Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization
BROOKLYN BUREAU OF COMMUNITY SERVICE
D/B/A BROOKLYN COMMUNITY SERVICES
Doing Business As BROOKLYN COMMUNITY SERVICES
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
285 SCHERMERHORN STREET
City or town, state or province, country, and ZIP or foreign postal code
BROOKLYN, NY 11217-1024

D Employer identification number 11-1630780

E Telephone number (718) 310-5605

G Gross receipts $ 30,244,318.

F Name and address of principal officer: MARLA G. SIMPSON
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.WEAREBCS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1866 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1	Briefly describe the organization's mission or most significant activities: BROOKLYN BUREAU OF COMMUNITY SERVICE STRIVES TO EMPOWER CLIENTS TO ACHIEVE GREATER ECONOMIC		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	674
6	Total number of volunteers (estimate if necessary)	6	906
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,699,155.	13,253,316.
	9	Program service revenue (Part VIII, line 2g)	12,059,112.	12,454,812.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	482,062.	668,649.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	190,812.	305,143.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,431,141.	26,681,920.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	651,808.	587,935.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,342,004.	17,866,255.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 525,170.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,509,802.	8,016,628.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,503,614.	26,470,818.
	19	Revenue less expenses. Subtract line 18 from line 12	-72,473.	211,102.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	16,967,995.	19,244,265.
	21	Total liabilities (Part X, line 26)	13,824,007.	15,142,298.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,143,988.	4,101,967.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MARLA G. SIMPSON, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LYONS, ROBERT				P00227472

Firm's name ▶ MARKS PANETH LLP — Firm's EIN ▶ 11-3518842

Firm's address ▶ 685 THIRD AVENUE
NEW YORK, NY 10017 — Phone no. 212-503-8800

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
BROOKLYN BUREAU OF COMMUNITY SERVICE STRIVES TO EMPOWER CLIENTS TO ACHIEVE GREATER ECONOMIC SELF-SUFFICIENCY AND MORE REWARDING PARTICIPATION IN THE COMMUNITY THROUGH PROGRAMS THAT NURTURE AND STRENGTHEN FAMILIES, PROTECT CHILDREN, AND ENABLE INDIVIDUALS WITH

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.

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. 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 $ 7,251,330. including grants of $) (Revenue $ 6,748,549.)
MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES: PROVIDES TO ADULTS WITH DEVELOPMENTAL DISABILITIES AND/OR MENTAL ILLNESSES PREVOCATIONAL, EDUCATIONAL, AND SOCIALIZATION ACTIVITIES THAT PROMOTE REHABILITATION AND HELP PROGRAM PARTICIPANTS PROGRESS TOWARDS FULLER, MORE REWARDING, AND INCREASINGLY INDEPENDENT PARTICIPATION IN THE COMMUNITY. SERVICE COORDINATION IS PROVIDED TO MAXIMIZE EFFECTIVENESS. PARTICIPANTS RANGE IN AGE FROM 16 TO SENIOR CITIZENS. OVER 1,250 PEOPLE WERE SERVED, MANY OF WHOM ATTEND FIVE DAYS A WEEK/FIVE HOURS A DAY.

4b (Code:) (Expenses $ 7,678,817. including grants of $) (Revenue $ 2,736,478.)
EDUCATION AND CHILD CARE SERVICES: PROVIDES EDUCATION AND CHILD CARE SERVICES VIA CENTER BASED CHILD DAY CARE, FAMILY DAY CARE, HEAD START, AND LITERACY RICH AFTER SCHOOL PROGRAMS LOCATED IN UNDERPERFORMING PUBLIC SCHOOLS. CHILDREN SERVED RANGE FROM INFANTS TO 8TH GRADERS. OVER 3,500 CHILDREN AND PARENTS BENEFITTED FROM THESE PROGRAMS.

4c (Code:) (Expenses $ 3,104,582. including grants of $) (Revenue $ 0.)
FAMILY COUNSELING: PROVIDES PROFESSIONAL FAMILY COUNSELING AND PARAPROFESSIONAL HOMEMAKER SERVICES TO ASSIST PARENTS TO ESTABLISH STABLE AND NURTURING HOMES IN WHICH CHILDREN CAN DEVELOP TO THEIR FULLEST POTENTIAL. PROGRAMS REDUCE RISK OF CHILD ABUSE OR NEGLECT AND PREVENT INAPPROPRIATE FOSTER CARE PLACEMENT. OVER 2,300 FAMILIES AND CHILDREN PARTICIPATE IN THESE SERVICES. 99% OF THE CHILDREN SERVED WERE ABLE TO REMAIN IN SAFE CONDITIONS WITHIN THEIR OWN FAMILIES.

4d Other program services (Describe in Schedule O.)
(Expenses $ 4,057,890. including grants of $ 587,935.) (Revenue $ 2,969,785.)

4e Total program service expenses ▶ 22,092,619.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	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 provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit 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 Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
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 contributions? *If "Yes," complete Schedule M*	30		X
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 Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	183			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
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	674			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	N/A	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966? N/A			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? N/A			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶NY,CT,MA,NJ

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

ANTHONY B. EDWARDS - 718-310-5605
285 SCHERMERHORN STREET, BROOKLYN, NY 11217-1024

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's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) AARON DEAN BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) EDWARD F. GENTNER VICE CHAIR	2.00	X		X				0.	0.	0.
(3) ELLEN FINE LEVINE VICE CHAIR	2.00	X		X				0.	0.	0.
(4) REED L. KENNEDY TREASURER	2.00	X		X				0.	0.	0.
(5) WENDY SCARLETT SECRETARY	2.00	X		X				0.	0.	0.
(6) SALLY R. BRODY DIRECTOR	2.00	X						0.	0.	0.
(7) JOAN MALIN DIRECTOR (FORMER)	2.00	X						0.	0.	0.
(8) TRACEY CURETON DIRECTOR (FORMER)	2.00	X						0.	0.	0.
(9) WILLIAM P. O'BRIEN DIRECTOR (FORMER)	2.00	X						0.	0.	0.
(10) ERIC STEWART DIRECTOR	2.00	X						0.	0.	0.
(11) RUSSATTA BUFORD DIRECTOR	2.00	X						0.	0.	0.
(12) ROBERT LISI DIRECTOR	2.00	X						0.	0.	0.
(13) LOUIS COLOMBO DIRECTOR	2.00	X						0.	0.	0.
(14) SUSAN SKERRITT DIRECTOR	2.00	X						0.	0.	0.
(15) RICK ALBERT DIRECTOR	2.00	X						0.	0.	0.
(16) SHAWN V. AUSTIN DIRECTOR	2.00	X						0.	0.	0.
(17) MARTIN JEIVEN DIRECTOR	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) MIKE KELLY DIRECTOR	2.00	X						0.	0.	0.
(19) MICHAELA A. DAVIS DIRECTOR	2.00	X						0.	0.	0.
(20) ANDREW L. HAMM DIRECTOR	2.00	X						0.	0.	0.
(21) CHARLIE LEWIS JR. DIRECTOR	2.00	X						0.	0.	0.
(22) DAVID O'CONNELL DIRECTOR	2.00	X						0.	0.	0.
(23) DR. MILDRED CLARKE DIRECTOR	2.00	X						0.	0.	0.
(24) STEPHANIE STRAKER DIRECTOR	2.00	X						0.	0.	0.
(25) STEPHEN WILLIAMSON DIRECTOR	2.00	X						0.	0.	0.
(26) MARLA G. SIMPSON EXECUTIVE DIRECTOR	35.00			X				197,017.	0.	3,638.
1b Sub-total ▶								197,017.	0.	3,638.
c Total from continuation sheets to Part VII, Section A ▶								1,303,595.	0.	114,423.
d Total (add lines 1b and 1c) ▶								1,500,612.	0.	118,061.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 10

			Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EXCLUSIVE AMBULETTE SERVICE, INC. P.O. BOX 476, LAWRENCE, NY 11559	TRANSPORTATION	167,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) ANTHONY B. EDWARDS CHIEF FINANCIAL OFFICER	35.00			X				191,387.	0.	21,994.
(28) CAROLYN WALKER-DIALLO CHIEF COMPLIANCE OFFICER	35.00			X				51,412.	0.	8,206.
(29) SONYA SHIELDS CHIEF OFFICER EXTERNAL RELATIONSHIP	35.00			X				136,721.	0.	8,413.
(30) JANELLE FARRIS CHIEF OPERATING OFFICER	35.00			X				15,000.	0.	4,838.
(31) BARRY NEWMARK DEPUTY ED (FORMER)	35.00			X				149,930.	0.	443.
(32) NORMA H. MARTIN AED (FORMER)	35.00				X			153,122.	0.	1,823.
(33) LESLIE KLEIN DIRECTOR OF ADULT REHAB	35.00					X		141,984.	0.	8,810.
(34) CATHY PETRUCCI CONTROLLER	35.00					X		110,500.	0.	15,081.
(35) DOUGLAS BROOKS DIRECTOR OF FAM. SERV. (FORMER)	35.00					X		122,649.	0.	8,221.
(36) DONALD J. STARCKE DIRECTOR OF DEVELOPMENT	35.00					X		115,364.	0.	15,081.
(37) ADIL ELKARI DIRECTOR OF IT	35.00					X		115,526.	0.	21,513.
Total to Part VII, Section A, line 1c								1,303,595.		114,423.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 311,939.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 10,626,225.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,315,152.				
	g Noncash contributions included in lines 1a-1f: $ 11,140.					
	h **Total.** Add lines 1a-1f ▶		13,253,316.			
Program Service Revenue		Business Code				
	2a GOVT. FEES & CONTRACTS	624100	11,728,983.	11,728,983.		
	b DAY CARE FEES	624410	484,875.	484,875.		
	c CONTRACT SALES	722210	240,954.	240,954.		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		12,454,812.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		288,844.			288,844.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities 3,816,171. / (ii) Other				
	b Less: cost or other basis and sales expenses	3,436,366.				
	c Gain or (loss)	379,805.				
	d Net gain or (loss) ▶		379,805.			379,805.
	8a Gross income from fundraising events (not including $ 311,939. of contributions reported on line 1c). See Part IV, line 18	a 123,925.				
	b Less: direct expenses	b 126,032.				
	c Net income or (loss) from fundraising events ▶		-2,107.			-2,107.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE	900099	307,250.			307,250.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		307,250.			
	12 **Total revenue.** See instructions. ▶		26,681,920.	12,454,812.	0.	973,792.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	587,935.	587,935.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	994,883.	82,962.	754,470.	157,451.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,003,073.	11,377,146.	1,422,509.	203,418.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,567.	14,072.	495.	
9 Other employee benefits	2,829,879.	2,560,343.	211,453.	58,083.
10 Payroll taxes	1,023,853.	913,464.	86,862.	23,527.
11 Fees for services (non-employees):				
a Management				
b Legal	8,778.		8,778.	
c Accounting	126,251.	101,941.	24,310.	
d Lobbying	19,200.	19,200.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	75,953.		75,953.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,616,673.	1,539,946.	62,165.	14,562.
12 Advertising and promotion				
13 Office expenses	689,508.	578,217.	73,937.	37,354.
14 Information technology				
15 Royalties				
16 Occupancy	1,745,212.	1,707,572.	36,199.	1,441.
17 Travel	443,619.	440,831.	2,184.	604.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,890.	7,359.	4,061.	470.
20 Interest	227,564.		227,564.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	409,694.	349,365.	55,520.	4,809.
23 Insurance	210,362.	172,539.	34,451.	3,372.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	877,623.	877,583.	0.	40.
b BAD DEBT EXPENSE	441,800.	0.	441,800.	0.
c EQUIPMENT AND SUPPLIES	408,680.	354,897.	53,783.	0.
d REPAIRS AND MAINTENANCE	236,464.	178,735.	56,387.	1,342.
e All other expenses	467,357.	228,512.	220,148.	18,697.
25 **Total functional expenses.** Add lines 1 through 24e	26,470,818.	22,092,619.	3,853,029.	525,170.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	688,326.	2	880,498.
	3	Pledges and grants receivable, net	323,392.	3	516,075.
	4	Accounts receivable, net	4,881,703.	4	5,794,177.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	233,575.	9	497,466.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 6,204,730.			
	b	Less: accumulated depreciation — 10b: 4,645,834.	1,888,646.	10c	1,558,896.
	11	Investments - publicly traded securities	7,422,153.	11	7,992,388.
	12	Investments - other securities. See Part IV, line 11	1,458,094.	12	1,856,559.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	72,106.	15	148,206.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	16,967,995.	16	19,244,265.
Liabilities	17	Accounts payable and accrued expenses	1,131,505.	17	1,652,025.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	6,750,756.	23	7,851,629.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,941,746.	25	5,638,644.
	26	**Total liabilities.** Add lines 17 through 25	13,824,007.	26	15,142,298.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	378,751.	27	1,434,206.
	28	Temporarily restricted net assets	1,789,393.	28	1,691,917.
	29	Permanently restricted net assets	975,844.	29	975,844.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,143,988.	33	4,101,967.
	34	Total liabilities and net assets/fund balances	16,967,995.	34	19,244,265.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,681,920.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,470,818.
3	Revenue less expenses. Subtract line 2 from line 1	3	211,102.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,143,988.
5	Net unrealized gains (losses) on investments	5	386,609.
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 in Schedule O)	9	360,268.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,101,967.

Part XII Financial Statements and Reporting

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

			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 O.			
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	X	
	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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES

Employer identification number 11-1630780

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Non-functionally integrated

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section (**see instructions**))	**(iv)** Is the organization in col. **(i)** listed in your governing document?		**(v)** Did you notify the organization in col. **(i)** of your support?		**(vi)** Is the organization in col. **(i)** organized in the U.S.?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20342393.	17098368.	16256212.	13707262.	13253316.	80657551.
2 Tax revenues levied for the organization'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	20342393.	17098368.	16256212.	13707262.	13253316.	80657551.
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)						2361594.
6 **Public support.** Subtract line 5 from line 4.						78295957.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	20342393.	17098368.	16256212.	13707262.	13253316.	80657551.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278,145.	236,304.	224,015.	269,802.	288,844.	1297110.
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 IV.)	205,185.	398,411.	167,309.	182,705.	307,250.	1260860.
11 **Total support.** Add lines 7 through 10						83215521.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 50,351,161.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 94.09 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 ..... 15 | 95.78 %

16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at** *www.irs.gov/form990* .

OMB No. 1545-0047

2013

Name of the organization
BROOKLYN BUREAU OF COMMUNITY SERVICE
D/B/A BROOKLYN COMMUNITY SERVICES

Employer identification number
11-1630780

Organization type (check one):

Filers of: **Section:**

Form 990 or 990-EZ
[X] 501(c)(3) (enter number) organization
[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
[ ] 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

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of $5,000 or more during the year .... ▶ $ ________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES	11-1630780

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES 150 WILLIAM STREET, 18TH FLOOR NEW YORK, NY 10038	$ 3,699,469.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	NEW YORK CITY DEPARTMENT OF EDUCATION TWEED COURTHOUSE, 52 CHAMBERS STREET NEW YORK, NY 10007	$ 735,942.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 WORTH STREET NEW YORK, NY 10013	$ 1,679,384.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	NEW YORK CITY DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT 156 WILLIAM STREET, 6TH FLOOR NEW YORK, NY 10038	$ 1,374,743.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250	$ 836,038.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, S.W. WASHINGTON, DC 20201	$ 1,388,940.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
BROOKLYN BUREAU OF COMMUNITY SERVICE
D/B/A BROOKLYN COMMUNITY SERVICES

Employer identification number
11-1630780

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 26 FEDERAL PLAZA, ROOM 3504 NEW YORK, NY 10278	$ 738,852.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	NEW YORK TIMES NEEDIEST CASES FUND 620 8TH AVENUE, 16TH FLOOR NEW YORK, NY 10018	$ 810,858.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES	11-1630780

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES	11-1630780

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES	11-1630780

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2010	**(b)** 2011	**(c)** 2012	**(d)** 2013	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		19,200.
i Other activities?		X	
j Total. Add lines 1c through 1i			19,200.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES

Employer identification number: 11-1630780

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of 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 day of the tax year.

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,024,555.	1,047,106.	1,080,656.	975,844.	975,844.
b Contributions				104,812.	
c Net investment earnings, gains, and losses	97,930.	45,758.	34,700.	111,168.	689,793.
d Grants or scholarships					
e Other expenditures for facilities and programs	68,309.	68,309.	68,250.		
f Administrative expenses				111,168.	689,793.
g End of year balance	1,054,176.	1,024,555.	1,047,106.	1,080,656.	975,844.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ 92.57 %

c Temporarily restricted endowment ▶ 7.43 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,520.		26,520.
b Buildings		373,480.	354,698.	18,782.
c Leasehold improvements		4,013,659.	2,894,226.	1,119,433.
d Equipment		1,768,428.	1,392,381.	376,047.
e Other		22,643.	4,529.	18,114.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,558,896.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET FUNDS	1,856,559.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,856,559.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL AND RELATED	
(3) LIABILITIES	1,334,908.
(4) REFUNDABLE ADVANCES	827,284.
(5) DEFINED BENEFIT PENSION PLAN	
(6) PAYABLE	2,653,711.
(7) SUPPLEMENTAL RETIREMENT BENEFIT	
(8) PLAN PAYABLE	699,925.
(9) DEFERRED RENT	122,816.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	5,638,644.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	26,681,093.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	75,126.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	75,126.
3	Subtract line **2e** from line **1**			3	26,605,967.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,953.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	75,953.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	26,681,920.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	26,469,991.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	75,126.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	75,126.
3	Subtract line **2e** from line **1**			3	26,394,865.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,953.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	75,953.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	26,470,818.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE RESTRICTED TO INVESTMENT IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE FOR GENERAL PURPOSES.

PURSUANT TO A RESOLUTION ADOPTED BY THE BOARD OF DIRECTORS, THE BOARD DESIGNATED ENDOWMENT WAS UNDESIGNATED TO UNRESTRICTED NET ASSETS FOR OPERATIONS EFFECTIVE JULY 1, 2009.

PART X, LINE 2:

BCS HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2014 AND 2013 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740 ("INCOME TAXES"), WHICH PROVIDES STANDARDS FOR ESTABLISHING AND

Part XIII **Supplemental Information** *(continued)*

CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. BCS IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2011.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization: BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES

Employer identification number 11-1630780

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to 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 HUMAN SPIRIT AWARDS (event type)	(b) Event #2 GOLF EVENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	384,247.	51,617.		435,864.
	2 Less: Contributions	290,097.	21,842.		311,939.
	3 Gross income (line 1 minus line 2)	94,150.	29,775.		123,925.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	68,550.	28,775.		97,325.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,642.	3,065.		28,707.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				126,032.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-2,107.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: ____

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

b If "No," explain: ____

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

b If "Yes," explain: ____

11 Does the organization operate 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 operated in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES

Employer identification number 11-1630780

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
SPECIFIC ASSISTANCE GIVEN TO LOW-INCOME FAMILIES SUCH AS RENT ARREARS, FURNITURE, SCHOOL SUPPLIES AND OTHER BASIC NECESSITIES	1555	236,812.	0.	FMV	
STIPENDS YOUTH ENGAGED IN THE AGENCY CEO HRA PROGRAM	30	49,117.	0.	FMV	
STIPENDS FOR AGENCY SUMMER YOUTH PROGRAM	70	93,940.	0.	FMV	
STIPENDS FOR ADULT REHABILITATION SERVICES PROGRAM	105	208,066.	0.	FMV	

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

BCS PROVISED SMALL AMOUNTS OF CASH AND NON-CASH ASSISTANCE TO CLIENTS IN CONNECTION WITH THE DELIVERY OF ITS SERVICES ON DAILY BASIS, INCLUDING RENT ARREARS, FURNITURE, SCHOOL SUPPLIES AND OTHER BASIC NECESSITIES.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES

Employer identification number 11-1630780

Part 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., 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		
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 in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in 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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARLA G. SIMPSON	(i)	197,017.	0.	0.	1,990.	1,648.	200,655.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANTHONY B. EDWARDS	(i)	191,387.	0.	0.	963.	21,031.	213,381.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARRY NEWMARK	(i)	149,930.	0.	0.	181.	262.	150,373.	0.
DEPUTY ED (FORMER)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NORMA H. MARTIN	(i)	153,122.	0.	0.	0.	1,823.	154,945.	0.
AED (FORMER)	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LESLIE KLEIN	(i)	141,984.	0.	0.	698.	8,112.	150,794.	0.
DIRECTOR OF ADULT REHAB	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

SERP PAYMENTS AT 62. THE TERMS OF THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN OF BCS (SERP)(SPECIFICALLY ARTICLE V, SECTION 1) PROVIDE THAT BENEFITS SHALL BE PAID IN A LUMP SUM PAYMENT UPON VESTING; ARTICLE IV OF THE SERP PROVIDES THAT VESTING OCCURS PURSUANT TO APPENDIX A TO THE PLAN, AND APPENDIX A PROVIDES, IN PARAGRAPH 2, THAT TIER 2 EMPLOYEES ARE VESTED AT AGE 62 (PROVIDED THEY HAVE NOT TERMINATED EMPLOYMENT BEFORE THAT DATE). APPENDIX A LISTS LESLIE KLEIN IS A TIER 2 EMPLOYEE. AS SUCH, KLEIN VESTED IN HER BENEFITS AT AGE 62 AND THE BENEFITS BECAME PAYABLE IN A LUMP SUM AT THAT TIME.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES

Employer identification number: 11-1630780

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (EQUIPMENT)	X	30	11,140.	FMV
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) (2013)**

332141
09-03-13

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES

Employer identification number 11-1630780

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

SELF-SUFFICIENCY AND MORE REWARDING PARTICIPATION IN THE COMMUNITY THROUGH PROGRAMS THAT NURTURE AND STRENGTHEN FAMILIES, PROTECT CHILDREN, AND ENABLE INDIVIDUALS WITH DISABILITIES TO ACHIEVE THEIR FULL POTENTIAL. THROUGH THESE SERVICES AND ADVOCACY, THE BROOKLYN BUREAU WORKS TO BUILD STRONGER AND HEALTHIER INDIVIDUALS, FAMILIES AND COMMUNITIES.

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

DISABILITIES TO ACHIEVE THEIR FULL POTENTIAL. THROUGH THESE SERVICES AND ADVOCACY, THE BROOKLYN BUREAU WORKS TO BUILD STRONGER AND HEALTHIER INDIVIDUALS, FAMILIES AND COMMUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

JOB TRAINING AND EMPLOYMENT SERVICES: PROVIDES VOCATIONAL EVALUATION, JOB TRAINING, JOB PLACEMENT, AND POST EMPLOYMENT SUPPORTS TO ADULTS WITH DISABILITIES. POPULATIONS SERVED INCLUDE THOSE WITH SEVERE BARRIERS TO EMPLOYMENT SUCH AS MENTAL ILLNESS AND/OR DEVELOPMENTAL DISABILITIES, AND THOSE WITH LESS SEVERE MEDICAL DISABILITIES. OVER 400 PEOPLE PARTICIPATED IN VOCATIONAL EVALUATIONS AND OVER 150 PEOPLE WERE PLACED IN EMPLOYMENT, ALL OF WHOM WERE SEVERELY DISABLED.

EXPENSES $ 4,057,890. INCL GRANTS OF $ 587,935. REVENUE $ 2,969,785.

FORM 990, PART VI, SECTION A, LINE 2:

AARON DEAN AND REED KENNEDY HAVE A BUSINESS RELATIONSHIP.

Name of the organization BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES

Employer identification number 11-1630780

ELLEN FINE LEVINE AND LOUIS COLOMBO HAD A BUSINESS RELATIONSHIP DURING THE REPORTING YEAR.

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

THE FORM 990 IS SUBMITTED TO THE EXECUTIVE COMMITTEE AND TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE FILING.

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

EACH DIRECTOR AND OFFICER ANNUALLY SIGNS A DISCLOSURE AND AFFIRMATION STATEMENT DESCRIBING THEIR RELATIONSHIPS WITH OUTSIDE PARTIES. FOR BOARD MEMBERS, THE DISCLOSURE AND AFFIRMATION STATEMENT ARE GIVEN TO THE CHAIR OF THE BOARD. THE CHAIR'S AFFIRMATION IS GIVEN TO THE SECRETARY OF THE BOARD OF DIRECTORS. FOR VOLUNTEER COMMITTEE MEMBERS WITH SIGNIFICANT DECISION MAKING AUTHORITY, THEIR DISCLOSURE AND AFFIRMATION STATEMENTS ARE GIVEN TO THE EXECUTIVE DIRECTOR OF THE BROOKLYN BUREAU OF COMMUNITY SERVICE.

ALL DISCLOSURE STATEMENTS ARE FILED WITH THE OFFICIAL CORPORATE RECORDS OF THE BROOKLYN BUREAU OF COMMUNITY SERVICE. AFFIRMATIONS OF COMPLIANCE OR DISCLOSURE STATEMENTS ARE RE-ISSUED ANNUALLY TO BOARD MEMBERS, VOLUNTEER COMMITTEE MEMBERS AND STAFF WITH SIGNIFICANT DECISION-MAKING AUTHORITY.

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

THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND RECOMMENDED BASED ON COMPENSATION SURVEY RESULTS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

Name of the organization BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES

Employer identification number 11-1630780

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FURTHER, THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH GUIDESTAR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION CHANGES OTHER THAN NET PERIODIC COST 360,268.

FORM 990, PART XII, LINE 1:

THE ORGANIZATION'S ACCOUNTING METHOD HAS NOT BEEN CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XII, LINE 2C:

THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT BEEN CHANGED FROM THE PRIOR YEAR.

Office Use Only: **Fiscal Year**

The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/13 **to** 06/30/14

Attorney General's Account #: 054362

Federal ID #: 11-1630780

When did the organization first engage in charitable work in Massachusetts? 01/14/2013

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [ ] No

If yes, date of application **OR** date of determination letter: 01/04/2007

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [ ] No

Check all items attached (if applicable)
- [X] Schedule A-1
- [X] Schedule A-2
- [ ] Schedule RO
- [ ] Probate Account
- [X] Copy of IRS Return
- [X] Audited Financial Statements/Review
- [ ] Filing Fee
- [ ] Amended Articles/ By-Laws

Organization Data

Name: BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN COMMUNITY SERVICES

Mailing Address: 285 SCHERMERHORN STREET

City: BROOKLYN State: NY ZIP: 11217-1024

Phone Number: (718) 310-5605 Fax Number: 718-855-1517

Email: Website: WWW.WEAREBCS.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	15	Organization Purpose Code 1	45
Type of Organization (Table 2)	16	Organization Purpose Code 2	48

Please check box if final return prior to dissolution: [ ]

Office Use Only: **Payment Received**

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 02/01/1866

2. Where was the organization created? NEW YORK

3. What is the form of organization? *(check one)*

Corporation	X	Testamentary Trust	☐
Unincorporated Association	☐	Inter Vivos Trust	☐

Other (please describe): ______

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? *If yes, please complete the Schedule RO on pages 13 and 14.* ☐ Yes ☐ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	13,253,316.
B.	Gross support and revenue	25,302,115.
C.	Program services and similar amounts paid out	22,092,619.
D.	Fundraising expenses	525,170.
E.	Management and general expenses	3,853,029.
F.	Payments to affiliates	0.
G.	Total expenses	26,470,818.
H.	Net assets or fund balances at the end of the year	4,101,967.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	MARLA G. SIMPSON EXECUTIVE DIRECTOR	35.00	197,017.	3,638.	0.
2.	BARRY NEWMARK (FORMER) DEPUTY ED	35.00	149,930.	443.	0.
3.	NORMA H. MARTIN (FORMER) AED	35.00	153,122.	1,823.	0.
4.	ANTHONY B. EDWARDS CFO	35.00	191,387.	21,994.	0.
5.	LESLIE KLEIN DIRECTOR OF ADULT REHAB	35.00	141,984.	8,810.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).* ☐ Yes X No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	EXCLUSIVE AMBULETTE SERVICE, INC.	167,000.	TRANSPORTATION
2.	MCKESSON	100,000.	MEDICATION
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited *(include bank addresses and phone numbers)*:

Bank	Address	Phone Number
JPMORGAN CHASE BANK, N.A.	P.O. BOX 659754 SAN ANTONIO, TX 78265	1-800-221-3175
CREDIT SUISSE	11 MADISON AVENUE NEW YORK, NY 10010	1-800-647-2516
POPULAR COMMUNITY BANK	P.O. BOX 690547 ORLANDO, FL 32869	1-800-377-0800

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other *(specify)*: ______

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: ______

City: ______ State: ______ ZIP Code: ______

12. Contact Person Name: ANTHONY B. EDWARDS

Street Address: 285 SCHERMERHORN STREET

City: BROOKLYN State: NY ZIP Code: 11217

Phone Number: 718-310-5605

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? [X] Yes [ ] No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? [X] Yes [ ] No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	[ ]
an organization which: (a) does not raise more than $5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. *(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)*	[ ]

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? [X] Yes [ ] No

STATEMENT 3

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

NAME AND ADDRESS	TITLE
ANTHONY B. EDWARDS 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	CHIEF FINANCIAL OFFICER

NAME AND ADDRESS	TITLE
MARLA G. SIMPSON 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	EXECUTIVE DIRECTOR

NAME AND ADDRESS	TITLE
NORMA H. MARTIN 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	AED (FORMER)

NAME AND ADDRESS	TITLE
BARRY NEWMARK 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DEPUTY ED (FORMER)

NAME AND ADDRESS	TITLE
SONYA SHIELDS 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	CHIEF OFFICER EXTERNAL RELAT

NAME AND ADDRESS	TITLE
CAROLYN WALKER-DIALLO 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	CHIEF COMPLIANCE OFFICER

NAME AND ADDRESS	TITLE
JANELLE FARRIS 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	CHIEF OPERATING OFFICER

NAME AND ADDRESS	TITLE
AARON DEAN 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	BOARD CHAIR

NAME AND ADDRESS	TITLE
EDWARD F. GENTNER 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	VICE CHAIR
ELLEN FINE LEVINE 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	VICE CHAIR
REED L. KENNEDY 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	TREASURER
WENDY SCARLETT 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	SECRETARY
SALLY R. BRODY 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR
JOAN MALIN 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR (FORMER)
TRACEY CURETON 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR (FORMER)
WILLIAM P. O'BRIEN 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR (FORMER)
ERIC STEWART 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
RUSSATTA BUFORD 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
ROBERT LISI 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
LOUIS COLOMBO 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
SUSAN SKERRITT 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
RICK ALBERT 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
SHAWN V. AUSTIN 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
MARTIN JEIVEN 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
MIKE KELLY 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
MICHAELA A. DAVIS 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
ANDREW L. HAMM 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
CHARLIE LEWIS JR. 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
DAVID O'CONNELL 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
DR. MILDRED CLARKE 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
STEPHANIE STRAKER 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

NAME AND ADDRESS	TITLE
STEPHEN WILLIAMSON 285 SCHERMERHORN STREET BROOKLYN, NY 11217-1024	DIRECTOR

FORM PC PAGE 4 LINE 18 STATEMENT 2

NAME	AREA OF RESPONSIBILITY
MARLA G. SIMPSON	AUTHORIZED TO SIGN CHECKS

ADDRESS

285 SCHERMERHORN STREET BROOKLYN, NY 11217

NAME	AREA OF RESPONSIBILITY
BARRY NEWMARK	AUTHORIZED TO SIGN CHECKS

ADDRESS

285 SCHERMERHORN STREET BROOKLYN, NY 11217

NAME	AREA OF RESPONSIBILITY
ANTHONY B. EDWARDS	CUSTODY OF FINANCIAL RECORDS

ADDRESS

285 SCHERMERHORN STREET BROOKLYN, NY 11217

NAME	AREA OF RESPONSIBILITY
DONALD J. STARCKE	RESPONSIBLE FOR FUNDRAISING

ADDRESS

285 SCHERMERHORN STREET BROOKLYN, NY 11217

STATE		REG AGENCY
NEW YORK		NYS OFFICE OF ATTORNEY GENERAL

DATE OF REG	REG NUMBER	OTHER NAMES USED
11/12/48	00-53-14	BROOKLYN COMMUNITY SERVICES

SOLICIT DATE	TYPE OF SOLICITATION
07/01/12	CORPORATE SOLICITATIONS

STATE		REG AGENCY
NEW JERSEY		NJ OFFICE OF ATTORNEY GENERAL

DATE OF REG	REG NUMBER	OTHER NAMES USED
06/30/12	CH3573400	

SOLICIT DATE	TYPE OF SOLICITATION
07/01/12	CORPORATE SOLICITATIONS

STATE		REG AGENCY
CONNECTICUT		STATE OF CONNECTICUT

DATE OF REG	REG NUMBER	OTHER NAMES USED
05/30/09	CHR001222	

SOLICIT DATE	TYPE OF SOLICITATION
06/01/09	CORPORATE SOLICITATIONS

20. Has this organization or any of its officers, directors, or employees:
If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds? ☐ Yes ☒ No
If yes, please attach an explanation.

22. Have donor-restricted funds been loaned to unrestricted funds? ☐ Yes ☒ No
If yes, please attach an explanation.

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

If you answered **yes** *for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes***, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	☐ Yes	☒ No
B.	Has your organization leased assets to or leased assets from a related party?	☐ Yes	☒ No
C.	Has your organization been indebted to a related party?	☐ Yes	☒ No
D.	Has your organization allowed a related party to be indebted to it?	☐ Yes	☒ No
E.	Has your organization made or held an investment in a related party?	☐ Yes	☒ No
F.	Has your organization furnished goods, services, or facilities to a related party?	☐ Yes	☒ No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	☐ Yes	☒ No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	☐ Yes	☒ No
I.	Has your organization transferred income or assets to or for use by a related party?	☐ Yes	☒ No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	☐ Yes	☒ No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	☐ Yes	☒ No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	☐ Yes	☒ No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	☐ Yes	☒ No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: ______________________ Date: __________

Printed Name: MARLA G. SIMPSON

Title: EXECUTIVE DIRECTOR

Name of Preparer: MARKS PANETH LLP

Address 685 THIRD AVENUE

City NEW YORK State NY ZIP Code 10017

Phone Number 212-503-8800

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

BROOKLYN COMMUNITY SERVICES

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing		Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event		Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X

☐ Other (*specify*): ______

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*		Own employees	X
Professional fundraising counsel*		Volunteers	X
Commercial co-venturer*			

* Provide applicable names and addresses:

Professional Solicitor Name: ______

Address ______

City ______ State ______ ZIP Code ______

Professional Fundraising Counsel Name: ______

Address ______

City ______ State ______ ZIP Code ______

Commercial Co-Venturer Name: ______

Address ______

City ______ State ______ ZIP Code ______

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: MARLA G. SIMPSON
EXECUTIVE DIRECTOR

Address 285 SCHERMERHORN STREET

City BROOKLYN State NY ZIP Code 11217

Name and Title: ANTHONY B. EDWARDS
CHIEF FINANCIAL OFFICER

Address 285 SCHERMERHORN STREET

City BROOKLYN State NY ZIP Code 11217

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

BROOKLYN COMMUNITY SERVICES

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing		Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event		Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X

☐ Other (*specify*): ______

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*		Own employees	X
Professional fundraising counsel*		Volunteers	X
Commercial co-venturer*			

* Provide applicable names and addresses:

Professional Solicitor Name: ______

Address ______

City ______ State ______ ZIP Code ______

Professional Fundraising Counsel Name: ______

Address ______

City ______ State ______ ZIP Code ______

Commercial Co-Venturer Name: ______

Address ______

City ______ State ______ ZIP Code ______

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: MARLA G. SIMPSON
EXECUTIVE DIRECTOR

Address 285 SCHERMERHORN

City BROOKLYN State NY ZIP Code 11217

Name and Title: ANTHONY B. EDWARDS
CHIEF FINANCAL OFFICER

Address 285 SCHERMERHORN

City BROOKLYN State NY ZIP Code 11217

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: SAME AS ABOVE

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: ______________________ Date: __________

Print Name: MARLA G. SIMPSON

Title: EXECUTIVE DIRECTOR

Signature: ______________________ Date: __________

Print Name: ANTHONY B. EDWARDS

Title: CFO

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (*If you have more than five Related Organizations, please attach a list.*)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g. executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? ☐ Yes ☒ No

BROOKLYN BUREAU OF COMMUNITY SERVICE
D/B/A BROOKLYN COMMUNITY SERVICES
285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

NEW JERSEY DIVISION OF CONSUMER AFFAIRS
CHARITIES REGISTRATION & INVESTIGATION
P.O. BOX 45021
NEWARK, NJ 07101

FORM CRI-300R

326340
05-01-13

New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 06/30/2014 (month day year)

2. Federal ID Number (EIN) 11-1630780 2a. N.J. Charities Registration Number: CH- 3573400

3. **Full legal name of the registering organization:** BROOKLYN BUREAU OF COMMUNITY SERVICE
In care of: (if necessary, otherwise leave this line blank) ______

4. **Mailing Address:** 285 SCHERMERHORN STREET, BROOKLYN, NY 11217-1024 (Street Address, City, State, ZIP Code) ☐ **Change of Address**

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization ______ (Street Address, City, State, ZIP Code)
☒ **Same as Mailing Address**

6. Does the organization have any offices in New Jersey in addition to the one listed above? ☐ Yes ☒ No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
SAME AS ABOVE
Contact person / Street address / City / State / ZIP Code
718-310-5605
Telephone number (include area code)
______
Fax number (include area code)

7. Organization's contact information:
(718) 310-5605
Telephone number (include area code)
718-855-1517
Fax number (include area code)
______
E-mail address
WWW.WEAREBCS.ORG
Web site

8. Type of organization (check one):

☒ Nonprofit corporation ☐ Foundation ☐ Individual ☐ Association ☐ Society
☐ Partnership ☐ Trust ☐ Other (Specify) ______

9. Where and when was the organization legally established? Date: 02/01/1866 State: NY
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? [X] Yes [ ] No
If "Yes," indicate all of the other names used: BROOKLYN COMMUNITY SERVICES

11. Does the organization intend to solicit contributions from the general public? [X] Yes [ ] No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? [X] Yes [ ] No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.
NEW YORK, CONNECTICUT, MASSACHUSETTS

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? [ ] Yes [X] No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
SEE FORM 990 ATTACHED.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.

SEE STATEMENT 1

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? [ ] Yes [X] No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? [ ] Yes [X] No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? [ ] Yes [X] No
If "Yes," please explain:

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? [X] Yes [ ] No
   a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. [ ] Yes [X] No
   b. Has a tax exemption been granted under another I.R.S. code? [X] Yes [ ] No
   If "Yes," advise which one: 501(C)(3)
   c. Has an I.R.S. tax exemption been refused, changed or revoked? [ ] Yes [X] No
   If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? ☐ Yes ☒ No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.

19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? ☐ Yes ☒ No
If "Yes," please attach to this registration the relevant document.

20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.

21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant’s fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. ☐ Yes ☒ No

22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. ☐ Yes ☒ No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
SEE STATEMENT 2				

CRI-300R Long-Form Registration Renewal Financial Statement

Note: *If the financial value of a line item = 0, place a zero in the space provided.*
Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: BROOKLYN BUREAU OF COMMUNITY SERVICE

Fiscal year-end being reported: 06/30/2014 (month day year) Federal ID Number (EIN) 11-1630780

Mailing address:
285 SCHERMERHORN STREET, BROOKLYN, NY 11217-1024
Mailing Address P.O. Box Number or Suite City State ZIP Code

Street address of the registering organization: 285 SCHERMERHORN STREET, BROOKLYN, NY 11217-1024
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 3573400 -00 Telephone number: (718) 310-5605
(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of $500,000. **Note:** If the organization received gross revenue of less than $500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

[X] In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail	
(2)	Telephone solicitation	
(3)	Commercial co-venture	
(4)	Gross receipts from fund-raising events	
(5)	Canisters, counter cards, door to door etc	
(6)	Corporations and other businesses	
(7)	Foundations and trusts	
(8)	Donated land, buildings, property, equipment and materials	
(9)	Legacies and bequests	
(10)	Membership dues solely resulting from solicitations	
(11)	Other support (specify)	

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) ______

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization	
(2)	From an affiliated organization	
(3)	From another fund-raising organization	

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) ______

Line A1e. Total Gross Contributions (add lines A1b and A1d) ______

Line A2. Government grants including purchase of service contracts (specify agency)

a. ______________________ .... ______________________

b. ______________________ .... ______________________

c. ______________________ .... ______________________

d. ______________________ .... ______________________

Line A2e. Total Government Grants (add lines 2a thru 2d) .... ______________________

Line A3. Other Support

a. Bona fide membership .... ______________________

b. Program service revenue .... ______________________

c. Professional services rendered by volunteers .... ______________________

d. Miscellaneous income (specify) .... ______________________

Line A3e. Total Other Support (add the total of lines A3a thru A3d) .... ______________________

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) .... ______________________

B. Expenses

Line B1. Program expenses .... ______________________

Line B2. Management and general expenses .... ______________________

Line B3. Fund-raising expenses .... ______________________

Line B4. Payments to state/national affiliates (if applicable) .... ______________________

Line B5. **Total Expenses** (add the totals of line B1 thru B4) .... ______________________

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) .... ______________________

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year .... ______________________

Line D2. Other changes in net assets or fund balances (attach explanation) .... ______________________

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) .... ______________________

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than $10,000. Further information for charity registrants may be found on our Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information

Organization's Name: BROOKLYN BUREAU OF COMMUNITY SERVICE

N.J. Charities Registration Number: CH- 3573400 -00 Federal ID Number (EIN) 11-1630780

Fiscal Year-End being reported: 06/30/2014 (month day year)

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

   a. each other? ☐ Yes ☒ No
   b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? ☐ Yes ☒ No
   c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No
   d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No
   If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature ____________ Name MARLA G. SIMPSON Title EXECUTIVE DIRECTOR Date ____________

Signature ____________ Name ANTHONY B. EDWARDS Title CFO Date ____________

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R SPECIFIC PROGRAMS AND CHARITABLE PURPOSES STATEMENT 1
PAGE 2, LINE 14A

PROGRAMS/CHARITABLE PURPOSE

ALREADY EXISTS-MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
ALREADY EXISTS-EDUCATION AND CHILD CARE SERVICES
ALREADY EXISTS-FAMILY COUNSELING
ALREADY EXISTS-JOB TRAINING AND EMPLOYMENT SERVICES

FORM CRI-300R LIST OF OFFICERS, DIRECTORS, TRUSTEES AND FIVE MOST HIGHLY PAID EMPLOYEES STATEMENT 2

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MARLA G. SIMPSON	EXECUTIVE DIRECTOR	718-310-5605

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
NORMA MARTIN	DEPUTY ED (FORMER)	718-310-5605

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANTHONY B. EDWARDS	CHIEF FINANCIAL OFFICER	718-310-5605

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
BARRY NEWMARK	DEPUTY ED (FORMER)	718-310-5605

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
LESLIE KLIEN	DIRECTOR OF ADULT REHAB	718-310-5605

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
LESLIE KLEIN	DIRECTOR OF ADULT REHAB	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ADIL ELKARI	DIRECTOR OF IT	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DOUGLAS BROOKS	DIRECTOR OF FAM. SERV. (FORMER	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DONALD J. STARCKE	DIRECTOR OF DEVELOPMENT	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
CATHY PETRUCCI	CONTROLLER	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANTHONY B. EDWARDS	CHIEF FINANCIAL OFFICER	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MARLA G. SIMPSON	EXECUTIVE DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
NORMA H. MARTIN	AED (FORMER)	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
BARRY NEWMARK	DEPUTY ED (FORMER)	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SONYA SHIELDS	CHIEF OFFICER EXTERNAL RELATIO	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
CAROLYN WALKER-DIALLO	CHIEF COMPLIANCE OFFICER	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JANELLE FARRIS	CHIEF OPERATING OFFICER	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
AARON DEAN	BOARD CHAIR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
EDWARD F. GENTNER	VICE CHAIR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

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NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ELLEN FINE LEVINE	VICE CHAIR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
REED L. KENNEDY	TREASURER	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
WENDY SCARLETT	SECRETARY	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SALLY R. BRODY	DIRECTOR	

ADDRESS

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BROOKLYN, NY 11217-1024

SALARY

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NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JOAN MALIN	DIRECTOR (FORMER)	

ADDRESS

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BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TRACEY CURETON	DIRECTOR (FORMER)	

ADDRESS

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SALARY

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NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
WILLIAM P. O'BRIEN	DIRECTOR (FORMER)	

ADDRESS

285 SCHERMERHORN STREET
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SALARY

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NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ERIC STEWART	DIRECTOR	

ADDRESS

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BROOKLYN, NY 11217-1024

SALARY

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NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
RUSSATTA BUFORD	DIRECTOR	

ADDRESS

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BROOKLYN, NY 11217-1024

SALARY

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NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ROBERT LISI	DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
LOUIS COLOMBO	DIRECTOR	

ADDRESS

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BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SUSAN SKERRITT	DIRECTOR	

ADDRESS

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BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
RICK ALBERT	DIRECTOR	

ADDRESS

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BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SHAWN V. AUSTIN	DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MARTIN JEIVEN	DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MIKE KELLY	DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

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NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MICHAELA A. DAVIS	DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANDREW L. HAMM	DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
CHARLIE LEWIS JR.	DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DAVID O'CONNELL	DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DR. MILDRED CLARKE	DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
STEPHANIE STRAKER	DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
STEPHEN WILLIAMSON	DIRECTOR	

ADDRESS

285 SCHERMERHORN STREET
BROOKLYN, NY 11217-1024

SALARY

0.

STATE COPY

CHAR500 NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com	Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271	2013 **Open to Public Inspection**

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2013 and Ending (mm/dd/yyyy) 06/30/2014

Check if Applicable:		
☐ Address Change ☐ Name Change	Name of Organization: BROOKLYN BUREAU OF COMMUNITY SERVICE D/B	Employer Identification Number (EIN): 11-1630780
☐ Initial Filing ☐ Final Filing	Mailing Address: 285 SCHERMERHORN STREET	NY Registration Number: 00-53-14
☐ Amended Filing	City / State / ZIP: BROOKLYN, NY 11217-1024	Telephone: 718 310-5605
☐ Reg ID Pending	Website: WWW.WEAREBCS.ORG	Email: AEDWARDS@WEAREBCS.O

Check your organization's registration category: ☐ 7A only ☐ EPTL only ☒ DUAL (7A & EPTL) ☐ EXEMPT

Find your registration category in the Charities Registry at www.CharitiesNYS.com

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

	Signature	Title	Date
President or Authorized Officer:	MARLA SIMPSON	ED	
Chief Financial Officer or Treasurer:	ANTHONY B. EDWARDS	CFO	

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

☐ 3b. EPTL filing exemption: Gross receipts did not exceed $25,000 and the market value of assets did not exceed $25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

☐ Yes ☒ No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☒ Yes ☐ No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	EPTL filing fee:	Total fee:	Make a single-check or money order payable to:
	$ 25.	$ 250.	$ 275.	**"Department of Law"**

CHAR500 Annual Filing Checklist	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. - Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- [ ] If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- [X] If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- [X] IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- [X] All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- [ ] IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- [ ] Review Report if you received total revenue and support greater than $250,000 and up to $500,000.
- [X] Audit Report if you received total revenue and support greater than $500,000
- [ ] No Review Report or Audit Report is required because total revenue and support is less than $250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit www.CharitiesNYS.com.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- [ ] $0, if you marked the 7A exemption in Part 3a
- [X] $25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- [ ] $0, if you marked the EPTL exemption in Part 3b
- [ ] $25, if the NET WORTH is less than $50,000
- [ ] $50, if the NET WORTH is $50,000 or more but less than $250,000
- [ ] $100, if the NET WORTH is $250,000 or more but less than $1,000,000
- [X] $250, if the NET WORTH is $1,000,000 or more but less than $10,000,000
- [ ] $750, if the NET WORTH is $10,000,000 or more but less than $50,000,000
- [ ] $1500, if the NET WORTH is $50,000,000 or more

Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2013

Open to Public Inspection

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
BROOKLYN BUREAU OF COMMUNITY SERVICE D/B/A BROOKLYN CO	00-53-14

2. Government Grants

Name of Government Agency	Amount of Grant
1. NEW YORK CITY ADMINISTRATION FOR CHILDREN SERVICES	1. 3,699,469.
2. NEW YORK CITY HUMAN RESOURCES ADMINISTRATION	2. 49,117.
3. NEW YORK CITY DEPARTMENT OF YOUTH AND COMMUNITY DEVEL	3. 1,374,743.
4. NEW YORK CITY DEPARTMENT OF EDUCATION	4. 735,942.
5. NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5. 1,679,384.
6. NEW YORK STATE OFFICE OF PEOPLE WITH DEVELOPMENTAL DI	6. 42,362.
7. NEW YORK STATE OFFICE OF MENTAL HEALTH	7. 63,474.
8. UNITED STATES DEPARTMENT OF AGRICULTURE	8. 836,038.
9. UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOP	9. 738,852.
10. UNITED STATES DEPARTMENT OF EDUCATION	10. 17,904.
11. UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES	11. 1,388,940.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 10,626,225.