Department of the Treasury Internal Revenue Service

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.

OM8 No. 1545-0047 2016

Open to Public Inspection

| Α | For the | e 2016 calen | dar year, or tax year begi | inning Jul 1 | , 2016, | and end | iing Ju | n 30 | , | 2017 | | |
|--|---|---------------------|---|---|--|--------------|---------------------------------------|--|--|---|---|--|
| В | Check if | applicable: | C Name of organization BR | OOKLYN KINDERGA | ARTEN SOCI | ETY, | INC. | D Employ | er identific | ation number | | |
| | Ado | dress change | Doing business as | | ······································ | | | 11- | 163182 | 2.0 | | |
| | Nar | me change | Number and street (or P.O. br | ox if mail is not delivered to stree | t address) | Roo | m/suite | | one number | | | |
| | loiti | ial return | 57 WILLOUGHBY ST | ਧਾਰਜ਼ਰਾ | | 40 | 3 | (71 | 81 621 | 3-9803 | | |
| | | I return/terminated | | e, country, and ZIP or foreign pos | stal code | 120 | | \/ 1 | 0/ 020 | 7-3003 | *************************************** | |
| | H | ended return | 1 | , | | 1100- | , | | | 7 400 007 | | |
| | 1 | | BROOKLYN F Name and address of principal | -) - (f: | NY | 1120: | | is a group return | | 7,409,207 | | |
| | L App | dication pending | | | | | 1 ' ' | | | [] 163 | X No | |
| | | | JIM MATISON 57 WILL | | | 1120 | 1 Are a | all subordinates o,' atlach a list. (| included? ,see instructi | ions) Yes | No | |
| <u> </u> | *************************************** | xempt status | X 501(c)(3) 501(c) (|) ◀ (insert no.) | 4947(a)(1) or | 527 | | | | | | |
| J | Web | site: ► bk | sny.org | | | | H(c) Grou | ip exemption nu | ımber 🟲 | | | |
| K | | of organization: | X Corporation Trust | Association Other | LY | ear of form | ation: 18 | 91 M s | State of legal | domicile: NY | | |
| Pa | irt I | | | | | | | | | | | |
| | 1 E | Briefly describ | e the organization's missio | on or most significant acti | ivities: Br | ookly | n Kind | ergarte | n Soc: | iety | | |
| ά |] | provides | high quality ea | arly childhood | education | and i | family | support | serv | ices for | | |
| Ĕ | | children | from low income | e communitíes, | ensuring | that o | childre | en devel | op th | e social | | |
| Ë | | <u>emotiona</u> | l, physical, and | l cognitive ski | lls they i | need_t | to succ | eed. | | | | |
| õ | 2 (| Check this box | x 🕨 💹 if the organization | n discontinued its operat | ions or dispose | d of more | e than 25% | of its net a | ssets. | | | |
| <u>ن</u> | | | ting members of the govern | | | | | | 3 | | 19 | |
| S | | | dependent voting members | | | | | | 4 | | 1.9 | |
| Activities & Governance | | | of individuals employed in | | | | | | 5 | ···· | 173 | |
| 듕 | | | of volunteers (estimate if no | | | | | | 6 | | 95 | |
| ⋖ | | | d business revenue from P | | | | | | 7a | *************************************** | 0. | |
| | D 3 | vet unrelateu | business taxable income fi | fom Form 990-1, line 34 | | | | | 7b | | 0. | |
| | , , | D | | 41.5 | | | | Prior Year | | Current Ye | | |
| P | | | and grants (Part VIII, line 1 | | | | | 6,907,4 | | 6,934, | | |
| E. | | | ice revenue (Part VIII, line 2 | | | | | 212,0 | | | 763. | |
| Revenue | | | come (Part VIII, column (A) | | | | | 244,1 | | 58, | 264. | |
| | | | Part VIII, column (A), line | | | | | | 0. | | 0. | |
| | | | - add lines 8 through 11 (| | | | | 7,363,6 | 17. | 7,202, | <u>417.</u> | |
| | | | milar amounts paid (Part IX | | | | | | | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | | | | | | | |
| Ø | 15 S | Salaries, othei | r compensation, employee | | 5,797,6 | 349. | 5,687, | 725. | | | | |
| ıse | 16 a F | Professional fu | undraising fees (Part IX, co | olumn (A), line 11e) | . , | 11,9 | 18. | | | | | |
| Expenses | bΤ | Fotal fundraisi | ing expenses (Part IX, colu | ımn (D), line 25) ► | 14 | 4,487 | <u>.</u> | | | | | |
| ш | 17 C | Other expense | es (Part IX, column (A), line | es 11a-11d, 11f-24e) | | | | 1,494,4 | 45. | 1,615, | 635. | |
| | 18 T | Total expense | s. Add lines 13-17 (must e | qual Part IX, column (A), | , line 25) | | | 7,304,0 | | 7,303, | | |
| | 19 F | Revenue less | expenses. Subtract line 18 | 3 from line 12 | | | | 59,6 | | -100, | | |
| 5 8 | | | | / | | | | ning of Curre | | End of Yea | | |
| Net Assets Fund Balanc | 20 T | Total assets (F | Part X, line 16) | | | | | 3,751,2 | | 3,836, | | |
| A B | | | (Part X, line 26) | | | | | 316,2 | | | 434. | |
| ž | 22 N | let assets or t | fund balances. Subtract line | ne 21 from line 20 | | | | 3,435,0 | | 3,464, | | |
| | rt II | Signatur | | | | | · · · · · · · · · · · · · · · · · · · | 3,433,0 | / | 3,404, | 1/0. | |
| 20000000 | voinska katalani kan | <u> </u> | | n including accompanying schor | fulae and etatemente | and to the | beet of my kr | nowledge and be | aliaf it is tru | a correct and | | |
| comp | lete. Deci | laration of prepare | lare that I have examined his return er (other than officer) is based on all | Il information of which preparer h | as any knowledge, | , and to the | Dear Of Hity Ki | owicage and bi | mai, it is true | s, conect, and | | |
| | | X | Jami Mal | Wer | | | | 02/28/1 | . 8 | **** | | |
| Sig | n | Signatur | re of officer | | | | | Date | | `* | | |
| He | re | JIM | MATISON | | | | EXE | CUTIVE | DIRECT | OR | | |
| | | | print name and title | , | | | | | | | *************************************** | |
| | *************************************** | Print/Type pr | reparer's name | Preparer's signature | | Date | | Check | X if PT | IN | | |
| Pai | d | DOMINT | C J VAYALUMKAL | DOMINIC J VAY | ATHIMKAT. | 02/28 | 8/18 | self-employ | | 01473379 | | |
| | parer | | | | | 105/5 | -, | | 1-, | | | |
| | e Only | | | *************************************** | 4. | | | Firm's E(N | ► /s_c | 1499910 | | |
| - | | , mis addition | NEW YORK NY 10004 | | | | | | Firm's EIN 45-0499810 Phone no. (212) 635-4155 | | | |
| May | the IP | S discuss this | s return with the preparer sl | hown shows? (see instru | | | | 1 india no. | (212) | X Yes | | |
| widy | are in | o diacuss tills | recum with the preparer si | nown above? (see instru | ictions) | | | | | A res | No | |

| | 990 (2016) | BROOKLYN | KINDER | GARTEN SOCI | ETY, INC. | | 11-1 | .631820 | Page 2 |
|-----|---------------------------|---|---|---------------------|--------------------------|------------------------------------|--|--|----------|
| Par | | | | ervice Accom | | | | | |
| | Chec | k if Schedule O c | ontains a r | esponse or note to | o any line in this Part | III | | | |
| 1 | | ibe the organizati | | | | | | The state of the s | |
| | Brookrai | n_Kinderga. | rten Sc | cietX | | | | | |
| | Provide: | S_nign_qua. | ттга ез | rria curtan | ood education | <u>_and_family</u> | <u>support ser</u> | vices for | <u> </u> |
| | See Louin 95 | o, rage z, ran | in, Line i (d | continuea) | | | | | |
| 2 | Did the omar | nizatìon undertak | e any ciani | ficant program ea | rvices during the year | subjek wasa nat list | ad a = 45 = -25 = | | |
| _ | Form 990 or | 990-FZ? | | neant program se | | which were not list | ea on the prior | [] | П., |
| | If 'Yes.' desc | ribe these new se | ervices on : | Schedule O | | | | · · Yes | X No |
| 3 | | | | | changes in how it co | anducts any progra | m carvinae? | Yes | V Ma |
| | If 'Yes,' desc | ribe these change | es on Sche | dule O. | anangoo iii non ii oo | madots, arry program | ar services: | · · L | X No |
| 4 | Describe the | organization's pr | ooram serv | zice accomplishme | ents for each of its thi | ee largest program | services, as measu | red by expense | es. |
| | Section 30 H | c)(3) and 501(c)(- , if any, for each _l | 4 i organiza | itions are required | to report the amount | of grants and alloc | ations to others, the | total expenses | ò, |
| | | ,, | program ac | rvico reported. | | | | | |
| 4 a | (Code: |) (Expens | es Ś | 6 187 950 | including grants of | ς | 0 \(Payonya | Ċ | |
| | See Sche | ······································ | | | | | | | 0.) |
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| ··· | | | | | | | | | |
| 4 b | (Code: |) (Expens | es \$ | 288,084. | including grants of | \$ | 0.) (Revenue | \$ | 0.) |
| | <u>See Sche</u> | edule_O | | | | | | | |
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| | See Form 99 | 0, Page 2, Part I | II Lina Ah (| | | | | | |
| | | o, rago z, rairi | iii raile an I | commuea | | | | | |
| 4 c | (Code: |) (Expens | es Š | | including grants of | \$ |) (Revenue | 8 | |
| | (0000) | , (Expense | · · · · · · · · · · · · · · · · · · · | | moduling grains or | ٧ |) (Nevenue | ٠ <u></u> |) |
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| | | n services (Desci | ribe in Sch | • | | | | | |
| | (Expenses | \$ | *************************************** | including grants | |) (Re | venue \$ | |) |
| 4 e | Total program | service expense | es 🟲 | 6,476, | 034. | | | | |

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 | × | |
| 2 | | 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 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 | | 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. | | | // 3/4 m |
| | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | | X |
| ı | 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 | 11 b | | X |
| | 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 | 11 c | | Х |
| • | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | Х |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 1 1 e | | Χ |
| 1 | Figure 1. 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 | 11 f | | Х |
| 12: | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | Х | |
| | 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 | 12 b | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| ļ | bid 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 | | Х |
| 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 | | Х |
| 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 (see instructions) | 17 | Х | |
| 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 | Х | |
| 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 |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|--|---------|------------|
| | Da Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | | | Х |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | X |
| 23 | ** ** ** ** ** ** ** ** ** ** ** ** ** | | | |
| 24 | a 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. | 23 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 | | ~ |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | Х |
| | 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 | | | |
| 26 | | 25b | | X |
| 27 | | 26 | | × |
| 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): | 2. | | |
| , | 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 | | | 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 | 28b | | ********** |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 28c | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 30 | | 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 | | | |
| 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 | 32 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Vos.' complete Schodulo P. Poul II, III, or P.C. | 33 | | X |
| 35: | and Part V, line 1 | 34 | | Χ |
| | | 35a | | X |
| | o 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 | | Χ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| BAA | | ` | 000 (0) | 24411 |

Form 990 (2016) BROOKLYN KINDERGARTEN SOCIETY, INC. 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

| | Check if Schedule O contains a response or note to any line in this Part V | | | . | | | | | |
|--------------|--|-------------|---|--------------------|--|--|--|--|--|
| | | | Yes | No | | | | | |
| | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | S. | | | | | |
| | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | | | | | | |
| , | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | | | | | | |
| 2 | a 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 173 | | 5000 | 98.975 (48.59) | | | | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Х | , je ., | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 1860 No. | | | | | |
| 3 : | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | 100100000000000000000000000000000000000 | Χ | | | | | |
| 1 | b If 'Yes,' has il filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 3 b | | ļ | | | | | |
| 4 : | a 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)? | 4 a | | Х | | | | | |
| - | b If 'Yes,' enter the name of the foreign country: ► | | MAN CAN | 4.54 | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | 18,000 | | | | | | |
| 5 : | 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | | |
| - 1 | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | | | | | |
| • | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | | | | | | |
| 6 : | 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? | 6 a | | Х | | | | | |
| 1 | of If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 16888 | (\$13.54) | | | | | |
| | 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? | 7 a | | X | | | | | |
| 1 | of fives, did the organization notify the donor of the value of the goods or services provided? | 7 b | | | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | Х | | | | | |
| (| d If 'Yes,' indicate the number of Forms 8282 filed during the year | | NO AN | 32.74 | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | AVERNAGE. | X | | | | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X | | | | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | | | | | | |
| ł | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7 h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | 28 18 E | 4145-55 | \$NVey | | | | | |
| | organization have excess business holdings at any time during the year? | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | VISION. | JANE | 345.3 | | | | | |
| i | a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | | | | | | |
| ł | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | Year. | * 37.33G | March | | | | | |
| ä | a Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| ł | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | ilijarida Marko | | | | | |
| 11 | Section 501(c)(12) organizations, Enter: | | | | | | | | |
| ä | a Gross income from members or shareholders | | areas. | ès: | | | | | |
| ı | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | | | | | | |
| Ì | olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | in (\$2.5%) | 946.46 | in lay | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| ä | s the organization licensed to issue qualified health plans in more than one state? | 13 a | | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | 4070Y3 | | | | | |
| i | Enter the amount of reserves the organization is required to maintain by the states in | 74000 E | | 3,52 | | | | | |
| | which the organization is licensed to issue qualified health plans | | | | | | | | |
| | Enter the amount of reserves on hand | wales. | | \$2040. | | | | | |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | Х | | | | | |
| ************ | olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | <u> </u> | <u></u> | | | | | |
| AA | TEFA0105 11/16/16 | Form | 990 / | 2016) | | | | | |

Form 990 (2016) BROOKLYN KINDERGARTEN SOCIETY, INC. 11-1631820 Page 6 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, Section A. Governing Body and Management Νo 1 a Enter the number of voting members of the governing body at the end of the tax year. 19 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. b Enter the number of voting members included in line 1a, above, who are independent 1 b 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ Did the organization have members or stockholders?...... 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Χ 8 b Χ 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Χ 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...... 12 a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Χ Χ 13 X 14 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? 15 a Х 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > New York 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. Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: BROOKLYN KINDERGARTEN SOCIETY 57 WILLOUGHBY STREET

BROOKLYN

11201

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

- 1 a 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.

| | | | | (C) | | | | | |
|--------------------------|--------------------------------|-------------|-----------------------|------------------------|------------------|---|--|--|--|
| (A) Name and Title | (B) Average hours per | Pos thar | s both | an o ector <i>i</i> | lficer truste | | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimaled amount of other |
| | week | or director | Institutional trustee | Officer | Key employee | Former Highest compensated employee | (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Harry Shulman | 2.00 | | | | | | | | |
| Board President | | X | | ļ | | | 0. | 0. | 0. |
| (2) Judy Keefer | | | | | | | | | |
| Treasurer | | Х | | | | | 0. | 0. | 0. |
| (3) Rebecca Yaggy | 2.00 | | | | | | | | |
| Secretary | | Х | | | | | 0. | 0. | 0. |
| (4) Maud Andrew | 1.00 | | | | | | | | |
| Member | | Х | | | | | 0. | 0. | 0. |
| (5) Vincent Baker | 1.00 | | | | | | | | |
| Member | | Х | | | | | 0. | 0. | 0. |
| (6) Christine Benson | 1.00 | | | | | | | | V : |
| Member | | Х | | | | | 0. | 0. | 0. |
| (7) Genevieve Christy | 1.00 | | | | | | | <u> </u> | · · |
| Member | | Х | | | | | 0. | 0. | 0. |
| (8) Mathew Cosentino | 1.00 | | | | | | | | <u></u> |
| Member | | Х | | | | | 0. | 0. | 0. |
| (9) Mary Crowley | 1.00 | | | | | | ~ | | |
| Member | | Х | | | | | 0. | 0. | 0. |
| (10) Cynthia Y. Cummings | 1.00 | | | | | | | · · · | |
| Member | | Х | | | | | 0. | 0. | 0. |
| (11) Davida David | 1.00 | | | | | | 0. | | <u> </u> |
| Member | | Х | | | | | 0. | 0. | 0. |
| (12) Michele DeFossett | 1.00 | | | | | | <u> </u> | V. | <u> </u> |
| Member | | Х | | | | | 0. | 0. | 0. |
| (13) William Fulbrecht | 1.00 | | | | | - | 0. | · · | |
| Member | | Х | | | | | 0. | 0. | 0 |
| (14) Melinda M. Karp | 1.00 | | | | | | <u> </u> | | 0. |
| Member | | Х | | | | | 0. | 0. | 0. |

Page 8

| Fait Villagection A. Officers, Directors, Iri | | Key | Em | | | es, | an | d Highest Com | pensated Emp | loyees (continued) |
|---|------------------------|----------------|-----------------------|----------------|---------------|------------------------------|--------------|-------------------------------------|--|---------------------------------------|
| | (B) | | | | 3) | | | | | |
| (A) | Average hours | (do | not c | heck | ilion more | than o | one | (D) | (E) | (F) |
| Name and little | per | | | | | is both or/trus | | Reportable compensation from | Reportable compensation from | Estimated amount of other |
| | (list any | 9 5 | J.S. | g, | 8 | em g | <u>a</u> | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the |
| | for | or director | institutional trustee | Officer | Key employee | Highest co | Former | ` | (** = **** /// (************************ | organization and related |
| | organiza | 등 등 | 95 | ` | 흥 | 99 C |] | | | organizations |
| | - tions below | inus | l to | | èe | 170 | | | | |
| | dolled line) | 88 | stee | | | Highest compensated employee | | | | |
| | | | | | ļ | 8 | 1 | | | |
| (15) Hope Lesane | 1.00 | | | | | | ļ | | | |
| Member | | X | | | | | | 0. | 0. | 0. |
| (16) K. Drew McGhee | 1.00 | | | | | | | | | |
| Member | | X | | | | | | 0.1 | 0. | 0. |
| (17) Jeanne Sikworth | 1.00 | | | | ···· | | | | | |
| Member | T | X | | | | | | 0. | 0. | 0. |
| (18) Mary Stanton | 1.00 | | | | | ļ · · · · | | | | |
| Member | | X | | | | | | 0. | 0. | 0. |
| (19) William Yates | 1.00 | · | | | | | † | · | 0. | · · · · · · · · · · · · · · · · · · · |
| Member | | Х | | | | | | 0. | 0. | |
| (20) James Matison | 1.00 | | | | | | | <u> </u> | V . | 0. |
| Member | | x | | Х | Х | X | | 148,045. | 0. | |
| (21) | | | | | | 1 | | 130,043. | <u> </u> | 0. |
| | | | | | | | | | | |
| (22) | | | | | | | | | | |
| | 1 | | | | | | | | | |
| (23) | <u> </u> | | | | | | | | | |
| | | | | | | | | | | |
| (24) | | | | | | | | | | |
| | | | | | | | | | | |
| (25) | | | | | | | | | | |
| | | | | İ | | | | 33300 | | |
| 1 b Sub-total | | | | | | | > | 148,045. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section | | | | | | | - | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 148,045. | 0. | 0. |
| 2 Total number of individuals (including but not limited | d to those | listed | abo | ve) | who | rece | eive | d more than \$100,0 | 000 of reportable co | mpensation |
| from the organization 1 | | | | | | | | | | |
| | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, director, | or trustee | , key | em | ploy | ee, i | or hig | hes | st compensated em | plovee | |
| on line 1a? If 'Yes,' complete Schedule J for such in | dividual . | | ٠. | | | | | | | . 3 X |
| 4 For any individual listed on line 1a, is the sum of rep | ortable co | mpe | nsat | ion a | and | other | r co | mpensation from | | |
| the organization and related organizations greater to such individual | han \$150,0 | 000? | If 'Y | es, ' | com | plete | Sc | hedule J for | | Sharker products (see,) |
| | | | - | | | | | | · · · · · · · · · · · · · · · · · · · | . 4 X |
| 5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' c | ompensau omplete Si | on ird ched | om a ule | iny t I for | anre Suc. | lated h ner | org | janization or individ | lual | . 5 X |
| Section B. Independent Contractors | | | | | | | | | | . 1 0 1 1 1 1 |
| Complete this table for your five highest compensation from the compensation from the compensation. | ed indeper | ndent | con | itrac | tors | that | rec | eived more than \$1 | 00,000 of | |
| compensation from the organization. Report compe | nsation for | the o | calei | ndar | yea | ar end | ding | | organization's tax yo | ear. |
| (A) Name and business addre | ess | | | | | | | (B) Description of | Francos | (C) |
| | | | | | | | | Dodonpton O | T OUT VICES | Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (including | hut not lies | ilod 4 | 0.46 | 000 | liete | dat | 0110 |) who recall at a | a than | |
| \$100,000 of compensation from the organization | ouchULBII) ► | neu i | O III | use | มรเย | u ab | ove. |) who received mor | e ruan | |
| RAA | | | | | | | | | | |

Part VIII Statement of Revenue

| 100000 | gy ac v | Check if Schedule O | contains a resp | onse or note to any I | ine in this Part VIII . | | | , |
|--|---------|--|--------------------|-----------------------|---|--|--|--|
| 9 12 | 14 | | | | (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 | | a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contribut) | 1 | b 313,053. | | | | |
| tributions Other Sin | | f All other contributions, gifts, g similar amounts not included: g Noncash contributions include | rants, and above 1 | f 1,263,932. | | | Propagation Community of the Community o | |
| Öğ | | h Total. Add lines 1a-1f . | | | 6 024 200 | | | 200000000000000000000000000000000000000 |
| <u> </u> | - | | | Business Code | 6,934,390. | | | |
| Program Service Revenue | | a Parent Fee & Ti b | u <u>ition</u> | 624410 | 209,763. | 209,763. | 0. | 0. |
| S | , | d | | | | | | |
| 쯢 | • | e | | | | | | |
| Š | 1 | f All other program service | e revenue | 4 | | | | |
| ď. | 9 | g Total, Add lines 2a-2f . | | | 209,763. | | | |
| | 3 | Investment income (incluother similar amounts). | ıdina dividend | s interest and | 36,318. | | 0. | 0 |
| | 4 | Income from investment | | | 50,510. | 30,210. | <u> </u> | 0. |
| | 5 | Royalties | | | | | | |
| | | • | (i) Real | (ii) Personal | | | | |
| | 6 a | a Gross rents | | | | | | |
| | | b Less: rental expenses | | | - | | | |
| | | Rental income or (loss) | | | - | | | |
| | | | _ \ | | - | | | |
| | | d Net rental income or (los | (i) Securities | | | | | |
| | 7 a | a Gross amount from sales of | | (ii) Other | state of the state of | and the second second | | graduation in |
| | | assets other than inventory | 161,13 | 2. | | | and the second | 0.00 |
| | Ŀ | b Less: cost or other basis | | | | | | 600 000 0000000000000000000000000000000 |
| | | and sales expenses | 139,18 | 6. | | | | |
| | C | Gain or (loss) | 21,94 | | | | 0.0000000000000000000000000000000000000 | ili est en constantin |
| | C | ∄ Net gain or (loss) | | | 21,946. | 0. | 0 | 21 046 |
| nue | | Gross income from fundr (not including \$ | raising events | | 21,540. | 0. | 0. | 21,946. |
| Other Reve | | of contributions reported See Part IV, line 18 | on line 1c). | | 91 | | | |
| <u>-</u> | h | Less: direct expenses | | 7.7.001. | - | | 0.000 0.000 0.000 | |
| ឣ | | : Net income or (loss) from | | 07,004. | - | | | |
| U | | | = | vents | 0. | | 0. | 0. |
| | | Gross income from gamin See Part IV, line 19 | | | | And the second | | |
| l | | Less: direct expenses . | | p | | | GOOD AND THE STATE OF THE STATE | 9 |
| | C | : Net income or (loss) from | n gaming activi | ties≻ | | | | |
| | | Gross sales of inventory, and allowances | | а | 100000000000000000000000000000000000000 | | | |
| | b | Less: cost of goods sold | | b | | the way participate of the end | 10,733 (2011) 90 (3) | |
| | c | : Net income or (loss) from | sales of inver | ntory | | The second secon | - Comment and Control and London and Control of Control | reconnection and the extra and an extra property of the extra prop |
| | | Miscellaneous Revenu | | Business Code | | | | |
| ſ | 11 a | MISC | | 999999 | 0. | 0. | 0. | 0. |
| | b | | | | | | | V. |
| | C | | | | | | | |
| | d | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | 0. | | | |
| - | 12 | Total revenue. See instru | | | | 246 001 | | |
| | | | | | 7,202,417. | 246,081. | 0. | 21,946. |

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 res | | | | |
|-------------|--|-----------------------|--|--|---|
| Do i 6b, | not include amounts reported on lines 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 domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | 1931 Strong Republication |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | Provide the second of the second seco | |
| 4 | Benefits paid to or for members | | | | Water Control of |
| 5 | Compensation of current officers, directors, trustees, and key employees | 148,045. | 128,799. | 10,363. | 8,883. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 4,327,904. | 3,952,356. | 321,974. | 53,574. |
| 7 | Other salaries and wages | 30011 | 9, 302, 330. | | 33,314. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 55,016. | 47,863. | 5,502. | 1,651. |
| 9 | Other employee benefits | 814,350. | 708,485. | 81,436. | 24,429. |
| 10 | Payroll taxes | 342,410. | 312,209. | 25,423. | 4,778. |
| 11 | Fees for services (non-employees): | 3 10 1 1 2 0 1 | <u> </u> | | 4,770. |
| а | Management | | . | | |
| Ł | Legal | | | | |
| c | : Accounting | | | | 740000 |
| C | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 13 | Office expenses | | | | *************************************** |
| 14 | Information technology | 200 475 | 400 425 | | |
| 15 | Royalties | 129,475. | 129,475. | 0. | 0. |
| 16 | Occupancy | 242 200 | 251 222 | 0.6 17.44 | A 0 4 F |
| 17 | Travel | 343,382. | 251,826. | 86,741. | 4,815. |
| 18 | Payments of travel or entertainment | 22,170. | 11,564. | 10,606. | 0. |
| 10 | expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 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.) | | | | |
| а | Classroom supplies & Equip | 238,071. | 238,071. | 0. | 0. |
| | Food & kitchen supplies | 204,189. | 204,189. | 0. | Ο, |
| | Professional fee | 160,310. | 83,170. | 77,140. | 0. |
| | Program enhancement | 129,417. | 101,526. | 27,891. | 0. |
| | All other expenses | 388,621. | 306,501. | 35,763. | 46,357. |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,303,360. | 6,476,034. | 682,839. | 144,487. |
| 26 | Joint costs. Complete this fine 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

| 4 Accounts receivable, net | |
|---|---------------------|
| 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c | 0, 611. |
| 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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 instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c | 0, 611. |
| 4 Accounts receivable, net | |
| 4 Accounts receivable, net | |
| trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | |
| 8 Inventories for sale or use | |
| 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | |
| 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | |
| 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 397. |
| 44 Investments multiply finds discussed and a second | |
| 11 Investments – publicly traded securities | entition in the sta |
| | 558. |
| 12 Investments — other securities. See Part IV, line 11 | |
| 13 Investments — program-related. See Part IV, line 11 | |
| 14 Intangible assets | |
| 15 Other assets. See Part IV, line 11 | 332. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | |
| 17 Accounts payable and accrued expenses | 493. |
| 18 Grants payable | 841. |
| 00 Ten annual baral Catalities | 100. |
| 20 Tax-exempt bond liabilities | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | anaranan |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | |
| 23 Secured mortgages and notes payable to unrelated third parties | |
| 24 Unsecured notes and loans payable to unrelated third parties | |
| 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 25 | |
| 26 Total liabilities. Add lines 17 through 25 | 434. |
| Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. | |
| E 27 Unrestricted net assets | 922, |
| 28 Temporarily restricted net assets | 254. |
| Permanently restricted net assets | |
| Sines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets | |
| ற் 30 Capital stock or trust principal, or current funds | er entraction is |
| 31 Paid-in or capital surplus, or land, building, or equipment fund | |
| 32 Retained earnings, endowment, accumulated income, or other funds | |
| 33 Total net assets or fund balances | |
| 34 Total liabilities and net assets/fund balances | 176. |

BAA

Form 990 (2016)

| | n 990 (2016) BROOKLYN KINDERGARTEN SOCIETY, INC. | -1631 | 820 | | Ps | age 12 | | | |
|------------|--|-------------|---------------|-------------|--|---|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | 015.0 | ···· | | -90 1 | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | . Г | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 02,4 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 03,3 00,9 | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | Investment expenses | 7 | | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | ************* | | | *************************************** | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33) | | | | ······································ | | | | |
| | column (B)) | 10 | | 3,4 | 64,1 | 176. | | | |
| Pa | t XII Financial Statements and Reporting | | , | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | | |
| | | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | 1 | 18886 | | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain | *********** | | | | | | | |
| | in Schedule O. | | 1 | | | | | | |
| 2 8 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2 a | A Service Ser | X | | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on | | | | | SEE | | | |
| | separate basis, consolidated basis, or both: | 1 | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | K(24,00)354 | 6300000000 | \$300 m | | | |
| ŀ | Were the organization's financial statements audited by an independent accountant? | | | 2 b | Х | | | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate | | Ì | 8 ES 172 | | 50000 | | | |
| | pasis, consolidated basis, or both: | | | | | | | | |
| | 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 au- review, or compilation of its financial statements and selection of an independent accountant? | dit, | | 2 c | Х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain | | | | 100 | A AS | | | |
| 3 - | in Schedule O, | | | | | 200 C | | | |
| S & | 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? | : | | 3 a | Х | | | | |
| ŀ | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | audit | ` ' ' | Ja | | | | | |
| • | The organization du not unuergo the required values of additional and not unuergo the required values of additional and the organization and the required values of additional and the organization and the required values of additional and the organization and th | JUDIN | i | | | l | | | |

Form 990 (2016)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Name of the organization Employer identification number BROOKLYN KINDERGARTEN SOCIETY, INC. 11-1631820 Part | 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 12, 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 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 in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) above (see instructions)) in your governing document? (A) (B) (C) (D) (E)

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.)

| Se | ction A. Public Support | | | | | | |
|-------------|--|---|---|--|---|---|------------------------|
| Cale beg | endar year (or fiscal year inning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 5,235,077. | 5,900,403. | 5,944,864. | 5,910,934 | 6,051,119. | 29,042,397. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | 0,510,551, | <u> </u> | 23,042,391. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 5,235,077. | 5,900,403. | 5,944,864. | 5,910,934 | 6,051,119. | 29,042,397. |
| 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) | | | | | | <u> </u> |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 29,042,397. |
| | ction B. Total Support | | | | | | |
| begi | ndar year (or fiscal year nning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 5,235,077. | 5,900,403. | 5,944,864. | 5,910,934. | 6,051,119. | 29,042,397. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 41,420. | 47,006. | 41,324. | 41,324. | 53,303. | 224 277 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | 1.1.1.5 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | 33,303. | 224,377. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 29,266,774. |
| 12 | Gross receipts from related activities | es, etc. (see instru | ctions) | | | 12 | |
| | First five years, If the Form 990 is organization, check this box and st | op nere | | hird, fourth, or fifth | tax year as a sect | tion 501(c)(3) | |
| Sec | tion C. Computation of Pul | | | | | | |
| 14 | Public support percentage for 2016 | | | , column (f)) | | 14 | 99.23% |
| 15 | Public support percentage from 20 | 15 Schedule A, Pa | rt II, line 14 | | | 15 | 98.21 % |
| 16a | 33-1/3% support test—2016. If the and stop here. The organization q | e organization did ualifies as a public | not check the box ly supported orgar | on line 13, and lin nization | e 14 is 33-1/3% or | more, check this b | oox · · · · · ► [X] |
| b | 33-1/3% support test—2015. If the and stop here. The organization q | e organization díd r ualifies as a public | not check a box or ly supported orgai | iline 13 or 16a, an nization | id line 15 is 33-1/3 | % or more, check f | his box |
| 17a | 10%-facts-and-circumstances teror more, and if the organization metholographication meets the facts-al | st—2016, If the orgets the 'facts-and- nd-circumstances' | anization did not o circumstances' tes test. The organiza | check a box on line of, check this box a tion qualifies as a | e 13, 16a, or 16b, and stop here. Exp publicly supported | and line 14 is 10% lain in Part VI how organization | ▶ □ |
| | 10%-facts-and-circumstances teror more, and if the organization meorganization meets the 'facts-and-companization's meets- | ets the 'facts-and- ircumstances' test | circumstances' tes . The organization | it, check this box a qualifies as a pub | ind stop here. Exp ficly supported org | lain in Part VI how anization | the ▶ |
| 18 | Private foundation. If the organiza | ition did not check | a box on line 13, | 16a, 16b, 17a, or 1 | 17b, check this box | and see instructio | ns ► |
| BAA | | | | | | | |

Rart III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|-------|---|---|--|--|----------------------|---|--|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | 12/2011 | (4) 2010 | (0) 2010 | (i) Iotai |
| | 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 | | | | | | |
| 5 | its behalf | | | | | | |
| 3 | facilities furnished by a | | | | | | |
| | governmental unit to the | | | | ļ | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 14 | 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 | | | | | | |
| 8 | Public support. (Subtract line | | | | | | |
| | 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🛌 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | · |
| 14 | First five years. If the Form 990 is | for the organizati | nn's first second | third fourth or fift | h tay yaar as a sac | ion 501(a)(3) | |
| | organization, check this box and st | top here | | | | | <u> ▶ </u> |
| | tion C. Computation of Pul | | | | | | |
| | Public support percentage for 2016 | | | | | | o) c |
| | Public support percentage from 20 | | | | | 16 | ફ |
| Sec | tion D. Computation of Inv | | | | | | |
| 17 | Investment income percentage for | | | | | | o o |
| 18 | Investment income percentage from | | | | | | 00 |
| 19a | 33-1/3% support tests-2016. If the | ne organization dic | not check the bo. | x on line 14, and I | ine 15 is more than | 33-1/3%, and line | 17 |
| h | is not more than 33-1/3%, check th | is box and stop h | ere. The organiza | tion qualifies as a | publicly supported | organization | ▶ [] |
| D | 33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, c | ie organization did sheck this hov and | i not check a box t stop bere. The or | on line 14 or line 1 roanization qualific | 9a, and line 16 is n | nore than 33-1/3%, norted prospiration | and |
| 20 | Private foundation. If the organization | ation did not check | a box on line 14 | 19a, or 19b, chec | k this box and see i | nstructions. | |
| RΛΛ | | | TEEAGAGA | | | | · · · · · · · · · <u>· </u> |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes, 'answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| Part IV Supporting Organizations (continued) | |
|---|--------------------|
| 11. Has the example the example of a contribution for the second of the | Yes No |
| 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | |
| governing body of a supported organization? | 11a |
| b A family member of a person described in (a) above? | 11b |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c |
| Section B. Type I Supporting Organizations | |
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appo or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 4n 1888 1888 1888 |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 |
| Section C. Type II Supporting Organizations | |
| | Yes No |
| Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustee of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | ees e 1 |
| Section D. All Type III Supporting Organizations | |
| | Yes No |
| Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 |
| Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard. | 3 |
| Section E. Type III Functionally Integrated Supporting Organizations | 1 - (|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | efructions) |
| a The organization satisfied the Activities Test. Complete line 2 below. | aractions). |
| b The organization is the parent of each of its supported organizations. Complete line 3 below. | |
| c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| (see instructions) |
| | dec mandenons). |
| 2 Activities Test. Answer (a) and (b) below. | Yes No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those support organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | ted 2a |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of i supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | ts 3b |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | ganiza | ations | Jacob Tage C |
|-----|--|-----------|---|---|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations | n Nov 2 | 20 1070 (avalois is Dart V |).See h E. |
| Sec | ction A — Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | (-1 |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | 711704 |
| Sec | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| | Average monthly value of securities | 1 a | | |
| ł | Average monthly cash balances | 1 b | | |
| | Fair market value of other non-exempt-use assets | 1 c | | |
| | t Total (add lines 1a, 1b, and 1c) | 1 d | | *************************************** |
| 6 | Discount claimed for blockage or other factors (explain in detail in Part VI): | | series and the many in the constraints of | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | , |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | *************************************** |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally integra (see instructions). | ited Typi | e III supporting organization | อก |
| RΛΛ | | | ······································ | ······· |

Schedule A (Form 990 or 990-EZ) 2016

| Sch | nedule A (Form 990 or 990-EZ) 2016 BROOKLYN KINDERGARTI | EN SOCIETY, INC | . 11-16 | 31820 Page |
|-----|--|--|--|---|
| Sec | ction D – Distributions | apporting Organiza | ations (continuea) | |
| 1 | | | Current Year | |
| 2 | | ons, | | |
| 3 | | orlod organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | oried organizations | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | WALLES TO THE TOTAL TOTA | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the organization Part VI). See instructions. | ation is responsive (provid | de details |] |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | 7::> | |
| | tion E – Distribution Allocations (see instructions) | Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | All and the second seco | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions. | | | 99.00 |
| 3_ | Excess distributions carryover, if any, to 2016: | | | and a sign of the |
| a | | | | |
| b | | | 12-12-14-13-15-15-15-15-15-15-15-15-15-15-15-15-15- | |
| | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | All Control of the Control | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| | Carryover from 2011 not applied (see instructions) | 27 (20) | | |
| | Remainder, Subtract lines 3g, 3h, and 3i from 3f. | | 10 St. 10 St | Date of the second |
| 4 | Distributions for 2016 from Section D, | | | |
| - | line 7: \$ | | State of the second second | reasonada a como de co |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2016 distributable amount | | | |
| | Remainder, Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. | | | |
| | Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c. | 2, 2, 2, 2, 2, 3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | Excess from 2013 | | 319.0 | 1100 (810) (110) |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | 7,00 | . 000000 00000 00000 00000 00000 00000 0000 | SA DESCRIPTION OF THE PROPERTY OF | |

e Excess from 2016 BAA

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

BROOKLYN KINDERGARTEN SOCIETY 11-1631820 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 2016

n990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

| | BROOKLYN KINDERGARTEN SOCIETY, INC. | | 11-1631820 | |
|------|--|--|--|----------------|
| Pa | rt Organizations Maintaining Donor Advised Funds or Other Similar F | unds or Acc | ounts. | |
| | Complete if the organization answered 'Yes' on Form 990, Part IV, line 6 | i. | | |
| | (a) Donor advised funds | (b) Fi | unds and other acco | ounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregale value of contributions to (during year) | | | |
| 3 | Aggregate value of 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 are the organization's property, subject to the organization's exclusive legal control? | r advised funds | · · · · TYes | No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purimpermissible private benefit? | ranca conforring | | () . . |
| D 22 | | | · · · · Yes | No |
| Pai | Complete if the organization answered 'Vee' on Form 900, Port IV, line 7 | | | |
| 1 | Complete if the organization answered 'Yes' on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). | • | | |
| • | The state of the s | | | |
| | | | important land area | 3 |
| | Preservation of open space | of a certified his | none structure | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the | . forms at a man- | | |
| | last day of the tax year. | e ioriii or a conse | ivation easement o | on the |
| | | Н | eld at the End of t | he Tax Year |
| | a Total number of conservation easements | | | |
| ١ | b Total acreage restricted by conservation easements | 2b | | |
| (| Number of conservation easements on a certified historic structure included in (a) | . 2с | | |
| (| Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2 d | | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated tax year ► | by the organiza | lion during the | |
| 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, handli and enforcement of the conservation easements it holds? | ng of violations, | Yes | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing | g conservation e | asements during th | e year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor | iservation easen | nents during the yea | зг |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)? | on 170(h)(4)(B)(i |) Yes | No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and exinclude, if applicable, the text of the footnote to the organization's financial statements that described conservation easements. | xpense statemer ribes the organiz | nt, and balance she cation's accounting | et, and for |
| Par | Till Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered 'Yes' on Form 990, Part IV, line 8 | or Other Sim | ilar Assets. | |
| 1 a | all f the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items. | statement and the statement an | palance sheet works public service, pro | s of vide, |
| t | of the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items: | tement and bala irtherance of pub | nce sheet works of dic service, provide | art, the |
| | (i) Revenue included on 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 fi amounts required to be reported under SFAS 116 (ASC 958) relating to these items; | | | |
| a | Revenue included on Form 990, Part VIII, line 1 | | ⊁\$ | |
| | Assets included in Form 990. Part X | | . | |

| Part Organizations Mainta | aining Collec | tions of Art, His | torical Treasures. | or Other Similar Ass | sets (continued) |
|---|---------------------|----------------------------------|--|-------------------------------|-----------------------|
| 3 Using the organization's acquisition items (check all that apply): | on, accession, an | d other records, chec | k any of the following th | at are a significant use of i | ts collection |
| a Public exhibition | | d ∏Loar | n or exchange programs | | |
| b Scholarly research | | e Othe | 0, 0 | | |
| c Preservation for future genera | ations | • | | | |
| 4 Provide a description of the organ Part XIII. | | ns and explain how th | ney further the organizat | ion's exempt purpose in | |
| 5 During the year, did the organization to be sold to raise funds rather than 100 and | an to be maintagn | eu as pasi oi ille orga | mization's collection? | | Yes No |
| Part IV Escrow and Custodia line 9, or reported an a | il Arrangeme | nts . Complete if | the organization an | swered 'Yes' on Form | 990, Part IV, |
| 1 a Is the organization an agent, trusto on Form 990, Part X? | ee, custodian or o | other intermediary for | contributions or other a | ssets not included | |
| b If 'Yes,' explain the arrangement in | n Part XIII and co | mplete the following | table: | | Yes No |
| c Beginning balance | | | | | Amount |
| d Additions during the year | | | | · · · 1 c | |
| d Additions during the year | | | | · · · 1d | |
| Distributions during the year f Ending balance | | | | 1e | |
| f Ending balance | | | | 1f | |
| 2 a Did the organization include an am b If 'Yes,' explain the arrangement in | Part XIII. Check | here if the explanation | escrow or custodial acc on has been provided or | ount liability? | Yes No |
| Part V Endowment Funds, C | omplete if the | organization ans | swered 'Yes' on For | m 990, Part IV, line 1 | 0. |
| | (a) Current yea | r (b) Prior yea | | | (e) Four years back |
| 1 a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
| 2 Provide the estimated percentage | of the current yea | ar end balance (line 1 | g, column (a)) held as: | | |
| a Board designated or quasi-endown | nent ► | ક | | | |
| b Permanent endowment 🕒 | 은 | | | | |
| c Temporarily restricted endowment | | o o | | | |
| The percentages on lines 2a, 2b, a | nd 2c should equ | ual 100%. | | | |
| 3 a Are there endowment funds not in | the nossession o | f the organization the | t are hold and administra | and for the | |
| organization by: | ine possession o | i the organization tha | t are neid and administe | ered for the | Yes No |
| (i) unrelated organizations | | | | | 3a(i) |
| (ii) related organizations | | | | | 3a(ii) |
| b If 'Yes' on line 3a(ii), are the related | d organizations lis | sted as required on S | chedule R? | | 3b |
| 4 Describe in Part XIII the intended u | ses of the organi | zation's endowment | funds. | | 1 30 |
| Part VI Land, Buildings, and I | Equipment. | | | | |
| Complete if the organiz | ation answere | d 'Yes' on Form | 990. Part IV. line 11 | la See Form 990 Pa | art X line 10 |
| Description of property | i | Cost or other basis (investment) | (b) Cost or other | (c) Accumulated | (d) Book value |
| 1a Land | | (mvcsamem) | basis (other) | depreciation | |
| b Buildings | | 7337.21 | | | |
| c Leasehold improvements | 1 | | | | |
| d Equipment | 1 | | | | |
| e Other | | | | | |
| | | 200 B - 4 V | (m) (1 d d d | <u> </u> | |
| otal. Add lines 1a through 1e. (Column | io) musi equal Fi | лні 990, Рап X, colu | mn (B), line 10c.) | | |
| (13/3 | | | | Schedu | ıle D (Form 990) 2016 |

TEEA3302 08/15/16

| Part VIII Investments — Other Securities. | | Total IV Line 44b Cos Form 000 For IV Line 40 |
|---|------------------------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | (2) 2001 1000 | (c) wellied of valuation. Cost of end-of-year market value |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) (G) | | |
| (H) | | |
| (1) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) > | | |
| Part VIII Investments — Program Related | | |
| Complete if the organization answered 'Ye | | 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) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► | | |
| Part IX Other Assets. | o' on Form 000 I | Part IV, line 11d. See Form 990, Part X, line 15. |
| (a) Desc | ription | (b) Book value |
| (1) | | (D) DOOK VIIILE |
| (2) | | |
| (3) | | |
| (4) (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line | 15.) | · · · · · · · · · · · · · · · · · · · |
| Part X Other Liabilities. | m 000 Dest 37 Eng 1 | 1 146 C F |
| Complete if the organization answered 'Yes' on For (a) Description of liability | (b) Book value | 1e of Th. See Form 990, Part X, line 25 |
| (1) Federal income taxes | (b) book value | |
| (2) | | - Company of the Comp |
| (3) | | |
| (4) | | |
| (5) (6) | | |
| (7) | | 40.00 |
| (8) | | |
| (9) | | - Compression Compression Compression |
| (10) | | |
| (11) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the foolnot | e to the organization's fina | ncial 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 | |
| ВАА | TEEA3303 08/15/16 | Schedule D (Form 990) 201 |

4 a

4 b

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.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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. . . .

b Other (Describe in Part XIII.)

2 e

3

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 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.

OMB No. 1545-0047 2016

Name of the organization

 Open to Public vis.
 Inspection were. Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.trs.gov/form990.

| Name of the organization Employer Identification number | | | | | ation number | | |
|--|---|----------------------------|-----------------------------|--|---------------------------------|---|--|
| BROOKLYN KINDERGARTEN SOCIETY, INC. | | | | 11-1631820 | | | |
| Part Fundraising Activities, Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. | | | | | | | |
| 1 Indicate whether the organization ra | ised funds thro | ugh any of | the followin | g activities. Check all th | at apply. | | |
| a Mali solicitations | | • • | е | Solicitation of non-g | | | |
| b X Internet and email solicitations | | | ſ | Solicitation of gover | | | |
| c Phone solicitations | | | g | Special fundraising | • | | |
| d X In-person solicitations | | | 9 | | | | |
| — · | | | | | | | |
| 2 a Did the organization have a written employees listed in Form 990, Part | or oral agreeme VIII) or entity in : | ent with any connection | individual i with profes | (including officers, directisional fundralisional fundralision service | tors, trustees, or key | Yes X No | |
| b If 'Yes,' list the 10 highest paid indiv compensated at least \$5,000 by the | iduals or entitie | | | • | | | |
| | 1 | T | | | (v) Amount paid to | | |
| (i) Name and address of individual | (ii) Activity | (iii) Did f | undraiser | (Iv) Gross receipts | (or retained by) | (vi) Amount paid to (or retained by) | |
| or entity (fundralser) | , , , , , | of contr | dy or control ibutions? | from activity | fundraiser listed in column (i) | organization | |
| | | Yes No | | | Costini (i) | | |
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| Total | | | | | | | |
| List all states in which the organizat or licensing. | ····· | | | | in notified it is exempt fr | om registration | |
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Schedule G (Form 990 or 990-EZ) 2016 BROOKLYN KINDERGARTEN SOCIETY, INC. 11-1631820 Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) Yelutide Marathon OTHER through column (c)) REVENU (event type) (event type) (lotal number) Gross receipts . . 361,175. 16,672 2,810. 380,657. 2 Less: Contributions 293,571 293,571. Gross income (line 1 minus line 2). 67,604. 16,672. 2,810. 87,086. Cash prizes Noncash prizes DIRECT Rent/facility costs . . 48,780. 0. 48,780. EXPENSES Entertainment . . . Other direct expenses. 37,091. 1,215. 38,306. 87,086. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming REVENUE (a) Bingo (add column (a) bingo/progressive (c) Other gaming bingo through column (c)) EXPENSES DIRECT Rent/facility costs Other direct expenses. . Yes Yes Yes 왕 Volunteer labor 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? No b if 'No,' explain:

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

| Schedule G (Form 990 or 990-EZ) 2016 BROOKLYN KINDERGARTEN SOCIETY, INC. | 44 | | |
|---|---|--------|--------------|
| 11 Does the organization conduct gaming activities with nonmembers? | 11-16318: | | Page 3 |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other e administer charitable gaming? | l | J L. | No No |
| 13 Indicate the percentage of gaming activity conducted in: | L | .] | 110 |
| a The organization's facility | | | |
| b An outside facility | 13a | | 왕 |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events bo | oks and records: | | 8 |
| Name ► | | | |
| Address > | | | |
| 15 a Does the organization have a contract with a third party from whom the organization receives gaming b If 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party c If 'Yes,' enter name and address of the third party: | rovonus? | | No No |
| Name ► | | | |
| Address • | | | 1 |
| 16 Gaming manager information: | | | ¹ |
| Name • | | | |
| Gaming manager compensation * \$ | | | |
| Description of services provided | | | |
| Director/officer Employee Independent contractor | The time that they was that the control of | | |
| 17 Mandatory distributions | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds state gaming license? | s to retain the | | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organization organization's own exempt activities during the tax year | | | 10 |
| Part IV Supplemental Information. Provide the explanations required by Part I, line and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provinformation. See instructions | e 2b, columns (iii) and ide any additional | d (v); | |
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SCHEDULE O (Form 990 or 990-EZ)

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.

омв No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

► 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.

Open to Public

Name of the organization

Brooklyn Kindergarten Society, Inc.

Employer Identification number 11-1631820

Form 990, Part III, Line 1 - Organization Mission

Since 1891, the mission of the BKS has been to ensure that the children in its centers develop the social emotional, physical, & cognitive skills they need to succeed.

BKS' approach, which consists of high quality, developmentally appropriate education, for low-income children, marries best educational practices with community services. We seek to involve parents and caregivers as partners, encouraging them to nurture the development of these critical learning skills in their children and empowering them to advocate effectively for their children. BKS is a recognized model of community-based early childhood education, while retaining and deepening its on-the-ground focus on specific Brooklyn neighborhoods.

Form 990, Part III, Line 4a - Program Service Accomplishments

Early Childcare Education Program:

BKS operates five early childhood centers in New York City Housing Authority (NYCHA) complexes in Bedford-Stuyvesant, Crown Heights and Brownsville, Brooklyn. The BKS program is strategically designed to provide academic and social enrichment that is rooted in best practices and are the hallmarks of high-quality preschools nationally. In the past three years we helped more than 1,000 at-risk children giving them the start they need to be successful in school. When they arrived at our doorstep at age two or three, more than two-thirds of these children were functioning below age-group norms. By age 4, on average, more than 90% of them were at or above age-group norms. These are the children who will succeed in school and go on to contribute to society. USDA/CACFP Meal Program:

Through CACFP, enrolled children receive nutritious breakfast, lunch and an afternoon snack each day.

Employer identification number 11-1631820

Form 990, Part VI, Line 11b - Form 990 Review Process

Management reviewed a draft of the form 990 with the audit/finance committee and provided edits to the tax preparer. After this process was performed the form 990 was sent to the full board of directors prior to being filed with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

BKS' most recent revised Conflict of Interest and Disclosure Policy was adopted by its Board on January 28, 2015. Each director, officer and key employee of the Organization must promptly disclose any financial or other material interest (an "Interest") which he or she or, to the best of his or her knowledge, any Relative or other Related Party related to him or her has or reasonably expects to have in any proposed Related Party Transaction prior to the start of any consideration of such matter by the Board of Directors or authorized board committee. Such Interest shall be disclosed in writing to the secretary of the Organization. Such disclosure shall include all material facts and supply any reasons why the proposed Related Party Transaction might or might not be fair, reasonable and in the best interest of the Organization. The secretary shall provide a copy of all such disclosures to the Chair of the Board of Directors and the Executive Committee.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Each year, the executive committee reviews comparable salaries based on a recognized

study and reviews the performance of the executive director to determine if the

existing salary falls within these ranges. After a deliberation of this matter, a

new proposed salary and benefit package is voted on.

Financial statements are available upon request.

Supporting Statement of:

Sch. G, page 2/Other Gross Receipts

| | Amount | |
|--------|--------|--------|
| Turkey | | 2,810. |
| Total | | 2,810. |