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Form **990**

* Amended Form 990 *

OMB No 1545-0047

Return of Organization Exempt From Income Tax**2008**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

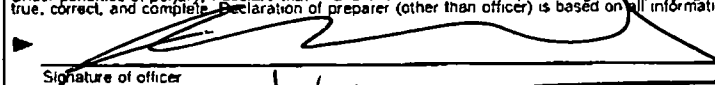
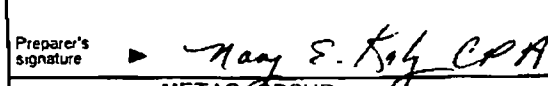
Open to Public Inspection**For the 2008 calendar year, or tax year beginning , 2008, and ending ,**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See specific instructions. BROOKLINE COMMUNITY FOUNDATION INC. 40 WEBSTER PLACE BROOKLINE, MA 02445	D Employer identification number 04-2103944
		E Telephone number 617-566-4442	G Gross receipts \$ -24,832
		F Name and address of principal officer SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.BROOKLINEFUND.ORG			
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1878	M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SUPPORT AND IMPROVE THE HEALTH, WELFARE AND QUALITY OF LIFE OF THE PEOPLE OF BROOKLINE, MASSACHUSETTS	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 22
5 Total number of employees (Part V, line 2a)	5 5
6 Total number of volunteers (estimate if necessary)	6 0
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0
b Net unrelated business taxable income from Form 990-E, line 34	7b 0
8 Contributions and grants (Part VIII, line 1h)	
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7c)	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9E, 10a, and 11e)	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 61,316	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	
19 Revenue less expenses. Subtract line 18 from line 12	
20 Total assets (Part X, line 16)	
21 Total liabilities (Part X, line 26)	
22 Net assets or fund balances. Subtract line 21 from line 20	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer 	Date 7/26/10	
	Type or print name and title Tom Mendelsohn, Board Chairman		
Paid Preparer's Use Only	Preparer's signature 	Date 4/19/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 METIS GROUP 14 PENN PLZ STE 1800 NEW YORK, NY 10122-1800		Preparer's identifying number (see instructions) N/A
			EIN ▶ N/A
			Phone no ▶ (212) 643-0099

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SUPPORT AND IMPROVE THE HEALTH, WELFARE AND QUALITY OF LIFE OF THE PEOPLE OF
BROOKLINE, MASSACHUSETTS2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ☐) (Expenses \$ 763,040 including grants of \$) (Revenue \$)THE BROOKLINE COMMUNITY FOUNDATION IS A PUBLIC CHARITY CREATED BY AND FOR THE PEOPLE
OF BROOKLINE, MASSACHUSETTS WHOSE PURPOSE IS TO MAKE SURE BROOKLINE'S RESIDENTS
RECEIVE NEEDED SERVICES, CULTURAL DIVERSITY IS CHERISHED, THE ENVIRONMENT IS
PROTECTED, CIVIC LIFE FLOURISHES, THE HISTORY IS TREASURED, AND NEW IDEAS ARE
NURTURED4b (Code ☐) (Expenses \$ including grants of \$) (Revenue \$)4c (Code ☐) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)4e Total program service expenses G \$ 763,040 (Must equal Part IX, Line 25, column (B))

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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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where 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	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 5		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note If the sum of lines 1a and 2a is greater than 250, you be required to e-file this return (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If 'Yes,' enter the name of the foreign country G See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c)			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		

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Part VI. Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	22	
1b Enter the number of voting members that are independent	22	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O	X	
11 Is there any officer, director or 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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? SEE SCHEDULE O Describe the process in Schedule O (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed G MA

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

☐ Own website ☐ Another's website ☒ Upon request

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

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

G THE FOUNDATION 40 WEBSTER PLACE BROOKLINE MA 02445 (617) 566-4442

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

☐ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

☐ 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) or 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 \$100,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CARLA BENKA BOARD MEMBER	0	X						0.	0	0.
DEBORAH BROOKS BOARD MEMBER	0	X						0	0.	0.
HSIU-LAN CHANG BOARD MEMBER	0	X						0.	0.	0.
LLOYD DAHMEN BOARD MEMBER	0	X						0.	0.	0
JOHN GALLAGHER TREASURER	0	X						0.	0.	0.
JUDITH H. KIDD VICE CHAIR	0	X						0.	0.	0.
RICHARD KLEIN BOARD MEMBER	0	X						0.	0.	0.
MOLLY LANZAROTTA BOARD MEMBER	0	X						0.	0.	0.
SUSAN MANARAS BOARD MEMBER	0	X						0.	0	0.
ASHLEY MASON BOARD MEMBER	0	X						0	0.	0
MICHAEL J. MAYNARD BOARD MEMEBER	0	X						0.	0.	0
PATRICIA MEANEY BOARD MEMBER	0	X						0.	0.	0.
TOM MENDELSON CHAIRMAN	0	X						0.	0.	0.
JIM NOTMAN BOARD MEMBER	0	X						0.	0.	0
EMILY NOVICK BOARD MEMBER	0	X						0.	0.	0
LYNN OSBORN BOARD MEMBER	0	X						0.	0.	0.
PAUL SANER BOARD MEMBER	0	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT SPERBER BOARD MEMBER	0	X						0.	0.	0.
FRANK STEINFELD BOARD MEMBER	0	X						0.	0.	0.
ANNE TURNER CLERK	0	X						0.	0.	0.
ROSAMOND VAULE BOARD MEMBER	0	X						0.	0.	0.
CHERYL WHITEFIELD BOARD MEMBER	0	X						0.	0.	0.
MARTHA PAUL EXE. DIRECTOR	0				X			76,073.	0.	0.
PAUL EPSTEIN PROJECT MANAGER	0				X			37,359.	0.	0.
GWEN OSSENFORT PROJECT MANAGER	0				X			26,856.	0.	0.
SARA DASSEL GRANTS MANAGER	0				X			21,531.	0.	0.
SHARON GRAY CONSULTANT	0				X			17,610.	0.	0.
1 b Total							G	179,429.	0	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **G 0**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **G 0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 680,058.				
	g Noncash contribns included in lns 1a-1f	\$				
	h Total Add lines 1a-1f	G	680,058.			
PROGRAM SERVICE REVENUE	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total Add lines 2a-2f	G					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	G	127,022.			127,022.
	4 Income from investment of tax-exempt bond proceeds	G				
	5 Royalties	G				
	6a Gross Rents	(i) Real 35,341 (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	35,341.				
	d Net rental income or (loss)	G	35,341.			35,341
	7a Gross amount from sales of assets other than inventory	(i) Securities 1,017,835. (ii) Other				
	b Less cost or other basis and sales expenses	1,006,001.				
	c Gain or (loss)	11,834.				
	d Net gain or (loss)	G	11,834			11,834.
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a 80,100.				
	b Less direct expenses	b 32,656.				
	c Net income or (loss) from fundraising events	G	47,444.	47,444.		
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	G				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	G				
Miscellaneous Revenue		Business Code				
11a UNREALIZED LOSS		-1,965,188			-1,965,188.	
b						
c						
d All other revenue						
e Total Add lines 11a-11d	G	-1,965,188.				
12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	G	-1,063,489.	47,444.	0	-1,790,991.	

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) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	577,678.	577,678.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	76,073	41,841.	15,215.	19,017.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0	0.	0.
7 Other salaries and wages	114,607	63,033.	22,921.	28,653.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	22,759.	12,517.	4,552.	5,690.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees	23,858.		23,858.	
g Other				
12 Advertising and promotion				
13 Office expenses	4,934		4,934.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,800.		1,800	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,435.	4,598.	1,837.	
23 Insurance	5,310	3,280	2,030.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROFESSIONAL FEES	34,081.	2,400.	31,681.	
b PRINTING AND PUBLICATIONS	28,864.	24,838.	4,026.	
c BUILDING MAINTENANCE	20,247.	20,247.		
d POSTAGE AND SHIPPING	12,476.	5,527	2,254.	4,695.
e OUTREACH AND MARKETING	7,081	7,081.		
f All other expenses	25,128.		21,867.	3,261.
25 Total functional expenses Add lines 1 through 24f	961,331.	763,040	136,975.	61,316.
26 Joint Costs Check here G <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2008)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash - non-interest-bearing	292,698.	1	185,335.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	26,025.	3	8,700.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,152.	9	5,897.
	10a Land, buildings, and equipment - cost basis	188,418		
	b Less accumulated depreciation. Complete Part VI of Schedule D	105,319.	10c	83,099.
	11 Investments - publicly-traded securities		11	
	12 Investments - other securities. See Part IV, line 11	6,122,042.	12	4,182,652.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,509,220.	16	4,465,683.	
LIABILITIES	17 Accounts payable and accrued expenses	11,366.	17	20,596.
	18 Grants payable	83,865.	18	24,918.
	19 Deferred revenue		19	9,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	23,360
	26 Total liabilities. Add lines 17 through 25	95,231.	26	77,874.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34			
	27 Unrestricted net assets	4,942,491.	27	3,117,863
	28 Temporarily restricted net assets	1,111,006	28	878,952.
	29 Permanently restricted net assets	360,492.	29	390,994.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,413,989.	33	4,387,809.
	34 Total liabilities and net assets/fund balances	6,509,220.	34	4,465,683.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits?		

BAA

Form 990 (2008)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	420,460.	723,283	996,906.	592,492.	680,058	3,413,199.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	420,460.	723,283.	996,906.	592,492.	680,058.	3,413,199.
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).						0.
6 Public support. Subtract line 5 from line 4.						3,413,199

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	420,460.	723,283.	996,906.	592,492.	680,058.	3,413,199.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	128,071	95,148.	131,774.	532,259.	127,022	1,014,274.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						4,427,473.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

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

G ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	77.1 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	0 0 %

16a 33-1/3 support test ' 2008 If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

G ☒

b 33-1/3 support test ' 2007 If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

G ☐

17a 10%-facts-and-circumstances test ' 2008 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

G ☐

b 10%-facts-and-circumstances test ' 2007 If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

G ☐

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

G ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	G <input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests - 2008 If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. G ☐

b 33-1/3 support tests - 2007 If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. G ☐

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

Part IV. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCANNED JUL 27 2010

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990 To be completed by organizations that
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number

BROOKLINE COMMUNITY FOUNDATION INC

04-2103944

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	2	16
2 Aggregate contributions to (during year)	2,080	359,610.
3 Aggregate grants from (during year)	15,000.	341,395
4 Aggregate value at end of year	31,279	847,673.

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat ☐ Preservation of certified historic structure
- ☐ Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year G _____

4 Number of states where property subject to conservation easement is located G _____

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year G _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year G \$ _____

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

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

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

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

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 G\$ _____

(ii) Assets included in Form 990, Part X G\$ _____

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

a Revenues included in Form 990, Part VIII, line 1 G\$ _____

b Assets included in Form 990, Part X G\$ _____

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

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

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	360,492.				
b Contributions	182,283.				
c Investment earnings or losses	-140,171				
d Grants or scholarships					
e Other expenditures for facilities and programs	11,610.				
f Administrative expenses					
g End of year balance	390,994.				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment G _____ %

b Permanent endowment G 100.00 %

c Term endowment G _____ %

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

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		X
3a(ii)		X
3b		X

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

Part VI Investments Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		3,500.		3,500.
b Buildings		151,722.	76,560.	75,162.
c Leasehold improvements				
d Equipment		14,829.	14,829.	0.
e Other		18,367.	13,930.	4,437.

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) G 83,099.

BAA

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	-1,063,489.
2	Total expenses (Form 990, Part IX, column (A), line 25)	961,331.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-2,024,820
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	-1,360
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4-8	-1,360.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-2,026,180

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	-1,037,460
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	26,029.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	26,029.
3	Subtract line 2e from line 1	3	-1,063,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12)	5	-1,063,489.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	987,360.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	26,029.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	26,029.
3	Subtract line 2e from line 1	3	961,331.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	961,331.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

Part XIV Supplemental Information (continued)

SCANNED JUL 27 2010

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

G Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

BROOKLINE COMMUNITY FOUNDATION INC.

Employer identification number

04-2103944

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

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

- ☐ Mail solicitations
☐ Email solicitations
☐ Phone solicitations
☐ In-person solicitations

- ☐ Solicitation of non-government grants
☐ Solicitation of government grants
☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				G		0.

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMEN (event type)	(event type)	(total number)	(Add col (a) through col (c))
REVENUE	1 Gross receipts	80,100.			80,100.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	80,100			80,100.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	32,656			32,656.
	8 Direct expense summary Add lines 4- through 7 in column (d)				G 32,656.
	9 Net income summary Combine lines 3 and 8 in column (d)				G 47,444.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
DIRECT EXPENSES	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				G
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				G

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

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain

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

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

YES NO

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a %

b An outside facility

13b %

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

Name G _____

Address G _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address

Name G _____

Address G _____

16 Gaming manager information

Name G _____

Gaming manager compensation G \$ _____

Description of services provided G _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

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

SCANNED JUL 27 2010

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.**

G Complete if the organization answered 'Yes' on Form 990, Part IV, lines 21 or 22.
G Attach to Form 990

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

BROOKLINE COMMUNITY FOUNDATION INC.

Employer identification number

04-2103944

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed G ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANYAHLEE CANAS 27 HARVARD ST ARLINGTON, MA 02476	01-8703234		6,350.	0.	FMV		DESIGNATED-TEEN CENTER
ARAMARK FENWAY PARK 4 YAWKEY WAY BOSTON, MA 02215	95-2051630		6,307.	0.	FMV		DESIGNATED-STS FUND
ARAMARK FENWAY PARK 4 YAWKEY WAY BOSTON, MA 02215	95-2051630		6,896.	0.	FMV		DESIGNATED-STS FUND
ARTBARN COMMUNITY THEATRE, PO BOX 470504 BROOKLINE, MA 02447	04-3478044		10,000.	0.	FMV		YOUTH FUND
BHS ATHLETICS 115 GREENOUGH ST. BROOKLINE, MA 02445	04-6001102		12,621.	0.	FMV		DESIGNATED-ROWING
BLUE SKY SPORTS & ENTERTAINMENT 265 FRANKLIN ST. BOSTON, MA 02110	32-0070017		6,000.	0.	FMV		DESIGNATED-TEEN CENTER
BROOKLINE COMMUNITY MENTAL 41 GARRISON RD. BROOKLINE, MA 02446	04-2263744		12,285.	0.	FMV		SAFETY NET
BROOKLINE COMMUNITY MENTAL 41 GARRISON RD. BROOKLINE, MA 02446	04-2263744		20,907.	0.	FMV		SAFETY NET

2 Enter total number of section 501(c)(3) and government organizations

G 30
G 0

3 Enter total number of other organizations

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2; and any other additional information.

This image shows a vertical rectangular sheet of white paper designed for handwriting practice. It features ten evenly spaced, horizontal dashed black lines running across its width. These lines are intended to guide letter height and placement. The paper is otherwise blank, with no margins, text, or other markings.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

SCANNED JUL 27 2010
Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2008

G Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

Open to Public
Inspection

Name of the organization

Employer identification number

BROOKLINE COMMUNITY FOUNDATION INC.

04-2103944

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLINE COMMUNITY MENTA 41 GARRISON RD BROOKLINE, MA 02446	04-2263744		37,442.		FMV		DESIGNATED
BROOKLINE COMMUNITY MENTA 41 GARRISON RD BROOKLINE, MA 02446	04-2263744		37,535.		FMV		DESIGNATED
BROOKLINE COUNCIL ON AGIN 93 WINCHESTER ST. BROOKLINE, MA 02446	04-2719972		14,500.		FMV		DISCRETION ARY- COMMUNITY
BROOKLINE DEPARTMENT OF P 11 PIERCE ST. BROOKLINE, MA 02445	04-6001102		6,000.		FMV		DISCRETION ARY- COMMUNITY
BROOKLINE EARLY EDUCATION 88 HARVARD ST. BROOKLINE, MA 02445	04-6001102		9,087.		FMV		DESIGNATED - FUND FOR YOUNG
BROOKLINE GREENSPACE ALLI 370 WASHINGTON ST. BROOKLINE, MA 02445	04-3021928		11,000.		FMV		ENVIRONMEN TAL
BROOKLINE PARKS AND OPEN 333 WASHINGTON ST. BROOKLINE, MA 02445	04-6001102		15,000.		FMV		DONOR ADVISED- LEGACY
BROOKLINE RECREATION DEPA 133 ELIOT ST. CHESTNUT HILL, MA 02467	04-6001102		9,092.		FMV		DISCRETION ARY- YOUTH
BROOKLINE SCHOOLS STAFF C 490 HEALTH ST CHESTNUT HILL, MA 02467	04-2682156		5,560.		FMV		DISCRETION ARY- YOUTH

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

G
G

SCANNED JUL 27 2010

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

G Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization		Employer identification number						
BROOKLINE COMMUNITY FOUNDATION INC.		04-2103944						
Part I Continuation of Grants and Organizations in the U.S. (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
COMPASS WORKING CAPITAL 89 SOUTH ST., STE 2-3 BOSTON, MA 02111	20-3975100		25,000.		FMV		DISCRETIONARY - COMMUNITY	
COOLIDGE CORNER THEATRE F 290 HARVARD ST. BROOKLINE, MA 02446	04-3039722		10,000.		FMV		DISCRETIONARY - COMMUNITY	
EPSTEIN, PAUL 124 CHESTNUT ST. BROOKLINE, MA 02445	02-2644799		6,147.		FMV		DESIGNATED - TEEN CENTER	
FRIENDS OF BROOKLINE ROWI 185 DAVIS AVE BROOKLINE, MA 02445	04-2103944		6,530.		FMV		DESIGNATED - ROWING	
HEARTH/END ELDER HOMELESS 1640 WASHINGTON ST. BOSTON, MA 02118	04-3206820		8,000.		FMV		DISCRETIONARY - COMMUNITY	
JENNIFER LYNCH COMMITTEE PO BOX 470795 BROOKLINE, MA 02447	04-2103944		7,000.		FMV		DISCRETIONARY - COMMUNITY	
MATCH-UP INTERFAITH VOLUN 105 CHANUCY ST., STE 801 BOSTON, MA 02111	04-3140541		10,000.		FMV		DISCRETIONARY - COMMUNITY	
PUPPET SHOWPLACE THEATRE 32 STATION ST. BROOKLINE, MA 02445	04-2546402		10,340.		FMV		DISCRETIONARY - COMMUNITY	
RESOLUTE RACING SHELLS, L PO BOX 1109 BRISTOL, RI 02809	05-0487611		6,862.		FMV		DESIGNATED - ROWING	
2 Enter total number of Section 501(c)(3) and government organizations			G					
3 Enter total number of other organizations			G					

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

G Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

BROOKLINE COMMUNITY FOUNDATION INC.

Employer identification number

04-2103944

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

THE ORGANIZATION'S GOVERNING BODY REVIEWS FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C

THE BOARD CHAIR OR COMMITTEE CHAIR MAY APPOINT A DISINTERESTED MEMBER TO REGULARLY

MONITOR COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS REVIEW AND APPROVE EXECUTIVE DIRECTOR'S AND KEY EMPLOYEES'

COMPENSATION.

SCANNED JUL 27 2010