Part II.)<br>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) |                        |  |                        |                    |                 |               |                          |    |  |  |  |
| 8      |           |                                    |   |                        |  |                        |                    |                 |               |                          |    |  |  |  |
| 9      |           | -                                  | -   |                        | in section 170(b)(1)(A)(i                      |                        | -                  |                 | -             | -                        |    |  |  |  |
|        |           |                                    | or a non-land-g   | grant college of agric | ulture (see instructions).                     | Enter the i            | name, city         | , and state of  | the college   | or                       |    |  |  |  |
| 40     |           | university:                        |   |                        |  |                        |                    |                 |               | -1                       | _  |  |  |  |
| 10     |           |                                    |   |                        | e than 33 1/3% of its supp                     |                        |                    |                 |               |                          |    |  |  |  |
|        |           |                                    |   |                        | ct to certain exceptions,                      | . ,                    |                    |                 |               | •                        | π  |  |  |  |
|        |           |                                    |   |                        | (less section 511 tax) fro                     | m busines              | ses acqui          | red by the org  | janization a  | inter June 30, 1975.     |    |  |  |  |
| 11     |           |                                    |   | mplete Part III.)      | ively to test for public sat                   | aty Soo                | soction 50         | O(a)(4)         |               |                          |    |  |  |  |
| 12     | $\square$ | -                                  | •   | -                      | ively for the benefit of, to                   | •                      |                    |                 | rny out the   | nurnoses of one or       |    |  |  |  |
| 12     |           | -                                  | •   | -                      | ed in section 509(a)(1) o                      |                        |                    |                 | •             |                          |    |  |  |  |
|        |           |                                    |   | -                      | f supporting organization                      |                        |                    |                 |               |                          |    |  |  |  |
| а      |           | 7                                  | -   | • •                    | supervised, or controlled                      |                        |                    |                 | -             | aivina                   |    |  |  |  |
|        |           |                                    |   | -                      | gularly appoint or elect a                     | • • • •                | -                  |                 |               |                          |    |  |  |  |
|        |           |                                    | -   | complete Part IV, Se   |  |                        |                    |                 |               |                          |    |  |  |  |
| b      |           | ¬ -                                |   | -                      | d or controlled in connect                     | ion with it:           | s supporte         | ed organizatio  | n(s). bv hav  | rina                     |    |  |  |  |
|        |           |                                    |   | -                      | anization vested in the sa                     |                        |                    | -               |               | -                        |    |  |  |  |
|        |           |                                    | -   | t complete Part IV,    |  |                        |                    |                 |               |                          |    |  |  |  |
| с      |           | Type III fui                       | nctionally inte   | grated. A supportin    | g organization operated                        | in connect             | tion with, a       | and functional  | ly integrate  | d with,                  |    |  |  |  |
|        |           | its support                        | ed organizatio  | n(s) (see instructions | s). You must complete F                        | Part IV, Se            | ctions A,          | D, and E.       |               |                          |    |  |  |  |
| d      |           | ] Type III no                      | n-functionally  | integrated. A supp     | porting organization oper                      | ated in co             | nnection w         | vith its suppo  | ted organiz   | ation(s)                 |    |  |  |  |
|        |           | that is not                        | functionally int  | egrated. The organiz   | zation generally must sati                     | isfy a distr           | ibution rec        | quirement and   | I an attentiv | veness                   |    |  |  |  |
|        |           | requiremen                         | it (see instructi   | ions). You must cor    | mplete Part IV, Sections                       | A and D,               | and Part           | ۷.              |               |                          |    |  |  |  |
| е      |           | Check this                         | box if the orga   | anization received a   | written determination from                     | m the IRS              | that it is a       | Туре I, Туре    | II, Type III  |                          |    |  |  |  |
|        |           | functionally                       | integrated, or  | Type III non-functio   | nally integrated supporting                    | ng organiz             | ation.             |                 |               |                          |    |  |  |  |
| f      |           |                                    | of supported o  | •                      |  |                        |                    |                 |               |                          | _  |  |  |  |
| g      |           | vide the follow<br>i) Name of supp |   | about the supporte     | ed organization(s). (iii) Type of organization | (iv) Is the orga       | anization listed   | (v) Amount o    | fmonetary     | (vi) Amount of other     |    |  |  |  |
|        | ,         | organizatior                       |   | (1) 2.11               | (described on lines 1-10                       | in your governi<br>Yes | ng document?<br>No | support (see in | -             | support (see instruction |    |  |  |  |
|        |           | -                                  |   |                        | above (see instructions))                      | 163                    |                    |                 |               |                          | -  |  |  |  |
|        |           |                                    |   |                        |  |                        |                    |                 |               |                          |    |  |  |  |
|        |           |                                    |   |                        |  |                        |                    |                 |               |                          | -  |  |  |  |
|        |           |                                    |   |                        |  |                        |                    |                 |               |                          |    |  |  |  |
|        |           |                                    |   |                        |  |                        |                    |                 |               |                          | -  |  |  |  |
|        |           |                                    |   |                        |  |                        |                    |                 |               |                          |    |  |  |  |
|        |           |                                    |   |                        |  |                        |                    |                 |               |                          | -  |  |  |  |
|        |           |                                    |   |                        |  |                        |                    |                 |               |                          |    |  |  |  |
|        |           |                                    |   |                        |  |                        |                    |                 |               |                          | _  |  |  |  |
|        |           |                                    |   |                        |  |                        |                    |                 |               |                          |    |  |  |  |
| Tota   | al        |                                    |   |                        |  |                        |                    |                 |               |                          |    |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990 EZ) 2019 BROOKLYN COMMUNITY PRIDE CENTER INC 26-2214534 Page 2 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.)

| Sec  | ction A. Public Support   |                      |                      |                        |                     |                    |                  |  |  |  |
|------|---|----------------------|----------------------|------------------------|---------------------|--------------------|------------------|--|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨   | (a) 2015             | <b>(b)</b> 2016      | <b>(c)</b> 2017        | (d) 2018            | (e) 2019           | <b>(f)</b> Total |  |  |  |
| 1    | Gifts, grants, contributions, and   |                      |                      |                        |                     |                    |                  |  |  |  |
|      | membership fees received. (Do not   |                      |                      |                        |                     |                    |                  |  |  |  |
|      | include any "unusual grants.")  | 439,274.             | 340,884.             | 663,876.               | 1003602.            | 1054747.           | 3502383.         |  |  |  |
| 2    | Tax revenues levied for the organ-  |                      |                      |                        |                     |                    |                  |  |  |  |
|      | ization's benefit and either paid to  |                      |                      |                        |                     |                    |                  |  |  |  |
|      | or expended on its behalf   |                      |                      |                        |                     |                    |                  |  |  |  |
| 3    | The value of services or facilities   |                      |                      |                        |                     |                    |                  |  |  |  |
|      | furnished by a governmental unit to   |                      |                      |                        |                     |                    |                  |  |  |  |
|      | the organization without charge   |                      |                      |                        |                     |                    |                  |  |  |  |
| 4    | Total. Add lines 1 through 3  | 439,274.             | 340,884.             | 663,876.               | 1003602.            | 1054747.           | 3502383.         |  |  |  |
| 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)  |                      |                      |                        |                     |                    |                  |  |  |  |
| 6    | Public support. Subtract line 5 from line 4.  |                      |                      |                        |                     |                    | 3502383.         |  |  |  |
| Sec  | ction B. Total Support  |                      |                      |                        | •                   |                    |                  |  |  |  |
| Cale | ndar year (or fiscal year beginning in) 🕨   | (a) 2015             | <b>(b)</b> 2016      | (c) 2017               | (d) 2018            | (e) 2019           | (f) Total        |  |  |  |
| 7    | Amounts from line 4   | 439,274.             | 340,884.             | 663,876.               | 1003602.            | 1054747.           | 3502383.         |  |  |  |
| 8    | Gross income from interest,   |                      |                      |                        |                     |                    |                  |  |  |  |
|      | dividends, payments received on   |                      |                      |                        |                     |                    |                  |  |  |  |
|      | securities loans, rents, royalties,   |                      |                      |                        |                     |                    |                  |  |  |  |
|      | and income from similar sources   |                      |                      |                        |                     |                    |                  |  |  |  |
| 9    | Net income from unrelated business  |                      |                      |                        |                     |                    |                  |  |  |  |
|      | activities, whether or not the  |                      |                      |                        |                     |                    |                  |  |  |  |
|      | business is regularly carried on  |                      |                      |                        |                     |                    |                  |  |  |  |
| 10   | Other income. Do not include gain   |                      |                      |                        |                     |                    |                  |  |  |  |
|      | or loss from the sale of capital  |                      |                      |                        |                     |                    |                  |  |  |  |
|      | assets (Explain in Part VI.)  |                      |                      |                        |                     |                    |                  |  |  |  |
| 11   | <b>Total support.</b> Add lines 7 through 10  |                      |                      |                        |                     |                    | 3502383.         |  |  |  |
|      | Gross receipts from related activities,   | etc. (see instructio | ons)                 |                        |                     | 12                 |                  |  |  |  |
| 13   | First five years. If the Form 990 is for  | r the organization's | first, second, third | d, fourth, or fifth ta | x year as a sectior | 1 501(c)(3)        |                  |  |  |  |
|      | organization, check this box and stor   | bhere                |                      |                        | -                   |                    |                  |  |  |  |
| Sec  | ction C. Computation of Publi   | c Support Per        | centage              |                        |                     |                    |                  |  |  |  |
| 14   | Public support percentage for 2019 (I   | ine 6, column (f) di | vided by line 11, c  | olumn (f))             |                     | 14                 | 100.00 %         |  |  |  |
| 15   | Public support percentage from 2018   | Schedule A, Part     | II, line 14          |                        |                     | 15                 | <u>100.00 %</u>  |  |  |  |
|      | 33 1/3% support test - 2019. If the o   |                      |                      |                        |                     | ore, check this bo | k and            |  |  |  |
|      | stop here. The organization qualifies   | as a publicly supp   | orted organization   |                        |                     |                    | ► X              |  |  |  |
| b    | 33 1/3% support test - 2018. If the o   | organization did no  | t check a box on l   | ine 13 or 16a, and     | line 15 is 33 1/3%  | or more, check thi | s box            |  |  |  |
|      | and stop here. The organization qual  |                      |                      |                        |                     |                    |                  |  |  |  |
| 17a  | 10% -facts-and-circumstances test   |                      |                      |                        |                     |                    |                  |  |  |  |
|      | and if the organization meets the "fac  |                      |                      |                        |                     |                    |                  |  |  |  |
|      | meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization |                      |                      |                        |                     |                    |                  |  |  |  |
| b    | 10% -facts-and-circumstances test   |                      |                      |                        |                     |                    |                  |  |  |  |
|      | more, and if the organization meets th  | -                    |                      |                        |                     |                    |                  |  |  |  |
|      | organization meets the "facts-and-circ  |                      |                      |                        | • •                 |                    |                  |  |  |  |
| 18   | Private foundation. If the organization   |                      |                      |                        |                     |                    |                  |  |  |  |
|      |   |                      |                      |                        | Sobo                | dule A (Form 990   | or 000 E7) 2010  |  |  |  |

Schedule A (Form 990 or 990-EZ) 2019

## Schedule A (Form 990 or 990-EZ) 2019 BROOKLYN COMMUNITY PRIDE CENTER, INC. 26-2214534 Page 3 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.)

| Sec   | ction A. Public Support  |                           |                            |                        | -                   |                                |                   |
|-------|--|---------------------------|----------------------------|------------------------|---------------------|--------------------------------|-------------------|
| Cale  | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015           | <b>(b)</b> 2016            | (c) 2017               | (d) 2018            | (e) 2019                       | (f) Total         |
| 1     | Gifts, grants, contributions, and  |                           |                            |                        |                     |                                |                   |
|       | membership fees received. (Do not  |                           |                            |                        |                     |                                |                   |
|       | include any "unusual grants.")   |                           |                            |                        |                     |                                |                   |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                           |                            |                        |                     |                                |                   |
| 3     | Gross receipts from activities that are not an unrelated trade or bus-   |                           |                            |                        |                     |                                |                   |
|       | iness under section 513  |                           |                            |                        |                     |                                |                   |
| 4     | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                           |                            |                        |                     |                                |                   |
| 5     | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                           |                            |                        |                     |                                |                   |
| 6     | Total. Add lines 1 through 5   |                           |                            |                        |                     |                                |                   |
|       | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                           |                            |                        |                     |                                |                   |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                           |                            |                        |                     |                                |                   |
| c     | Add lines 7a and 7b  |                           |                            |                        |                     |                                |                   |
|       | Public support. (Subtract line 7c from line 6.)  |                           |                            |                        |                     |                                |                   |
| Sec   | ction B. Total Support   |                           | •                          |                        | •                   | •                              |                   |
| Cale  | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015           | (b) 2016                   | (c) 2017               | (d) 2018            | (e) 2019                       | (f) Total         |
|       | Amounts from line 6  |                           |                            |                        |                     |                                |                   |
|       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>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  |                           |                            |                        |                     |                                |                   |
|       | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                           |                            |                        |                     |                                |                   |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>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, thi       | rd, fourth, or fifth t | ax year as a sectio | on 501(c)(3) organiz           | zation,           |
| _     | check this box and stop here   |                           |                            |                        |                     |                                |                   |
| Sec   | ction C. Computation of Public   | c Support Pe              | rcentage                   |                        |                     | <b>.</b> .                     |                   |
| 15    | Public support percentage for 2019 (li   | ne 8, column (f), d       | divided by line 13,        | column (f))            |                     | 15                             | %                 |
|       | Public support percentage from 2018  |                           |                            |                        |                     | 16                             | %                 |
| Sec   | ction D. Computation of Inves  | tment Incom               | e Percentage               |                        |                     |                                |                   |
| 17    | Investment income percentage for 20  | <b>19</b> (line 10c, colu | mn (f), divided by I       | ine 13, column (f))    |                     | 17                             | %                 |
| 18    | Investment income percentage from 2  | 2018 Schedule A,          | , Part III, line 17 $_{.}$ |                        |                     | 18                             | %                 |
| 19a   | <b>33 1/3% support tests - 2019.</b> If the  | organization did          | not check the box          | on line 14, and lin    | e 15 is more than 3 | 33 1/3%, and line <sup>-</sup> | 17 is not         |
|       | more than 33 1/3%, check this box an   | d <b>stop here.</b> The   | e organization qual        | ifies as a publicly    | supported organiza  | ation                          |                   |
| b     | <b>33 1/3% support tests - 2018.</b> If the  | organization did          | not check a box or         | n line 14 or line 19   | a, and line 16 is m | ore than 33 1/3%,              | and               |
|       | line 18 is not more than 33 1/3%, chec   | ck this box and <b>s</b>  | top here. The orga         | anization qualifies    | as a publicly supp  | orted organization             |                   |
| 20    | Private foundation. If the organization  | <u>n did not check a</u>  | box on line 14, 19         | a, or 19b, check t     | his box and see in  | structions                     |                   |
| 93202 | 23 09-25-19  |                           |                            |                        | Sch                 | nedule A (Form 99              | 0 or 990-EZ) 2019 |

12590421 756254 16689.49182

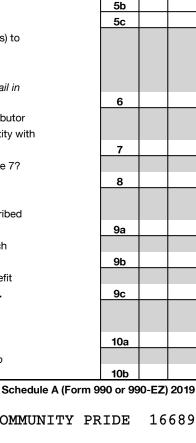
# Schedule A (Form 990 or 990-EZ) 2019 BROOKLYN COMMUNITY PRIDE CENTER, INC. 26-2214534 Page 4 Part IV Supporting Organizations

(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

- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.)

932024 09-25-19



Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

## Schedule A (Form 990 or 990-EZ) 2019 BROOKLYN COMMUNITY PRIDE CENTER, INC. 26-2214534 Page 5 Part IV Supporting Organizations (continued)

|        |  |                  | Yes      | No   |
|--------|--|------------------|----------|------|
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |                  |          |      |
| а      | 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?   | 11a              |          |      |
| h      | A family member of a person described in (a) above?  | 11b              |          |      |
|        |  | 11c              |          |      |
| Sec    | 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.<br>tion B. Type I Supporting Organizations |                  |          |      |
| 000    |  |                  | <b>v</b> |      |
|        |  |                  | 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.   | 1                |          |      |
| 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.   | 2                |          |      |
| Sec    | tion C. Type II Supporting Organizations   | 2                |          |      |
| 000    |  |                  | Y.       | NI - |
|        |  |                  | 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).   | 1                |          |      |
| Sec    | tion 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?   | 1                |          |      |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |                  |          |      |
| 2      |  |                  |          |      |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how  | •                |          |      |
| -      | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2                |          |      |
| 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.   | 3                |          |      |
| Sec    | tion 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).                                |                  |          |      |
| а      | 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.  |                  |          |      |
| с      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr   | uctions          |          |      |
| 2      | Activities Test. Answer (a) and (b) below.   | uotiono)         | Yes      | No   |
| a      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |                  |          |      |
| u      |  |                  |          |      |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>  |                  |          |      |
|        | 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.   | 2a               |          |      |
| 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.   | 2b               |          |      |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.   |                  |          |      |
|        | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |                  |          |      |
|        | trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | 3a               |          |      |
| h      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |                  |          |      |
| U      |  | 3b               |          |      |
|        | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.<br>5 09-25-19 Schedule A (Form 99              |                  | 0 57     | 2040 |
| 932025 | 5 09-25-19 Schedule A (Form 9  | <b>20 01 3</b> 2 | ,∪-EZ)   | 2019 |

Schedule A (Form 990 or 990-EZ) 2019

| Sche | dule A (Form 990 or 990-EZ) 2019 BROOKLYN COMMUNITY PRIDE                         |          |                             | 26-2214534 Page 6               |
|------|---|----------|-----------------------------|---------------------------------|
| Pa   | Type III Non-Functionally Integrated 509(a)(3) Supporting                         | Orga     | nizations                   |                                 |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying t | trust or | n Nov. 20, 1970 (explain in | Part VI). See instructions. All |
|      | other Type III non-functionally integrated supporting organizations must com      | plete S  | Sections A through E.       |                                 |
| Sect | ion A - Adjusted Net Income   |          | (A) Prior Year              | (B) Current Year<br>(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        |                             |                                 |
| Sect | ion B - Minimum Asset Amount  |          | (A) Prior Year              | (B) Current Year<br>(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       |                             |                                 |
| е    | Discount claimed for blockage or other  |          |                             |                                 |
|      | factors (explain in detail in <b>Part VI</b> ):                                   |          |                             |                                 |
| 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        |                             |                                 |
| Sect | ion 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  | integra  | ted Type III supporting or  | ganization (see                 |

instructions).

Schedule A (Form 990 or 990-EZ) 2019

## Schedule A (Form 990 or 990-EZ) 2019 BROOKLYN COMMUNITY PRIDE CENTER, INC. 26-2214534 Page 7

| Par   | t V   Type III Non-Functionally Integrated 509   | (a)(3) Supporting Orga        | anizations <sub>(continued)</sub>      |   |  |  |  |
|-------|--|-------------------------------|--|---|--|--|--|
| Secti | on D - Distributions   |                               |  | Current Year                              |  |  |  |
| _1    | Amounts paid to supported organizations to accomplish exe                              | mpt purposes                  |  |   |  |  |  |
| 2     | 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 purpose                              | es of supported organization  | s                                      |   |  |  |  |
| 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                        | ne organization is responsive | 9                                      |   |  |  |  |
|       | (provide details in Part VI). See instructions.  |                               |  |   |  |  |  |
| 9     | Distributable amount for 2019 from Section C, line 6                                   |                               |  |   |  |  |  |
| 10    | Line 8 amount divided by line 9 amount   |                               |  |   |  |  |  |
| Secti | on E - Distribution Allocations (see instructions)                                     | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |  |  |  |
| 1     | Distributable amount for 2019 from Section C, line 6                                   |                               |  |   |  |  |  |
| 2     | Underdistributions, if any, for years prior to 2019 (reason-                           |                               |  |   |  |  |  |
|       | able cause required- explain in Part VI). See instructions.                            |                               |  |   |  |  |  |
| 3     | Excess distributions carryover, if any, to 2019  |                               |  |   |  |  |  |
| a     | From 2014  |                               |  |   |  |  |  |
| b     | From 2015  |                               |  |   |  |  |  |
| C     | From 2016  |                               |  |   |  |  |  |
| d     | From 2017  |                               |  |   |  |  |  |
| e     | From 2018  |                               |  |   |  |  |  |
| f     | Total of lines 3a through e  |                               |  |   |  |  |  |
| g     | Applied to underdistributions of prior years   |                               |  |   |  |  |  |
| h     | Applied to 2019 distributable amount   |                               |  |   |  |  |  |
| i     | Carryover from 2014 not applied (see instructions)                                     |                               |  |   |  |  |  |
| j_    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                      |                               |  |   |  |  |  |
| 4     | Distributions for 2019 from Section D,   |                               |  |   |  |  |  |
|       | line 7: \$   |                               |  |   |  |  |  |
| a     | Applied to underdistributions of prior years   |                               |  |   |  |  |  |
| b     | Applied to 2019 distributable amount   |                               |  |   |  |  |  |
| C     | Remainder. Subtract lines 4a and 4b from 4.  |                               |  |   |  |  |  |
| 5     | Remaining underdistributions for years prior to 2019, if                               |                               |  |   |  |  |  |
|       | any. Subtract lines 3g and 4a from line 2. For result greater                          |                               |  |   |  |  |  |
|       | than zero, explain in <b>Part VI.</b> See instructions.                                |                               |  |   |  |  |  |
| 6     | Remaining underdistributions for 2019. Subtract lines 3h                               |                               |  |   |  |  |  |
|       | and 4b from line 1. For result greater than zero, explain in                           |                               |  |   |  |  |  |
|       | Part VI. See instructions.   |                               |  |   |  |  |  |
| 7     | Excess distributions carryover to 2020. Add lines 3j                                   |                               |  |   |  |  |  |
|       | and 4c.  |                               |  |   |  |  |  |
| 8     | Breakdown of line 7:   |                               |  |   |  |  |  |
|       | Excess from 2015   |                               |  |   |  |  |  |
|       | Excess from 2016   |                               |  |   |  |  |  |
|       | Excess from 2017   |                               |  |   |  |  |  |
|       | Excess from 2018   |                               |  |   |  |  |  |
| е     | Excess from 2019   |                               |  |   |  |  |  |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A | (Form 990 or 990-EZ) 2019                                     | BROOKLYN           | COMMUNITY              | PRIDE                          | CENTER,                             | INC.               | 26-2214534              | Page 8 |
|------------|---|--------------------|------------------------|--------------------------------|-------------------------------------|--------------------|-------------------------|--------|
| Part VI    | Supplemental Inform   | mation. Provide    | e the explanations re  | quired by Pa                   | rt II. line 10: Pa                  | rt 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, 1   | a, 11b, and                    | 11c; Part IV, Se                    | ction B, lines 1   | and 2; Part IV, Section | С,     |
|            | line 1; Part IV, Section D, I<br>Section D, lines 5, 6, and 8 | B; and Part V, Sec | tion E, lines 2, 5, an | 1C, 2a, 2b, 3<br>d 6. Also cor | a, and 30; Part<br>nplete this part | for any additior   | al information.         | πv,    |
|            | (See instructions.)   |                    |                        |                                |                                     | ,                  |                         |        |
|            |   |                    |                        |                                |                                     |                    |                         |        |
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Schedule A (Form 990 or 990-EZ) 2019

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### mo of the organization

## Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2019

polover identification number с,

| Name of the organiza |   |                              |
|----------------------|---|------------------------------|
|                      | BROOKLYN COMMUNITY PRIDE CENTER, INC.   | 26-2214534                   |
| Organization type (c | heck one):  |                              |
| Filers of:           | Section:  |                              |
| Form 990 or 990-EZ   | $\fbox{3}$ 501(c)( 3) (enter number) organization   |                              |
|                      | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  | 1                            |
|                      | 527 political organization  |                              |
| Form 990-PF          | 501(c)(3) exempt private foundation   |                              |
|                      | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |                              |
|                      | 501(c)(3) taxable private foundation  |                              |
| , 0                  | ation is covered by the <b>General Rule</b> or a <b>Special Rule</b> .<br>501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe                        | cial Rule. See instructions. |
| General Rule         |   |                              |
|                      | nization filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions on any one contributor. Complete Parts I and II. See instructions for determining a contr       | <b>S</b> · <i>i</i>          |
| Special Rules        |   |                              |
|                      | nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su<br>9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 | iii o                        |

any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

26-2214534

### BROOKLYN COMMUNITY PRIDE CENTER, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 H VAN AMERINGEN FOUNDATION X Person Payroll 37 W 12TH ST APT 11E 50,000. Noncash (Complete Part II for NEW YORK, NY 10011 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 CITY OF NY DEPT OF THE AGING X Person Payroll 2 LAFAYETTE ST 30,000. Noncash (Complete Part II for NEW YORK, NY 10007 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 CITY OF NY DEPT OF YOUTH AND COMMUNITY X Person Payroll 123 WILLIAMS ST 543,500. Noncash (Complete Part II for NEW YORK, NY 10038 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 CITI COMMUNITY DEVELOPMENT X Person Payroll 100,000. 1 COURT SQUARE FLOOR 45 \$ Noncash (Complete Part II for LONG ISLAND CITY, NY 11101 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 THE NEW YORK COMMUNITY TRUST X Person Payroll 909 THIRD AVENUE 70,000. Noncash (Complete Part II for NEW YORK, NY 10022 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution NYS OFFICE OF CHILDREN & FAMILY 6 SERVICES X Person Payroll 52 WASHINGSTON STREET 50,000. Noncash \$ (Complete Part II for RENSSELAER, NY 12144 noncash contributions.)

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Schedule B | (Form | 990, | 990-EZ, | or 990-PF | ) (2019) |
|------------|-------|------|---------|-----------|----------|
|------------|-------|------|---------|-----------|----------|

Name of organization

Employer identification number

BROOKLYN COMMUNITY PRIDE CENTER, INC.

26-2214534

| Part II                      | t II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |   |                      |  |  |  |  |
|------------------------------|--|---|----------------------|--|--|--|--|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |  | \$  |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |  | \$  |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |  | \$  |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |  | \$  |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |  | \$  |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |  | <br>  |                      |  |  |  |  |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Schedule E      | B (Form 990, 990-EZ, or 990-PF) (2019)  |   |  | Page 4                                    |  |  |  |
|-----------------|---|---|--|---|--|--|--|
| Name of or      | rganization   |   |  | Employer identification number            |  |  |  |
| BROOKI          | LYN COMMUNITY PRIDE CEN   | FER, INC.                                     |  | 26-2214534                                |  |  |  |
| Part III        | Exclusively religious, charitable, etc., contribut<br>from any one contributor. Complete columns (a | ions to organizations described in s          | ection 501(c)(7), (8), or (10)           | that total more than \$1,000 for the year |  |  |  |
|                 | completing Part III, enter the total of exclusively religious,                                      | charitable, etc., contributions of \$1,000 or | less for the year. (Enter this info. o   | once.) ► \$                               |  |  |  |
| (a) No.         | Use duplicate copies of Part III if additional  | space is needed.                              | <u> </u>                                 |   |  |  |  |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift                               | (d) De                                   | scription of how gift is held             |  |  |  |
|                 |   |   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
| F               |   | (e) Transfer of git                           | /  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
| ŀ               | Transferee's name, address, a   | nd ZIP + 4                                    | Relationship of tr                       | ansferor to transferee                    |  |  |  |
|                 |   | [   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
| (a) No.         |   |   |  |   |  |  |  |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift                               | (d) De                                   | scription of how gift is held             |  |  |  |
|                 |   |   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
| Γ               | (e) Transfer of gift  |   |  |   |  |  |  |
|                 | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee                    |   |  |   |  |  |  |
| ŀ               | Transferee's name, address, and ZIP + 4   |   | Relationship of th                       | ansferor to transferee                    |  |  |  |
|                 |   |   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
| (a) No.<br>from |   |   |  |   |  |  |  |
| Part I          | (b) Purpose of gift   | (c) Use of gift                               | (d) De:                                  | scription of how gift is held             |  |  |  |
|                 |   |   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
| ļ               |   |   |  |   |  |  |  |
|                 |   | (e) Transfer of gif                           | t  |   |  |  |  |
|                 | Transferee's name, address, a   | nd ZIP + 4                                    | Relationship of transferor to transferee |   |  |  |  |
|                 |   |   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
| (a) No.<br>from | (b) Purpose of gift   | (c) Use of gift                               | (d) De                                   | scription of how gift is held             |  |  |  |
| Part I          | .,  |   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
| ŀ               |   | e) Transfer of git                            | it                                       |   |  |  |  |
|                 |   | (-,   |  |   |  |  |  |
| ŀ               | Transferee's name, address, a   | nd ZIP + 4                                    | Relationship of tr                       | ansferor to transferee                    |  |  |  |
|                 |   | [   |  |   |  |  |  |
|                 |   |   |  |   |  |  |  |
|                 |   |   |  | D/E 000 000                               |  |  |  |
| 923454 11-06    | - 19  |   | Schedul                                  | le B (Form 990, 990-EZ, or 990-PF) (2019) |  |  |  |

2019.05091 BROOKLYN COMMUNITY PRIDE 16689.42

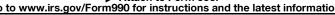
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Department of the Treasury

Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

Employer identification number 26 2211531

| Part II       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization asserted "Yes" on Form 990, Part IV, line 6.       (e) Donor advised funds       (p) Funds and other accounts         1       Total number at end of yes:       (e) Donor advised funds       (p) Funds and other accounts         2       Aggregate value of contributions to (Junny yea)       (e) Donor advised funds       (f) Donor advised funds         5       Did the organization inform all clones and donor advisors in writing that the assets held in donor advised funds       ves       No         6       Did the organization inform all clones and donor advisors in writing that grant funds can be used only for charabita purposes and not to the beneft of the donor or donor advisor, or for any other purpose contering memmetable private beneft?       Yes       No         Part III Concentration easements. Hold a qualified conservation advisor, or for any other purpose contering the propose contering the organization in theid as qualified conservation or a conservation easement in the last day of the tury avail.       Yes       No         Part III Conservation easements.       2a       2a       2a       2a       2a       2a         0       Protection of nature habitat       2b       2a  |      | BROOKLYN COMMUNITY PRIDE CENTER, INC.   | 26-2214534                             |
|--|------|---|--|
| (a) Denor advised funds       (b) Funds and other accounts         1       Total number at end of year       (c) Funds and other accounts         2       Aggregate value of contributions to (during year)       (c) Funds and other accounts         3       Aggregate value of contributions to (during year)       (c) Funds and other accounts         4       Aggregate value of contributions to (during year)       (c) Funds and other accounts         5       Did the organization inform all donors and donor advisors in writing that grant funds can be used only       (r) Funds and other accounts         (r) Other activities purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit?       (r) Perservation of a conservation easements held by the organization's expendent (check all that app).       Preservation of a conservation easements held by the organization is exclusive legal control.       Preservation of a conservation easements         1       Total anness 2 at through 2 if the organization held a qualified conservation contribution in the form of a conservation easements       2a       2a         2       Compose lines 2 at through 2 if the organization is exclusive line (all acceager visiticites by conservation easements       2a       2a       2a         2       It that the tax year.       It the at the End of the Tax Year.       2a       2a       2a       2a       2a       2a       2a       <  | Par  | t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or                                 | Accounts. Complete if the              |
| 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants ton (during year) 4 Aggregate value of grants ton (during year) 6 Dot the organization property, subject to the organization sexulave legal control? 7 Or charitable purposes and not for the benefit of the donor advisor, or for any other purpose conferring impermissible private benefit? 7 Part III Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose() or conservation easements the dury the organization on reduction, or for any other purpose conferring impermissible private benefit? 7 Part III Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose() or conservation easements the dury the organization on reducation (more advisor, or for any other purpose conferring impermissible private benefit? 7 Part European (and in the organization held a qualified conservation contribution in the form of a conservation conservation or assements the dury the organization held a qualified conservation contribution in the form of a conservation easements in dury the organization held a qualified conservation conservation easements in a certified historic structure included in (a) 2 ad juncture in the organization held a qualified conservation constructure assements included in (a) acquired after 725/06, and not on a historic structure instead or the tax year. 3 Number of conservation easements modified, transferred, released, estinguished, or terminated by the organization during the tax year. 3 Number of states where property subject to conservation easements is located by a dury wide acceleration or advisor, inspecting, handling of violations, and enforcing conservation easements during the year is a construction easements and balance sheet works of art, historical transaured in report souble to the organization for ore  |      | organization answered "Yes" on Form 990, Part IV, line 6.   |  |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value of antis from (during year) 5 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advisors for any other purpose conferring impermissible private benefit? 7 Ness 8 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 1 for chartable purposes and to for the benefit of the donor donor advisor. To any other purpose conferring 1 memrissible private benefit? 9 Part II Conservation Easements. Complete If the organization check all that apply. 1 Protection of natural habitat 2 Protection of public use (for example, recreation or education) 2 Protection of open space 2 Complete Insea 2 through 2 and it the organization held a qualified conservation contribution in the form of a conservation easements to a certified historic structure 2 Protection of open space 3 Total number of conservation easements 3 Did the organization have a written public use (in (a) aquifed discussion contribution in the form of a conservation easements in calculated historic structure included in (a) aquifed discussion contribution in the form of a conservation easements in calculated in (a) aquifed discussion contribution in the form of a conservation easements in calculated in (a) aquifed discussion contribution in the form of a conservation easements in calculated in (a) aquifed discussion contribution in the form of a conservation easements in calculated in (a) aquifed discussion in (a) and                 |      | (a) Donor advised funds   | (b) Funds and other accounts           |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value of antis from (during year) 5 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advisors for any other purpose conferring impermissible private benefit? 7 Ness 8 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 1 for chartable purposes and to for the benefit of the donor donor advisor. To any other purpose conferring 1 memrissible private benefit? 9 Part II Conservation Easements. Complete If the organization check all that apply. 1 Protection of natural habitat 2 Protection of public use (for example, recreation or education) 2 Protection of open space 2 Complete Insea 2 through 2 and it the organization held a qualified conservation contribution in the form of a conservation easements to a certified historic structure 2 Protection of open space 3 Total number of conservation easements 3 Did the organization have a written public use (in (a) aquifed discussion contribution in the form of a conservation easements in calculated historic structure included in (a) aquifed discussion contribution in the form of a conservation easements in calculated in (a) aquifed discussion contribution in the form of a conservation easements in calculated in (a) aquifed discussion contribution in the form of a conservation easements in calculated in (a) aquifed discussion contribution in the form of a conservation easements in calculated in (a) aquifed discussion in (a) and                 | 1    | Total number at end of year   |  |
| Aggregate value at end of year         Vear         Vea                       | 2    |   |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all grantese, 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 advisors in writing that grant funds can be used only     for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only     for charitable purposes and not for the benefit of the donor or donor advisors (or for any other purpose conferring     impermissible private benefit?     Perservation of land for public use (for example, recreation or education)     Preservation of a land for public use (for example, recreation or education)     Preservation of a conservation assements held by the organization face. All that apply)     Preservation of a land for public use (for example, recreation or education)     Preservation of a conservation easements     device the system.     Teld at the End of the Tax Year     Total number of conservation easements     device the system.     Teld at the End of the Tax Year     Total number of conservation easements     device that system.     Number of conservation easements     device the system.     Number of conservation easements     device the system exponent suchade in (a) exquired after 725/08, and not on a historic structure     listed in the National Register     listed in the National Register     states where property subject to conservation easements is located ▶     vear ▶     and advise sincer of Innormany, inspecting, handling of violations, and enforcing conservation easements during the year     anount of expenses incurred In monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     so and success held to monitoring, inspecting, handling of violations, and enforcing conservation easements     during the year in provide the following the sest held to m                     | 3    | Aggregate value of grants from (during year)  |  |
| are the organization's property, subject to the organization's acclusive 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 of donor advisors, or for any other purpose conferring impermissible private benefit?       No         7       Purpose(g) of conservation easements. Complete if the organization (check all that apply).       Prevention of an lot of public use (for example, recreation or education)       Prevention of an lot of public use (for example, recreation or education)       Prevention of a bit of public use (for example, recreation or education)       Prevention of a bit of public use (for example, recreation or education)       Prevention of a bit of public use (for example, recreation or education)       Prevention of a bit of public use (for example, recreation or education)       Prevention of a bit of public use (for example, recreation or education)       Prevention easements on a certified historic structure included in (a)       10 tal number of a conservation easements       2a  | 4    |   |  |
| G 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 advisor, or for any other purpose conferring  | 5    | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised  | funds                                  |
| G 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 advisor, or for any other purpose conferring  |      |   |  |
| Impermissible private benefit?       Yes       No.         Part II       Conservation Easements. Complete if the organization (check all that apply).       Preservation of a historically important land area         Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land area         Preservation of open space       Preservation of a contervation easement habitat       Preservation of a contervation easement on the last         day of the tax year.       Total number of conservation easements       2a         Data number of conservation easements       2b       2c         A mumber of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2a         A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         A Number of states where property subject to conservation easement is located >         S Laff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements with holds?         B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1700/10/(80)(0)       Yes       No         9 In Part XIII, describe how the organization reports conservation easements.       Pe       S       S <th>6</th> <th></th> <th></th>   | 6    |   |  |
| Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         Purpose(8) of conservation easements held by the organization (check all that apply.)       Preservation of and for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a continue of open space       Preservation of a contervation easement on the last day of the tax year.         a Total number of conservation easements       2a       Held at the End of the Tax Year         a Total number of conservation easements       2a       2a         c Number of conservation easements on a certified historic structure included in (a)       2a       2a         a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         4       Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements with get were violation to the organization have a written policy regarding the periodic monitoring, inspecting, conservation easements during the year         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         A       No       In Part XIII. describe how the organization have devoted to the fochorte to the organization is secounting a sesement in the revue   |      | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose col | nferring                               |
| 1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a historically important land area         2       Preservation of a certified historic structure       Preservation of a certified historic structure         3       Preservation of conservation easements       2a         4       Total number of conservation easements       2a         5       Total accessor easements       2a         4       a total number of conservation easements       2a         5       Total accessor easements included in (c) acquired after 7/25/06, and not on a historic structure       2a         2       Annober of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2a         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax         year >  |      |   |  |
| □       Preservation of a historically important land area         □       Preservation of natural habitat       □         □       Preservation of on aural habitat       □         □       Preservation of on a certified historic structure         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last         4       Total aurage restricted by conservation easements       2b         2       Complete lines 2a through 2d if the organization field at the End of the Tax Year         a       Total aurage restricted by conservation easements       2b         0       Number of conservation easements on certified historic structure included in (a)       2c         1       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax         year ▶   | Par  | t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Pa                    | t IV, line 7.                          |
| Preservation of natural habitat Preservation of a certified historic structure   Preservation of perspace   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.   a Total number of conservation easements   Data acreage restricted by conservation easements   a Number of conservation easements on a certified historic structure included in (a)   a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure   isted in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax   year >  | 1    | Purpose(s) of conservation easements held by the organization (check all that apply).                       |  |
| □       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.         a Total number of conservation easements         b Total acreage restricted by conservation easements         c Number of conservation easements on certified historic structure included in (a)         d Number of conservation easements in certified historic structure included in (a)         listed in the National Register         3         0       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         •       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         *       S         Does the organization have a written policy regarding the periodic monitoring conservation easements during the year         *       \$         *       Mumber of acreace estimation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)         and section 170(h)(4)(B)(i)?       Yes         *       No         9       In Part XIII, describe how the organization neports conservation easements.         *<  |      | Preservation of land for public use (for example, recreation or education)                                  | historically important land area       |
| 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 fax year.   4 Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements in a certified historic structure included in (a)   d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year />2d   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year />2d   4 Number of states where property subject to conservation easement is located />   5 Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   > \$ S   0 Does each conservation easements in the footnote to the organization subject to conservation easements in the requirements of section 170(h)(4)(B)(i)   and section 170(h)(4)(B)(ii)? wear   > \$ S   0 Does each conservation easements: in the footnote to the organization's financial statement and balance sheet, and includ, if applicable, the text of the footnote to the organization's financial statement and balance sheet, and includ, if applicable, the text of the footnote to the organization's financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, educati   |      | Protection of natural habitat Preservation of a   | certified historic structure           |
| day of the tax year.       Held at the End of the Tax Year         a Total number of conservation easements       2a         20       2a         21       2a         22       2a         23       2a         24       2a         25       2a         26       2a         27       2a         28       2a         29       2a         20       2a         20       2a         20       2a         20       2a         20       2a         20       2a         21       2a         22       2a         23       Number of conservation easements included in (a) (a capuired after 7/25/06, and not on a historic structure         1845       Momber 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 enforcing conservation easements during the year         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 conservatin easement   |      | Preservation of open space  |  |
| a Total number of conservation easements 2a   b Total acreage restricted by conservation easements 2b   c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after 7/25/06, 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 b 2d   4 Number of states where property subject to conservation easement is located b   | 2    | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of  | a conservation easement on the last    |
| 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 modified, transferred, released, extinguished, or terminated by the organization during the tax year b       2d         3       Number of states where property subject to conservation easements is located b  |      | day of the tax year.  | Held at the End of the Tax Year        |
| 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 modified, transferred, released, extinguished, or terminated by the organization during the tax year b       2d         3       Number of states where property subject to conservation easements is located b  | а    | Total number of conservation easements  | 2a                                     |
| d       Number of conservation easements included in (c) acquired after 7/25/06, 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 ▶  |      |   |  |
| 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?         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         ▶  | с    | Number of conservation easements on a certified historic structure included in (a)                          | 2c                                     |
| <ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>   | d    | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure    |  |
| <ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>   |      | listed in the National Register   | 2d                                     |
| <ul> <li>A Number of states where property subject to conservation easement is located ▶</li></ul>   | 3    |   | ganization during the tax              |
| <ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>&gt; \$</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>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.</li> <li>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.</li> <li>1a If the organization elected, as permitted under FASB 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.</li> <li>b If the organization elected, as permitted under FASB 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 in Part XIII the text of these items:</li> <li>i) Revenue included on Form 990, Part X</li> <li>\$</li> <li>2 If the organization neceived or held works of art, historical treasures, or other similar assets for</li></ul> |      | year 🕨  |  |
| <ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Yes No</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>   | 4    | Number of states where property subject to conservation easement is located                                 |  |
| <ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶ \$</li> <li>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)?</li> <li>Yes</li> <li>No</li> <li>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.</li> <li>Part IIII Organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB 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.</li> <li>b If the organization elected, as permitted under FASB 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 in Part XIII the text of the footnote to its financial statements that describes these items:</li> <li>i) Revenue included on Form 990, Part X</li> <li>i) Revenue included on Form 990, Part X</li> <li>ii) Assets included in Form 990, Part X</li> <li>iii) Assets included in Form 990, Part X</li> <li>iiii assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>iiii Assets included</li></ul>      | 5    | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of      |  |
| <ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>   |      |   |  |
| <ul> <li>\$</li></ul>  | 6    | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser   | vation easements during the year       |
| <ul> <li>\$</li></ul>  |      | ▶   |  |
| <ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li></ul>   | 7    |   | n easements during the year            |
| <ul> <li>and section 170(h)(4)(B)(ii)?</li></ul>   |      |   |  |
| <ul> <li>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.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.<br/>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB 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.</li> <li>b If the organization elected, as permitted under FASB 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 in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB 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: <ul> <li>(i) Revenue included on Form 990, Part X</li> </ul> </li> <li>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 FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>                                | 8    |   |  |
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| 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 FASB 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 FASB 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: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(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 FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part XIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>\$</li> <li></li></ul>  | 9    |   |  |
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| the following amounts required to be reported under FASB ASC 958 relating to these items:          a       Revenue included on Form 990, Part VIII, line 1         b       Assets included in Form 990, Part X   | ~    |   | ······ • • · · · · · · · · · · · · · · |
| a Revenue included on Form 990, Part VIII, line 1         b Assets included in Form 990, Part X  | 2    |   | airi, provide                          |
| b Assets included in Form 990, Part X 🕨 \$   | -    |   | ► ¢                                    |
|  |      |   |  |
|  |      |   |  |

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|          |  | N COMMUNIT                 |                 |              |                |             |             | 26-22         |          |         | <sub>age</sub> 2 |
|----------|--|----------------------------|-----------------|--------------|----------------|-------------|-------------|---------------|----------|---------|------------------|
| Par      | t III Organizations Maintaining C                                      | ollections of Ar           | t, Histe        | orical Ti    | reasures,      | or Othe     | er Simila   | ir Assets     | contin   | ued)    |                  |
| 3        | Using the organization's acquisition, accession                        | on, and other record       | s, check        | any of the   | e following th | hat make s  | significant | use of its    |          |         |                  |
|          | collection items (check all that apply):                               |                            |                 |              |                |             |             |               |          |         |                  |
| а        | Public exhibition  | c                          | ı 🗌             | Loan or ex   | kchange pro    | gram        |             |               |          |         |                  |
| b        | Scholarly research   | e                          |                 |              | •              |             |             |               |          |         |                  |
| с        | Preservation for future generations                                    |                            |                 |              |                |             |             |               |          |         |                  |
| 4        | Provide a description of the organization's co                         | ollections and explain     | how th          | ev further   | the organiza   | ation's exe | mot ouro    | ose in Part   | XIII.    |         |                  |
| 5        | During the year, did the organization solicit o                        | -                          |                 | -            | -              |             |             |               |          |         |                  |
| •        | to be sold to raise funds rather than to be ma                         |                            | ,               |              | ,              |             |             |               | Yes      |         | No               |
| Par      | t IV Escrow and Custodial Arran  |                            |                 |              |                |             |             |               | _        |         | 1110             |
|          | reported an amount on Form 990, Pai                                    |                            |                 | , organizat  |                |             |             | o, i aiciv, i |          |         |                  |
| 10       | Is the organization an agent, trustee, custodi                         |                            | liany for d     | contributio  | ons or other   | assats not  | included    |               |          |         |                  |
| Ia       |  |                            |                 |              |                |             |             |               | Yes      |         | No               |
| <b>b</b> | on Form 990, Part X?<br>If "Yes," explain the arrangement in Part XIII |                            |                 |              |                |             |             | ∟             |          |         |                  |
| D        |  | and complete the lo        | nowing t        | able.        |                |             |             |               | Amount   |         |                  |
|          |  |                            |                 |              |                |             | 4.          |               | Amount   |         |                  |
|          | Beginning balance  |                            |                 |              |                |             |             |               |          |         |                  |
|          | Additions during the year  |                            |                 |              |                |             |             |               |          |         |                  |
|          | Distributions during the year  |                            |                 |              |                |             |             |               |          |         |                  |
|          | Ending balance   |                            |                 |              |                |             |             |               | 7.4      |         | 1                |
|          | Did the organization include an amount on Fe                           |                            |                 |              |                |             | • • • • • • | L             | Yes      |         | No               |
| Par      | If "Yes," explain the arrangement in Part XIII.                        |                            |                 |              |                |             |             |               |          |         | <u> </u>         |
| Fai      | <b>t V</b> Endowment Funds. Complete i                                 |                            |                 |              |                |             |             |               | ( ) =    |         | <del></del>      |
| _        |  | (a) Current year           | (b)P            | rior year    | (c) 1wo y      | /ears back  | (d) Three   | years back    | (e) Four | years   | back             |
| 1a       | Beginning of year balance  |                            |                 |              |                |             |             |               |          |         |                  |
| b        | Contributions  |                            |                 |              |                |             |             |               |          |         |                  |
|          | Net investment earnings, gains, and losses                             |                            |                 |              |                |             |             |               |          |         |                  |
| d        | Grants or scholarships   |                            |                 |              |                |             |             |               |          |         |                  |
| е        | Other expenditures for facilities                                      |                            |                 |              |                |             |             |               |          |         |                  |
|          | and programs   |                            |                 |              |                |             |             |               |          |         |                  |
| f        | Administrative expenses  |                            |                 |              |                |             |             |               |          |         |                  |
| g        | End of year balance  |                            |                 |              |                |             |             |               |          |         |                  |
| 2        | Provide the estimated percentage of the curr                           | rent year end balance      | e (line 1g      | g, column    | (a)) held as:  |             |             |               |          |         |                  |
| а        | Board designated or quasi-endowment                                    |                            | _%              |              |                |             |             |               |          |         |                  |
| b        | Permanent endowment  | %                          |                 |              |                |             |             |               |          |         |                  |
| с        | Term endowment   | %                          |                 |              |                |             |             |               |          |         |                  |
|          | The percentages on lines 2a, 2b, and 2c show                           | uld equal 100%.            |                 |              |                |             |             |               |          |         |                  |
| 3a       | Are there endowment funds not in the posse                             | ssion of the organiza      | ation tha       | t are held   | and adminis    | tered for t | he organiz  | ation         | _        |         |                  |
|          | by:  |                            |                 |              |                |             |             |               |          | Yes     | No               |
|          | (i) Unrelated organizations  |                            |                 |              |                |             |             |               | 3a(i)    |         |                  |
|          | (ii) Related organizations   |                            |                 |              |                |             |             |               | 3a(ii)   |         |                  |
| b        | If "Yes" on line 3a(ii), are the related organiza                      | tions listed as requir     | ed on Se        | chedule R    | ?              |             |             |               | 3b       |         |                  |
| 4        | Describe in Part XIII the intended uses of the                         |                            |                 |              |                |             |             |               |          |         |                  |
| Par      |  |                            |                 |              |                |             |             |               |          |         |                  |
|          | Complete if the organization answere                                   | d "Yes" on Form 990        | ), Part IV      | /, line 11a. | See Form 9     | 90, Part X  | , line 10.  |               |          |         |                  |
|          | Description of property  | (a) Cost or c              |                 |              | st or other    |             |             | ed            | (d) Book | value   |                  |
|          | becompained property   | basis (investr             |                 | . ,          | is (other)     |             | epreciation |               | (4) 2000 | Taidt   | -                |
| 19       | Land   | · · ·                      | ,               |              | · /            |             |             |               |          |         |                  |
|          | Land   |                            |                 |              |                |             |             |               |          |         |                  |
|          | Buildings  |                            |                 |              |                |             |             |               |          |         |                  |
|          | Leasehold improvements   |                            |                 | 1            | 39,724         |             | 34,1        | 80            | 105      | 5       | <u>1 1</u>       |
|          | Equipment  |                            |                 | <u> </u>     | 55,124         | •           | J=,1        |               |          | , , , , | <u></u> .        |
|          | Other  |                            |                 |              | 10.1           | I           |             |               | 105      | 5       | 1 1              |
| Iotal    | . Add lines 1a through 1e. (Column (d) must e                          | <u>qual Form 990, Part</u> | <u>X. colur</u> | nn (B), line | <u>10c.)</u>   |             |             |               |          | , 54    | <u>± ± •</u>     |

Schedule D (Form 990) 2019

| Schedu            | le D (Form 990) 2019                             | BROOKLYN C                       | OMMUNITY        | PRIDE          | CENTER,            | INC.          | 26-2214534 Page 3                          |
|-------------------|--|----------------------------------|-----------------|----------------|--------------------|---------------|--|
| Part V            | VII Investments -                                | Other Securities.                |                 |                |                    |               |  |
|                   | Complete if the org                              | anization answered "Ye           | s" on Form 990, | Part IV, line  | 11b. See Form      | 990, Part X   | , line 12.                                 |
| (a) Des           | scription of security or categ                   | JOTY (including name of security | ) (b) Bool      | < value        | (c) Method         | d of valuatio | on: Cost or end-of-year market value       |
| (1) Fina          | ancial derivatives                               |                                  |                 |                |                    |               |  |
| (2) Clos          | sely held equity interests                       |                                  |                 |                |                    |               |  |
| (3) Oth           |  |                                  |                 |                |                    |               |  |
| (A)               |  |                                  |                 |                |                    |               |  |
| (B)               |  |                                  |                 |                |                    |               |  |
| (C)               |  |                                  |                 |                |                    |               |  |
| (D)               |  |                                  |                 |                |                    |               |  |
| (E)               |  |                                  |                 |                |                    |               |  |
| (F)               |  |                                  |                 |                |                    |               |  |
| (G)               |  |                                  |                 |                |                    |               |  |
| (H)               |  |                                  |                 |                |                    |               |  |
|                   | ol. (b) must equal Form 990                      | ) Part X col (B) line 12)        | •               |                |                    |               |  |
|                   | VIII Investments -                               |                                  |                 |                |                    |               |  |
|                   |  | anization answered "Ye           | s" on Form 990  | Part IV line   | 11c. See Form      | 990 Part X    | line 13                                    |
|                   | (a) Description of                               |                                  | (b) Bool        |                |                    |               | on: Cost or end-of-year market value       |
| (1)               |  |                                  |                 |                |                    |               |  |
| (2)               |  |                                  |                 |                |                    |               |  |
| (3)               |  |                                  |                 |                |                    |               |  |
| (4)               |  |                                  |                 |                |                    |               |  |
| <u>(+)</u><br>(5) |  |                                  |                 |                |                    |               |  |
| <u>(3)</u><br>(6) |  |                                  |                 |                |                    |               |  |
| (7)               |  |                                  |                 |                |                    |               |  |
| (8)               |  |                                  |                 |                |                    |               |  |
|                   |  |                                  |                 |                |                    |               |  |
| (9)               | ol. (b) must equal Form 990                      | Dart V and (D) line 12 )         |                 |                |                    |               |  |
| Part              |  | , rait A, col. (D) lille 13.)    |                 |                |                    |               |  |
|                   |  | anization answered "Ye           | s" on Form 990  | Part IV line   | 11d See Form       | 990 Part X    | line 15                                    |
|                   |  |                                  | a) Description  | r arc rv, into |                    | 000,1 4117    | (b) Book value                             |
| (1)               |  |                                  |                 |                |                    |               | (,   |
| (2)               |  |                                  |                 |                |                    |               |  |
| (3)               |  |                                  |                 |                |                    |               |  |
| <u>(3)</u><br>(4) |  |                                  |                 |                |                    |               |  |
|                   |  |                                  |                 |                |                    |               |  |
| (5)               |  |                                  |                 |                |                    |               |  |
| (6)               |  |                                  |                 |                |                    |               |  |
| (7)               |  |                                  |                 |                |                    |               |  |
| (8)               |  |                                  |                 |                |                    |               |  |
| (9)<br>Totol "    | <u> </u>   |                                  |                 |                |                    |               | <b></b>                                    |
| Part 2            | Column (b) must equal Fo<br>X   Other Liabilitie | orm 990, Part X, col. (B)        | line 15.)       |                |                    |               |  |
| i arez            |  | anization answered "Ye           | s" on Form 000  | Dart IV/ line  | 110 or 11f Soo     | Form 000      | Part X line 25                             |
| 4                 |  | escription of liability          | s on Form 990,  | raitiv, iiie   |                    | F0III 990,    | (b) Book value                             |
| <u>1.</u>         |  |                                  |                 |                |                    |               |  |
|                   | Federal income taxes DEFERRED REN <sup>4</sup>   |                                  |                 |                |                    |               | 15,678.                                    |
|                   | SBA PAYCHECK                                     |                                  |                 |                |                    |               |  |
|                   |  | PROIECTION                       | PROGRAM         |                |                    |               | 100 257                                    |
|                   | LOAN   |                                  |                 |                |                    |               | 109,357.                                   |
| (5)               |  |                                  |                 |                |                    |               |  |
| (6)               |  |                                  |                 |                |                    |               |  |
| (7)               |  |                                  |                 |                |                    |               |  |
| (8)               |  |                                  |                 |                |                    |               |  |
| (9)               |  |                                  |                 |                |                    |               |  |
|                   | <u>Column (b) must equal Fo</u>                  |                                  |                 |                |                    |               |  |
|                   | •  |                                  |                 |                | -                  |               | I statements that reports the              |
| orga              | anization's liability for uno                    | certain tax positions und        | der FASB ASC 74 | 10. Check he   | ere if the text of | the footnot   | e has been provided in Part XIII $\dots X$ |

Schedule D (Form 990) 2019

| Sche   | edule D (Form 990) 2019 BROOKLYN COMMUNITY PRID  | ,<br>,   |                | 2214534 Page 4                   |
|--|--|--|----------------|----------------------------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Sta  | tements With Revenue   | e per Return.  |                                  |
|  | Complete if the organization answered "Yes" on Form 990, Part IV, li   | ne 12a.  |                |                                  |
| 1  | Total revenue, gains, and other support per audited financial statements   |  | 1              | 1,054,747.                       |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |  |                |                                  |
| а  | Net unrealized gains (losses) on investments   | 2a   |                |                                  |
| b  | Donated services and use of facilities   | 2b   |                |                                  |
| с  | Recoveries of prior year grants  |  |                |                                  |
| d  |  |  |                |                                  |
| е  | Add lines 2a through 2d  |  | 2e             | 0.                               |
| 3  | Subtract line <b>2e</b> from line <b>1</b>   |  |                | 1,054,747.                       |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |  |                |                                  |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a   |                |                                  |
| b  | Other (Describe in Part XIII.)   | 4b   |                |                                  |
| с  | Add lines 4a and 4b  |  | 0.             |                                  |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12  |  | 1,054,747.     |                                  |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial St   | atomonte With Evnone   | eae nar Raturn |                                  |
|  |  | •  | es per neturn  | -                                |
|  | Complete if the organization answered "Yes" on Form 990, Part IV, li   | •  |                |                                  |
| 1  |  | не 12а.  |                | 867,358.                         |
| 1 2  | Complete if the organization answered "Yes" on Form 990, Part IV, li   | не 12а.  |                |                                  |
| _  | Complete if the organization answered "Yes" on Form 990, Part IV, li<br>Total expenses and losses per audited financial statements   | ne 12a.  |                |                                  |
| 2  | Complete if the organization answered "Yes" on Form 990, Part IV, li<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities  | ne 12a.  |                |                                  |
| 2<br>a   | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments  | ne 12a.  |                |                                  |
| 2<br>a<br>b  | Complete if the organization answered "Yes" on Form 990, Part IV, li<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments  | 12a.       2a       2b       2c                                      |                |                                  |
| 2<br>a<br>b<br>c<br>d                                    | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses  | 2a<br>2b<br>2c<br>2d   | 1              | 867,358.                         |
| 2<br>a<br>b<br>c<br>d                                    | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b>   | 2a<br>2b<br>2c<br>2d   | 1              | 867,358.                         |
| 2<br>a<br>b<br>c<br>d<br>e                               | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)  | 2a<br>2b<br>2c<br>2d   | 1              | 867,358.                         |
| 2<br>a<br>b<br>c<br>d<br>e<br>3                          | Complete if the organization answered "Yes" on Form 990, Part IV, li<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 2a       2b       2c       2d  | 1              | 867,358.                         |
| 2<br>a<br>b<br>c<br>d<br>e<br>3<br>4                     | Complete if the organization answered "Yes" on Form 990, Part IV, li<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b                                     | 2a       2b       2c       2d  | 1              | 867,358.                         |
| 2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a<br>b           | Complete if the organization answered "Yes" on Form 990, Part IV, li<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b                                     | 2a         2b         2c         2d         2d         4a         4b | 1              | 867,358.<br>0.<br>867,358.<br>0. |
| 2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a<br>b<br>c<br>5 | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b<br>Other (Describe in Part XIII.) | 2a         2b         2c         2d         4a         4b            | 1              | 867,358.<br>0.<br>867,358.       |

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

## PART X, LINE 2:

| ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA   |
|--|
| REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION    |
| AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN  |
| UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON   |
| EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE   |
| TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE  |
| 30, 2019, NO UNCERTAIN POSITIONS WERE TAKEN OR ARE EXPECTED TO BE TAKEN    |
| THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN  |
| THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS    |
| BY TAXING JURISDICTIONS; HOWEVER THERE ARE CURRENTLY NO AUDITS FOR ANY TAX |
| PERIODS IN PROGRESS.   |
|  |

| Schedule D (Form 990) 2019<br>Part XIII Supplemental I | BROOKLYN             | COMMUNITY | PRIDE | CENTER, | INC. | 26-2214534         | Page 5   |
|--|----------------------|-----------|-------|---------|------|--------------------|----------|
| Part XIII Supplemental I                               | nformation (continue | d)        |       |         |      |                    |          |
|  |                      |           |       |         |      |                    |          |
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|  |                      |           |       |         |      |                    |          |
|  |                      |           |       |         |      | Schedule D (Form 9 | 90) 2019 |

| SCHEDULE G  | Suppleme   | ntal Information Regardir  | ng Fund  | raisi  | ing or Gaming A   | ctivit       | ies   | OMB No. 1545-0047                                       |  |
|---|--|--|--|--|---|--------------|---|---|--|
| (Form 990 or 990-EZ)  |  | e organization answered "Yes" organization entered more than   |  |  |   | or 19, o     | r if the  | <sup>if the</sup> <b>2019</b>                           |  |
|   | 0  | Attach to Form 9   |  |  |   |              |   | Open to Public  |  |
| Department of the Treasury<br>Internal Revenue Service  | ► Go   | to www.irs.gov/Form990 for ins   |  |  |   |              |   | Inspection  |  |
| Name of the organization  |  |  |  | מחו  | TNO   |              |   | ntification number                                      |  |
| Part I Fundrais   |  | N COMMUNITY PRIDE<br>Complete if the organization ans  |  |  |   |              | 26 - 2214   |   |  |
|   | complete this part   |  | wered i  | es UI  | 1 Form 990, Fart IV, I  | ine i/.      | F0III 990-E2  | niers are not   |  |
| <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul> | ions<br>email solicitations<br>tations<br>licitations<br>on have a written o<br>ed in Form 990, Pa<br>highest paid indiv | f Solic<br>g Spec<br>r oral agreement with any individu<br>art VII) or entity in connection with<br>iduals or entities (fundraisers) pur | itation of<br>itation of<br>cial fundra<br>ual (incluc | non-g<br>gover<br>ising<br>ing of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? | itees, o     | Yes   |   |  |
| (i) Name and addres<br>or entity (fund  |  | (ii) Activity  | (iii)<br>fundr<br>have co<br>or con<br>contribu        | istody<br>trol of                            | (iv) Gross receipts from activity   | tò (or<br>fu | mount paid<br>retained by)<br>Indraiser<br>In col. <b>(i)</b> | (vi) Amount paid<br>to (or retained by)<br>organization |  |
|   |  |  | Yes  | No   |   |              | .,  |   |  |
|   |  |  |  |  |   |              |   |   |  |
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| Total   |  |  |  |  |   |              |   |   |  |
|   |  | n is registered or licensed to solic   | it contrib   | utions                                       | or has been notified  | it is ex     | empt from re  | gistration  |  |
| or licensing.   |  |  |  |  |   |              |   |   |  |
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| HA For Paperwork R  | eduction Act Notic   | ce, see the Instructions for Forr  | n 990 or   | 990-F  | 7. 4  | Sched        | ile G (Form 9   | 90 or 990-EZ) 2019                                      |  |

932081 09-11-19

| Schedule G | (Form 990 or 990-EZ) 2019 | BROOKLYN          | COMMUNITY           | PRIDE      | CENTER,       | INC.       | 26-2214534                 | Page <b>2</b> |
|------------|---------------------------|-------------------|---------------------|------------|---------------|------------|----------------------------|---------------|
| Part II    | Fundraising Events.       | Complete if the o | rganization answere | d "Yes" on | Form 990 Part | IV line 18 | or reported more than \$15 | 000           |

of 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<br>SPECIAL<br>BENEFIT EVEN<br>(event type) | (b) Event #2<br>(event type)                     | (c) Other events<br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |  |  |  |  |  |  |
|-----------------|--|---|---|--|------------------------------------|--|--|--|--|--|--|--|
| Revenue         | 1  | Gross receipts  |   |  |                                    |  |  |  |  |  |  |  |
|                 | 2  | Less: Contributions   |   |  |                                    |  |  |  |  |  |  |  |
|                 | 3  | Gross income (line 1 minus line 2)  |   |  |                                    |  |  |  |  |  |  |  |
|                 | 4  | Cash prizes   |   |  |                                    |  |  |  |  |  |  |  |
| ß               | 5  | Noncash prizes  |   |  |                                    |  |  |  |  |  |  |  |
| Direct Expenses | 6  | Rent/facility costs   |   |  |                                    |  |  |  |  |  |  |  |
| irect E>        | 7  | Food and beverages  |   |  |                                    |  |  |  |  |  |  |  |
|                 | 8  | Entertainment   |   |  |                                    |  |  |  |  |  |  |  |
|                 | 9<br>10  | Other direct expenses<br>Direct expense summary. Add lines 4 through  |   |  | ►                                  |  |  |  |  |  |  |  |
|                 |  | Net income summary. Subtract line 10 from li  | <b>a</b>  |  | •                                  |  |  |  |  |  |  |  |
| Pa              | Income summary. Subtract line 10 from line 3, column (d)         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.   |   |  |                                    | -  |  |  |  |  |  |  |
| Revenue         |  |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming                   | (d) Total gaming (add<br>col. (a) through col. (c))    |  |  |  |  |  |  |
| Вe              | 1  | Gross revenue   |   |  |                                    |  |  |  |  |  |  |  |
| ses             | 2  | Cash prizes   |   |  |                                    |  |  |  |  |  |  |  |
| Direct Expenses | 3  | Noncash prizes  |   |  |                                    |  |  |  |  |  |  |  |
| Direct          | 4  | Rent/facility costs   |   |  |                                    |  |  |  |  |  |  |  |
|                 | 5  | Other direct expenses   |   |  |                                    |  |  |  |  |  |  |  |
|                 | 6  | Volunteer labor   | Yes%  | └── Yes %<br>└── No                              | └── Yes %<br>└── No                |  |  |  |  |  |  |  |
|                 | 7  | Direct expense summary. Add lines 2 through   | n 5 in column (d)                                       |  | ►                                  |  |  |  |  |  |  |  |
|                 | 8  | Net gaming income summary. Subtract line 7  | from line 1, column (d)                                 |  | ••••                               |  |  |  |  |  |  |  |
|                 | ls t   | ter the state(s) in which the organization condu<br>the organization licensed to conduct gaming ac<br>No," explain: | ctivities in each of these s                            | states?  |                                    | Yes No   |  |  |  |  |  |  |
|                 |  |   |   |  |                                    |  |  |  |  |  |  |  |
|                 |  | ere any of the organization's gaming licenses re<br>Yes," explain:  |   |  | /ear?                              | Yes No   |  |  |  |  |  |  |
|                 |  |   |   |  |                                    |  |  |  |  |  |  |  |
|                 |  |   |   |  |                                    |  |  |  |  |  |  |  |

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

| Sche  | dule G (Form 990 or 990-EZ) 2019 BROOKLYN COMMUNITY PRIDE CENTER, INC. 26-2  | 214534              | Page 3          |
|-------|--|---------------------|-----------------|
|       | 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:   |                     |                 |
|       | The organization's facility  | 13a                 | %               |
|       | 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 🕨  |                     |                 |
| 15a   | Does the organization have a contract with a third party from whom the organization receives gaming revenue?   | . Yes               | No 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 $ ightarrow$ \$  |                     |                 |
| С     | If "Yes," enter name and address of the third party:   |                     |                 |
|       | Name   |                     |                 |
|       |  |                     |                 |
|       | Address 🕨  |                     |                 |
| 16    | Coming menager information:  |                     |                 |
| 10    | Gaming manager information:  |                     |                 |
|       | Name   |                     |                 |
|       |  |                     |                 |
|       | Gaming manager compensation 🕨 \$   |                     |                 |
|       | Description of services provided   |                     |                 |
|       |  |                     |                 |
|       |  |                     |                 |
|       | Director/officer Employee Independent contractor   |                     |                 |
|       |  |                     |                 |
| 17    | Mandatory distributions:   |                     |                 |
| а     | Is the organization required under state law to make charitable distributions from the gaming proceeds to  |                     |                 |
|       | retain the state gaming license?   | Yes                 | No              |
|       | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the   |                     |                 |
| Par   | organization's own exempt activities during the tax year <b>s</b><br><b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par | + III, lines 0, (   | b 10b           |
| ' u   | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.   | t III, III 185 9, 8 | <i>b</i> , 100, |
|       |  |                     |                 |
|       |  |                     |                 |
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|       |  |                     |                 |
| 93208 | 3 09-11-19 Schedule G (Forn  | 1 990 or 990        | -EZ) 2019       |

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| Schedule G | 6 (Form 990 or 990-EZ)                     | BROOKLYN         | COMMUNITY | PRIDE | CENTER, | INC. | 26-2214534              | Page 4  |
|------------|--|------------------|-----------|-------|---------|------|-------------------------|---------|
| Part IV    | (Form 990 or 990-EZ)<br>Supplemental Infor | mation (continue | ed)       |       |         |      |                         |         |
|            |  |                  |           |       |         |      |                         |         |
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|            |  |                  |           |       |         | S    | Schedule G (Form 990 or | 990-EZ) |

932084 04-01-19

| SC   | HEDULE J   Compensation Information   | 1           | OMB No. 1   | 545-004 | 47       |  |  |
|--|---|-------------|-------------|---------|----------|--|--|
| (Fo  | rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest   |             | 00          | 40      |          |  |  |
| •  | Compensated Employees   |             | 20          | 19      | )        |  |  |
| -  | tment of the Treasury. Complete if the organization answered "Yes" on Form 990, Part IV, line 23.   |             | Open to     | Publ    | ic       |  |  |
|  | tment of the Treasury<br>al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.  |             | Inspe       |         |          |  |  |
| Nam  |   | Employer id |             |         | nber     |  |  |
|  | BROOKLYN COMMUNITY PRIDE CENTER, INC.   | 26-2        | 214534      | 1       |          |  |  |
| Pa   | rt I Questions Regarding Compensation   |             |             |         |          |  |  |
|  |   |             |             | Yes     | No       |  |  |
| 1a   | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99  | 90,         |             |         |          |  |  |
|  | 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 persona  | al use      |             |         |          |  |  |
|  | Travel for companions Payments for business use of personal resid   | dence       |             |         |          |  |  |
|  | Tax indemnification and gross-up payments   |             |             |         |          |  |  |
|  | 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  |             | 1b          |         | <u> </u> |  |  |
| 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?   |             | 2           |         |          |  |  |
| 3  | Indicate which, if any, of the following the organization used to establish the compensation of the organization's  |             |             |         |          |  |  |
| 3  | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization   | a to        |             |         |          |  |  |
| establish compensation of the CEO/Executive Director, but explain in Part III. |   |             |             |         |          |  |  |
|  | Compensation committee X Written employment contract  |             |             |         |          |  |  |
|  | Independent compensation consultant Compensation survey or study  |             |             |         |          |  |  |
|  | Form 990 of other organizations   | mmittee     |             |         |          |  |  |
|  |   |             |             |         |          |  |  |
| 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:   |             |             |         |          |  |  |
| а  | Receive a severance payment or change-of-control payment?   |             | <b>4</b> a  |         | X        |  |  |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   |             | 4b          |         | X        |  |  |
| С  | Participate in, or receive payment from, an equity-based compensation arrangement?  |             | <b>4c</b>   |         | X        |  |  |
|  | 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:  |             |             |         | v        |  |  |
| a  | The organization?   |             | <u>5a</u>   |         | X<br>X   |  |  |
| a  | Any related organization?   |             | <b>5b</b>   |         |          |  |  |
| e  | If "Yes" on line 5a or 5b, describe in Part III.<br>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation |             |             |         |          |  |  |
| 6  | contingent on the net earnings of:  |             |             |         |          |  |  |
| а  | The organization?   |             | 6a          |         | x        |  |  |
|  | Any related organization?   |             |             |         | X        |  |  |
| ~  | 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  |             | 7           |         | x        |  |  |
| 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)?   | <u></u>     | 9           |         |          |  |  |
| LHA  | For Paperwork Reduction Act Notice, see the Instructions for Form 990.  | Sched       | ule J (Form | 1 990)  | 2019     |  |  |

932111 10-21-19

Schedule J (Form 990) 2019

## BROOKLYN COMMUNITY PRIDE CENTER, INC. 26-2214534

Page 2

### 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.

|                         |             | (B) Breakdown of         | W-2 and/or 1099-MI                        | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation<br>in column (B)         |
|-------------------------|-------------|--------------------------|---|---|-----------------------------------|-------------------------|----------------------|---|
| (A) Name and Title      |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      | Denents                 | (B)(i)-(D)           | reported as deferred<br>on prior Form 990 |
| (1) FLOYD RUMOHR        | (i)         | 156,923.                 | 0.  | 0.  | 0.                                | 0.                      | 156,923.             | 0.  |
| CHIEF EXECUTIVE OFFICER | (ii)        | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                   | 0.  |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)<br>(ii) |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |
|                         | (i)         |                          |   |   |                                   |                         |                      |   |
|                         | (ii)        |                          |   |   |                                   |                         |                      |   |

| Schedule J (Fo | rm 990) 2019 |
|----------------|--------------|
|----------------|--------------|

## 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 J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



26-2214534

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BROOKLYN COMMUNITY PRIDE CENTER

AND PARTNERSHIPS WITH OTHER ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT REVIEWS THE FORM 990 AND THEN DISTRIBUTES A COPY TO THE OTHER BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ADHERES TO THE CONFLICT OF INTEREST POLICY THAT THE CITY OF NEW YORK REQUIRES FOR ALL ITS CONTRACTS. THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEE ARE REQUIRED EVERY YEAR TO COMPLY WITH THE CONFLICT OF INTEREST POLICY. THAT REQUIRES THEM TO DISCLOSE ANY CONFLICTS INTEREST AND IF ANY POTENTIAL CONFLICTS EXIST A DISCLOSURE STATEMENT IS OF SIGNED AND SUBMITTED TO THE CITY OF NEW YORK.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION'S BOARD MEMBERS DO NOT RECEIVE ANY COMPENSATION. THE EXECUTIVE DIRECTOR'S COMPENSATION IS ESTABLISHED BY A WRITTEN EMPLOYMENT A COMPENSATION STUDY WITH THE NOT-FOR-PROFIT SALARY GUIDELINES CONTRACT, AND BY WRITTEN APPROVAL OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: CONFLICTS OF INTEREST POLICY ARE AVAILABLE THE GOVERNING DOCUMENTS AND UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

**BROOKLYN COMMUNITY PRIDE CENTER, INC.** 

FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2020

# Brooklyn Community Pride Center, Inc.

# **Table of Contents**

## Year Ended June 30, 2020

| Page                               | <u>)</u> |
|------------------------------------|----------|
| ndependent Auditor's Report1       |          |
| inancial Statements:               |          |
| Statement of Financial Position2   |          |
| Statement of Activities            |          |
| Statement of Functional Expenses4  |          |
| Statement of Cash Flows5           |          |
| Notes to Financial Statements 6-14 |          |



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## Independent Auditor's Report

To the Board of Directors Brooklyn Community Pride Center, Inc. Brooklyn, New York

We have audited the accompanying financial statements of Brooklyn Community Pride Center, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2020 and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Brooklyn Community Pride Center, Inc. as of June 30, 2020 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Gettry Marcus CPA, P.C.

Gettry Marcus CPA, P.C. New York, New York April 14, 2021

GETTRY MARCUS CPA, P.C. GETTRYMARCUS.COM 88 Froehlich Farm Blvd., 3rd Floor, Woodbury, New York 11797 1407 Broadway, 40th Floor, New York, New York 10018

|  | Net Assets<br>Without Donor<br><u>Restrictions</u>    | Net Assets<br>With Donor<br><u>Restrictions</u> | <u>Total</u>                                       |
|--|---|---|--|
|  | Assets  |   |  |
| Current assets<br>Cash<br>Government grants receivable<br>Contributions receivable<br>Other income receivable<br>Prepaid expenses and other assets | \$    558,540<br>89,504<br>16,327<br>18,665<br>20,841 | \$ 42,500<br>-<br>-<br>-<br>-                   | \$ 601,040<br>89,504<br>16,327<br>18,665<br>20,841 |
| Total current assets   | 703,877   | 42,500  | 746,377  |
| Other assets<br>Property and equipment, net<br>Security deposit  | 105,543<br>23,062                                     |   | 105,543<br>23,062                                  |
| Total other assets   | 128,605   |   | 128,605  |
| Total assets   | \$ 832,482  | \$ 42,500                                       | \$ 874,982   |
| Liabilities  | and Net Assets  |   |  |
| <b>Current liabilities</b><br>Accounts payable and accrued expenses<br>Deferred rent obligation<br>Note payable - Paycheck Protection Program      | \$  | \$ -<br>-<br>-                                  | \$   |
| Total current liabilities  | 140,543   |   | 140,543  |
| Net Assets<br>Without donor restrictions<br>With donor restrictions  | 691,939   | 42,500  | 691,939<br>42,500                                  |
| Total net assets   | 691,939   | 42,500  | 734,439  |
| Total liabilities and net assets   | \$ 832,482  | \$ 42,500                                       | \$ 874,982   |

# Brooklyn Community Pride Center, Inc. Statement of Activities Year Ended June 30, 2020

|  | Without DonorWith DonorRestrictionsRestrictions |           | <u>Total</u> |
|--|---|-----------|--------------|
| Support and revenues                     |   |           |              |
| Foundations and trusts                   | \$ 74,803                                       | \$ 77,500 | \$ 152,303   |
| Corporations                             | 124,205   | -         | 124,205      |
| Individuals                              | 68,663  | -         | 68,663       |
| Government grants                        | 593,500   | 30,000    | 623,500      |
| Total support and revenues               | 861,171   | 107,500   | 968,671      |
| Other income                             |   |           |              |
| Room rental and licensing fees           | 35,440  | -         | 35,440       |
| Consulting fees                          | 48,930  | -         | 48,930       |
| Interest income                          | 1,706   |           | 1,706        |
| Total other income                       | 86,076  | -         | 86,076       |
| Net assets released from restrictions    | 163,938   | (163,938) |              |
| Total support, revenues and other income | 1,111,185                                       | (56,438)  | 1,054,747    |
| Functional expenses                      |   |           |              |
| Program services                         | 535,476   | -         | 535,476      |
| Fundraising services                     | 141,534   | -         | 141,534      |
| Administration services                  | 190,349   |           | 190,349      |
| Total functional expenses                | 867,359   |           | 867,359      |
| Increase (decrease) in net assets        | 243,826   | (56,438)  | 187,388      |
| Net assets - Beginning of year           | 448,113   | 98,938    | 547,051      |
| Net assets - End of year                 | \$ 691,939                                      | \$ 42,500 | \$ 734,439   |

# Brooklyn Community Pride Center, Inc. Statement of Functional Expenses Year Ended June 30, 2020

|                                   | <u>Program</u><br><u>Services</u> | <u>Fundraising</u><br><u>Services</u> | Administration<br>Services | <u>Total</u><br><u>Functional</u><br><u>Expenses</u> |
|-----------------------------------|-----------------------------------|---------------------------------------|----------------------------|--|
| Salaries and wages                | \$ 340,609                        | \$ 96,056                             | \$ 73,117                  | \$ 509,782   |
| Payroll taxes and fringe benefits | 34,766                            | 7,982                                 | 4,311                      | 47,059   |
| Employee benefits                 | 33,707                            | 11,514                                | 8,995                      | 54,216   |
| Rent                              | 66,503                            | 13,649                                | 8,518                      | 88,670   |
| Utilities and telephone           | 8,536                             | 1,923                                 | 1,242                      | 11,701   |
| Consulting and professional fees  | 9,914                             | 4,088                                 | 35,962                     | 49,964   |
| Accounting and bookkeeping fees   | -                                 | -                                     | 40,234                     | 40,234   |
| Advertising and promotion         | 2,480                             | 2,280                                 | 698                        | 5,458  |
| Insurance                         | 3,729                             | 773                                   | 512                        | 5,014  |
| Equipment rental                  | 3,171                             | 619                                   | 400                        | 4,190  |
| Supplies                          | 3,158                             | 522                                   | 2,756                      | 6,436  |
| Travel                            | 12,088                            | 165                                   | 4,662                      | 16,915   |
| Conferences & meetings            | 3,207                             | -                                     | 711                        | 3,918  |
| Meals and entertainment           | 1,816                             | 18                                    | 378                        | 2,212  |
| Office and other expenses         | 53                                | 380                                   | 2,317                      | 2,750  |
| Data and payroll processing fees  | -                                 | -                                     | 3,188                      | 3,188  |
| Depreciation expense              | 11,739                            | 1,565                                 | 2,348                      | 15,652   |
| Total expenses                    | \$ 535,476                        | \$ 141,534                            | \$ 190,349                 | \$ 867,359   |

| Cash flows from operating activities            |               |
|---|---------------|
| Increase in net assets                          | \$<br>187,388 |
| Adjustments to reconcile increase in net assets |               |
| to net cash provided by operating activities:   |               |
| Depreciation                                    | 15,652        |
| Deferred rent decrease                          | (3,746)       |
| (Increase) decrease in operating assets:        |               |
| Government grants receivable                    | (20,171)      |
| Contributions receivable                        | 4,503         |
| Other income receivable                         | (8,286)       |
| Prepaid expenses and other assets               | (6,161)       |
| Decrease in operating liabilities:              |               |
| Accounts payable and accrued expenses           | <br>(4,320)   |
| Total adjustments                               | <br>(22,529)  |
| Net cash provided by operating activities       | 164,859       |
| Cash flows from financing activity              |               |
| Loan proceeds from Paycheck Protection Program  | <br>109,357   |
| Net increase in cash                            | 274,216       |
| Cash - Beginning of year                        | <br>326,824   |
| Cash - End of year                              | \$<br>601,040 |

#### Note 1 - Summary of Organization and Nature of Activities

#### Organization and Nature of Activities

Brooklyn Community Pride Center, Inc. (the "Organization"), is a nonprofit organization established in 2008 with the goal to become Brooklyn's premier network of programs and services for the lesbian, gay, bisexual, transgender and queer ("LGBTQ+") community of New York City's largest borough.

At present, the Organization runs a community center offering programs and events for the LGBTQ+ community which focuses on six key areas that align with their mission. The six focus areas are Health and Wellness, Homelessness and Housing, Immigration, Racial Justice, Social Isolation and Workforce Development (Pride Path Program). Across the spectrum from young people to elders, the Brooklyn Community Pride Center enables the community to actively participate in positive, life-affirming activities. They offer a distinctive choice for the residents of Brooklyn to celebrate, heal, learn, create, organize, relax, socialize, and play. The Organization's work expands the quantity and quality of LGBTQ+ services in the community and strengthens the community from the inside out.

The Organization is supported primarily through donor contributions and grants.

#### Note 2 – Summary of Significant Accounting Policies

#### Basis of Presentation

The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

The Organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

*Net assets without donor restrictions:* Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. The Board may designate assets without restrictions for specific operational purposes from time to time.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. When a restriction expires (when a stipulated time restriction ends or a purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions. Contributions of property and equipment or cash restricted for acquisition of property and equipment are reported as net assets with donor restrictions if the donor has restricted the use of the property or equipment must be used, the restrictions expire evenly over the required period. Absent that type of restriction for use, the Organization considers the restriction met when the assets are placed in service. Donations of property and equipment are recorded as support at their estimated fair value at the date of donation.

#### Contributions and Expenditures

Unconditional contributions are recognized when pledged and recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Conditional promises to give will be recognized when the conditions on which they depend are substantially met. Gifts of cash and other assets will be reported with donor restricted support if they are received with donor stipulations that limit the use of the donated assets.

Revenues are reported as increases in net assets without donor restriction unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses on investments and other assets or liabilities will be reported as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulation or by law. Expirations of donor restrictions on the net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between applicable classes of net assets.

#### Uninsured Cash Balances

The Organization maintains cash balances at a bank in the New York metropolitan area. Cash accounts at the bank are insured by the Federal Deposit Insurance Corporation subject to certain limits. At times, such cash balances may be in excess of the insured limits. The Organization has not experienced any losses in these accounts and does not believe it its exposed to any significant credit risk on its cash.

## Grants, Contributions and Other Income Receivable

Grants, contributions, and other income receivable are stated at the amount management expects to collect from outstanding balances and are all due within one year. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to the receivable. In the opinion of management, no allowance was necessary at June 30, 2020. The Organization does not charge interest on its receivables.

#### Property and Equipment and Related Depreciation Methods

Major property and equipment additions are recorded at cost if purchased, or, if in the case of donated property, at the fair value at the date of the gift. Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long these donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time. Property and equipment are depreciated using the straight-line method over the estimated useful lives of the respective assets, which are as follows:

Office equipment Leasehold improvements 3 years Lower of lease term or 15 years

#### Contributed Services

During the year ended June 30, 2020, the value of contributed services meeting the requirements for recognition in the financial statements was not material and had not been recorded.

### Impairment of Long-Lived Assets

The Organization evaluates whether events and circumstances have occurred that indicate the remaining estimated useful life of long-lived assets may warrant revision or that the remaining balance of an asset may not be recoverable. The measurement of possible impairment is based on the ability to recover the balance of assets from expected future operating cash flows on an undiscounted basis. Impairment losses, if any, would be determined based on fair value, using the present value of the cash flows with discount rates that reflect the inherent risk of the underlying business. No impairment was required to be recognized for the year ended June 30, 2020.

#### Financial Instruments

The Organization's financial instruments include cash, contributions receivable, government grants receivable, other income receivable and accounts payable. The recorded values of cash, contributions receivable, government grants receivable, other income receivable and accounts payable approximates their fair values due to their short-term duration.

#### Tax-Exempt Status

The Organization has been notified by the Internal Revenue Service that it is exempt from Federal income taxes under section 501(c)(3) of the Internal Revenue Code ("Code"). The Organization is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The Organization follows the guidance of Accounting Standards Codification 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

#### Deferred Rent

The Organization has entered into an operating lease agreement which contains provisions for future rent increases. The total amount of rental payments due over the lease term is being charged to rent expense on the straight-line method over the term of the lease. The difference between rent expense recorded and the amount paid is credited or charged to "Deferred rent obligation", which is included in liabilities in the accompanying statement of financial position.

#### Government Grants

The Organization is the recipient of various grants from government agencies. Expenses charged to these grants are subject to audit by the government agencies. No provision for any potential liability for the current or prior years has been reflected in these financial statements.

#### Functional Expenses and Allocation Method

The costs of providing various programs and other activities have been summarized on a functional basis in the Statements of Activities and in the Statements of Functional Expenses. The financial statements report certain categories of expenses that are attributable to one or more programs or supporting functions. Accordingly, certain costs have been allocated among the programs and supporting services benefited, using appropriate measurement methodologies. The expenses that are being allocated include salaries and related expenses, which are allocated based on estimates of time and effort, as well as rent and utilities, which are allocated on a square footage basis.

### Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. Estimates are based on past experience and other assumptions that management believes are reasonable under the circumstances, and management evaluates these estimates on an ongoing basis. The significant estimates of the Organization include no allowance for uncollectible receivables, no provision for potential recoupment of government grants, and the estimated lives on property and equipment.

#### Advertising

Advertising costs are expensed as incurred. Advertising expenses amounted to \$5,458 for the year ended June 30, 2020.

#### Accounting Standards Updates ("ASU")

The Organization has reviewed recently issued ASU's by the Financial Accounting Standards Board ("FASB") and based on that review, has determined that those pronouncements, with the exceptions below, will not have a significant effect on the Organization's financial statements.

In May 2014, FASB ASU No. 2014-09, Revenue from Contracts with Customers (Topic 606). This ASU replaces all current U.S. GAAP guidance on this topic and eliminates industry-specific guidance. The topic, which was amended several times since, contains a core principle, that is, to recognize revenues when promised goods or services are transferred to customers in an amount that reflect the consideration to which an entity is expected to be entitled for those goods or services. The ASU defines a five-step process to achieve this core principle and, in so doing, more judgement and estimates may be required within the revenue recognition process than was previously required. This process includes identifying performance obligations in the contract, estimating the amount of variable consideration to include in the transaction price and allocation the transaction to each performance obligation. The ASU was to be effective for annual periods beginning after December 15, 2018 (for private entities), but such effective date was recently postponed by FASB to annual periods commencing after December 15, 2019. Entities can either use one of these methods (a) retrospective to each prior reporting period presented with the option to elect certain practical expedients as defined within the ASU, or, (b) retrospective with the cumulative effect of initially applying the ASU recognized at the date of initial application and providing certain additional disclosures as defined in the ASU. The Organization has not determined what impact the adoption of this ASU will have, if any, on its financial statements.

In February 2016, FASB issued ASU No. 2016-02, *Leases (Topic 842)* ("ASU 2016-02"). ASU 2016-02 replaced all current U.S. GAAP guidance on this topic. Under ASU 2016-02:

 A lessee would account for both finance leases and operating leases by recognizing a right-of-use asset and a lease liability on the statement of financial position, with an exception for leases that commence at or near the end of the underlying asset's economic life. Finance leases will recognize amortization of the right-of-use asset separately from interest on the lease liability, and operating leases will recognize the lease expense on a straight-line basis. Additionally, the ASU only allows for the capitalization of only those costs, as initial direct costs, that are incurred due to the successful execution of a lease.

- Allows for an optional transition method to adopt this ASU for comparative financial statement presentations. Under this transition method, an entity initially applies the new lease standard at the adoption date and recognizes a cumulative-effect adjustment to the opening balance of net assets (deficit) in the year of adoption. Consequently, an entity's reporting for the comparative year presented in the financial statements in which it adopts the new lease standard, will continue to be in accordance with current U.S. GAAP (Topic 840, Leases) although it will not be consistently applied to both years.
- The ASU, as amended, is effective for fiscal years beginning after December 15, 2021.

The Organization is evaluating the impact the adoption of this ASU, as amended, could have on its financial statements.

In June 2018, FASB ASU No. 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made.* This ASU clarifies and improves accounting guidance for contributions received and made. This ASU clarifies (i) the evaluation of transactions that are to be characterized as contributions/grants (nonreciprocal transactions) or as exchange (reciprocal) transaction, and (ii) determining whether a contribution is conditional. The ASU is effective for annual periods beginning after December 15, 2018 for entities that serve as a resource recipient and periods beginning after December 15, 2019 for entities that serve as a resource provider. The Organization adopted the resource recipient portion of this ASU for the year ended June 30, 2020, and this accounting guidance did not have a material effect on the Organization's financial statements. Management is in the process of assessing the impact of the resource provider portion of this ASU on the financial statements.

In September 2020, FASB issued ASU No. 2020-07, Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets. The intention of this ASU is to increase transparency about nonfinancial gifts in kind, including how they are used and how they are valued. The ASU requires a separate line-item presentation of contributed nonfinancial assets in the statement of activities, apart from the contributions of cash or other financial assets. The ASU requires disclosure of the disaggregation of the amount of nonfinancial gifts in-kind received by category and the organization, and for each category, disclosure of: (i) qualitative information about whether the contributed nonfinancial assets were either monetized or utilized during the reporting period; (ii) the not-for-profit's policy about monetizing rather than utilizing contributed nonfinancial assets; (iii) a description of any related donor-imposed restrictions associated with the contributed nonfinancial assets; (iv) the valuation techniques and inputs used to arrive at a fair value measure; and (v) the principal market (or most advantageous market) used to arrive at a fair value measure. The ASU is effective for annual reporting periods beginning after June 15, 2021, to be applied on a retrospective basis, and earlier application is permitted. Management has not assessed the impact, if any, this ASU will have on its financial statements.

## Note 3 – Government Grants

Government grant income consists of the following for the year ending June 30, 2020:

|   |          | <u>mount</u> |  |
|---|----------|--------------|--|
| Government Agency   | <u>A</u> | warded       |  |
| New York City Department of Youth & Community Development | \$       | 543,500      |  |
| New York State Office of Children and Family Services     |          | 50,000       |  |
| New York City Department for the Aging                    |          | 30,000       |  |
|   |          |              |  |
|   | \$       | 623,500      |  |

Government grant income from the New York City Department of Youth & Community Development accounted for approximately 51% of total support for the year ending June 30, 2020.

Government grants receivable at June 30, 2020 was \$89,504 from two of the three government agencies above. In the opinion of management, no allowance for doubtful accounts is necessary at June 30, 2020.

## Note 4 – Property and Equipment

Property and equipment consist of the following at June 30, 2020:

| Office equipment               | \$<br>28,586  |
|--------------------------------|---------------|
| Leasehold improvements         | 111,138       |
| Less: accumulated depreciation | <br>(34,181)  |
|                                | <br>          |
|                                | \$<br>105,543 |
|                                |               |

Depreciation expense for the year ended June 30, 2020 amounted to \$15,652.

## Note 5 – Note Payable – Paycheck Protection Program

On April 7, 2020, the Organization obtained a \$109,357 loan from JP Morgan Chase Bank N.A. ("Loan") pursuant to the Paycheck Protection Program ("PPP") under the CARES Act, as administered by the U.S. Small Business Administration ("SBA"). In accordance with the PPP and the SBA, the Loan was available to fund designated expenses ("qualifying expenses"). In addition, up to the entire amount of the funded Loan's principal and accrued interest was eligible to be fully or partially forgiven to the extent the Loan proceeds were used for qualifying expenses during specified time periods, and the Organization met certain other qualitative and quantitative thresholds (collectively, "qualifying criteria"). On June 5, 2020, the PPP Flexibility Act ("Flexibility Act") was signed into law, which amended the qualifying criteria.

Management has performed initial calculations for the Loan forgiveness according to the terms and conditions of the SBA's Loan Forgiveness Application and expects that the Loan will be forgiven in full. The Organization has not applied for forgiveness of the Loan to-date but intends to do so in the near term.

## Note 5 – Note Payable – Paycheck Protection Program (continued)

Management has determined that the PPP Loan should be accounted for as debt until forgiven. Accordingly, the \$109,357 forgiveness of the Loan will be recorded as other income entirely in the period it receives notification from the SBA that the Loan has been forgiven. In conjunction with the forgiveness, interest incurred is also expected to be forgiven in full.

In December 2020, the CARES Act was further amended by the Economic Aid Act ("EAA"). The EAA allows certain enterprises that previously received a PPP Loan, to apply for a "Second Draw" PPP Loan that contains similar general forgiveness terms as the original PPP Loan. However, the Second Draw contains additional qualifying criteria, such as that an organization must be able to demonstrate that they experienced a 25 percent reduction in gross receipts (as defined by the SBA) in a 2020 calendar quarter compared to the same quarter in 2019. The Organization applied for \$112,975 in Second Draw PPP and received funding in January 2021.

## Note 6 - Net Assets - With Donor Restrictions

Donor restricted net assets as of June 30, 2020 are available for the following specific purposes:

## Subject to expenditure for specified purpose:

| Pride path internship program        |    | 35,000 |
|--------------------------------------|----|--------|
| Vocational training for LGBTQ+ women |    | 7,500  |
| Total assets with donor restrictions | \$ | 42,500 |

Net assets released from donor restrictions were for the following purposes for the year ended June 30, 2020:

| Subject to expenditure for specified purpose:      |               |
|--|---------------|
| Pride Path internship program                      | \$<br>101,278 |
| Elder Pride programming                            | 30,000        |
| Transportation sponsorship                         | 5,825         |
| Arts and culture program                           | 5,000         |
| Vocational training for LGBTQ+ women               | 4,335         |
| Total subject to expenditure for specified purpose | 146,438       |
| Subject to the passage of time:                    |               |
| General operations                                 | <br>17,500    |
| Total releases from restrictions                   | \$<br>163,938 |

## Note 7 – Commitments

During the year ended June 30, 2018, the Organization entered into an agreement to lease office space at 1360 Fulton Street under a non-cancelable lease that began July 2017 and expires in July 2022. The total minimum annual lease payments, exclusive of escalations for taxes and other operating expenses are as follows:

| Years Ending June 30, | _  |         |
|-----------------------|----|---------|
| 2021                  | \$ | 85,566  |
| 2022                  |    | 88,133  |
| 2023                  |    | 3,677   |
|                       |    |         |
|                       | \$ | 177,376 |

## Note 8 – Risks and Uncertainties

The Organization is dependent upon contributions from the public for its revenue. The ability of the Organization to continue to elicit this level of contribution is dependent upon current and future economic conditions as well as income tax efficiencies.

The coronavirus pandemic ("COVID-19") has adversely impacted the United States and many other parts of the world. Accordingly, the Organization could experience reductions in contributions and grants from donors. Further, the Organization could be subject to reduced demand for program services. Currently, the Organization has not been materially impacted by these consequences, however, there could be a significant adverse impact on the Organization's future activities as it is impossible to predict the effect COVID-19 will have on the economy.

In response to the COVID-19 outbreak, the Organization has implemented various short-term cost reductions, taken cash flow improvement actions, and is exploring new areas of focus for raising support. As the Organization focuses on programming for the LGBTQ+ community they have had to pivot to online programming until New York State reopened; the online programming will remain as a major programming platform. Given this uncertainty, the Organization is not able to estimate the potential effects of COVID-19 for near and long term purposes.

## Note 9 – Liquidity

As part of its liquidity management, the Organization established a liquid unrestricted net assets fund ("LUNA fund") to maintain financial assets on hand to meet 90 days of normal operating expenses. The Organization's goal is to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due by maintaining adequate reserves in the LUNA fund. The Organization does not have a line of credit available to assist with liquidity management.

## Note 9 – Liquidity (continued)

The Organization's financial assets available within one year of the statement of financial position date for general expenditures, without limitations, are as follows:

| Cash<br>Government grants receivable<br>Contributions receivable<br>Other income receivable | \$<br>601,040<br>89,504<br>16,327<br>18,665 |
|---|---|
| Financial assets at fiscal year ended June 30, 2020   | 725,536                                     |
| Less: those unavailable for general expenditures within one year due to donor restrictions  | <br>42,500                                  |
| Financial assets available to meet cash needs for general expenditures within one year      | \$<br>683,036                               |

The Organization's financial assets have been reduced by amounts not available for general use because of donor imposed restrictions within one year of the balance date. In addition to financial assets available to meet general expenditures over the year, the Organization operates with a balanced budget and anticipates covering its general expenditures through special event income, room rental and licensing fees and by utilizing donor-restricted resources from current and prior years. The statement of cash flows identifies the sources and uses of the Organization's cash and shows positive cash generated by operations of \$164,859 for the year ended June 30, 2020.

## Note 10 – Subsequent Events

Management has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through April 14, 2021, the date the financial statements were available to be issued.

On February 11, 2020, the Organization signed a thirty-year lease on its new Crown Heights satellite location at the newly renovated space in the Bedford-Union Armory (now officially renamed the Major R. Owens Health & Wellness Community Center). However, due to renovations and COVID-19 delays, the lease commitment has not yet been fully executed by both parties. The lease agreement is expected to be finalized during the Organization's fiscal year ended June 30, 2021. The Organization's current location at 1360 Fulton Street will continue to be occupied after the new satellite location opens.

Other than the event disclosed above, the Organization determined that there were no other material subsequent events that would require disclosure or adjustments to the financial statements at June 30, 2020.