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### Form **990**

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2000

Department of the Treasury

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

Open to Public Inspection

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	For the	2008 calend	dar year, o	or tax year b	eginr	ning Jul	1	, 20	108, an	d endir	ng Jun	. 30		, 2009	<u> </u>
В	Check if a	pplicable		C Name of o	rganıza	ation						D Emplo	yer Iden	tification Nun	nber
	Addre	ess change	Please use IRS label	BROOKLY	N W	ATERFRON	T A	RTISTS CO			_		2771		
	Name	e change	or print or type.	Number a	nd stree	et (or PO box if	mail is i	not delivered to stre	et addr)	Room/s	suite	E Teleph	one nun	nber	
	Initia	i return	See specific	PO BOX	020	072				ļ		(71	8) 4	22-111	.1
	Term	nnation	Instruc- tions.	City, town	or cour	ntry		Si	ate ZII	P code +	4				
	Ame	nded return		BROOKLY	N.			N	TY 1	1202		G Gross	receipts	\$ 167,	798.
	Ħ	ication pending	F Name a	and address of p		l officer	-		-		H(a) Is this	a group retu			Yes X No
				онвеем 76			BRO	OOKLYN	NY 1	1231		l affiliates ind		T	Yes No
$\overline{}$	Tayle	xempt statu				(insert no )		4947(a)(1) or		527	If 'No,'	' attach a list	(see in	structions)	
÷		site: ► N/		(0) (3		(moore mo )		1 13 17 (4)(1) 01		<u> </u>	H(c) Group	exemption r	umber	▶	
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											F	Prior Year		Curr	ent Year
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b 8											Rogi	inning of `			of Year
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		<del>                                     </del>							Date		1.	Observation of	TF	Preparer's ider	ntifying number
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_		ZIP + 4		OKLYN			<u> </u>		.230	-6601	. <u>  F</u>	Phone no		l	
Ma	y the IRS	5 discuss th	is return v	with the prep	oarer s	shown above	✓ (see	: instructions)						X Yes	s No

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

Form 990 (2008)

TEEA0101 04/23/09

	990 (2008) BROOKLYN WATERFRONT ARTISTS CO	11-27	1371		age z
Par	t III Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission:	_			
	Help emerging artists advance in their careers				
				<del>-</del>	
2	Did the organization undertake any significant program services during the year which were not listed on the p	orior			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	7.	Yes	$\mathbf{x}$	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 e	vnenses	Section 50	1/6)(3)	
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	cations to	others, the	e total	
	expenses, and revenue, if any, for each program service reported.				
_					
			_		• `
4 a	(Code) (Expenses \$50,078. including grants of \$) (Rev	venue Ş			0.)
	ASSIST EMERGING ARTISTS		. <b></b>		
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4b	(Code) (Expenses \$ including grants of \$) (Rev	venue \$			)
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4 c	: (Code) (Expenses \$ including grants of \$) (Rev	venue \$			)
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				. <u> </u>	
4 d	Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$ ) (Revenue \$			)	
4e	e Total program service expenses ► \$ 50,078. (Must equal Part IX, Line 25, column (B).)				
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )				

Form 990 (2008) BROOKLYN WATERFRONT ARTISTS CO
Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		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	5		
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	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		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	11		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	12	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		x
1 <b>4</b> a	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		х
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.? <i>If 'Yes,' comolete Schedule F, Part I</i>	14b	-	х
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	15		<u>x</u>
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	16		<u>x</u> _
17	January Company of the contract of the contrac	17	х	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		_X_
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		<u>x</u>
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	22		<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		<u>x</u>
2 <b>4</b> a	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25	24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		_ <u>x</u> _
	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	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
t	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	25b		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	26		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	27		x
BAA		Form	990 (	(2008)

Part IV Checklist of Required Schedules (continued)

		لــــــ	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		х
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
	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		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .	31		х
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		х
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		х
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		х
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		х
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		х
BA		Form	990	(2008)

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1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		Yes	No
Information Returns Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	;		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	'	1	
(gambling) winnings to prize winners?	1c		x
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 2			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
<b>b</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>b</b> If 'Yes,' enter the name of the foreign country:			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , 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?	5 <u>a</u>		x
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		х
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?	5 c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		x
<b>b</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>b</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		х
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?	7 f		х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
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?			
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	8_		X
a Did the organization make any taxable distributions under section 4966?	9a		×
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		x
10 Section 501(c)(7) organizations. Enter:	1	┢─┈	<del></del>
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11 Section 501(cX12) organizations. Enter	1		
a Gross income from other members or shareholders	1		
b Gross income from other sources (Do not net amounts due or paid to other sources against	1		
amounts due or received from them )			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u>L</u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA	Forn	ո <b>990</b>	(2008)

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

<u> Sec</u>	tion A. Governing body and management					
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b be processes, or changes in Schedule O. See instructions.	elow, desci	ribe the circumstances,		Yes	No
1 a	Enter the number of voting members of the governing body		1a 12			Ì
b	Enter the number of voting members that are independent		1b 12			1 !
2	Did any officer, director, trustee, or key employee have a family relationship or a busin officer, director, trustee or key employee?	ness relatio	nship with any other	2		x
3	Did the organization delegate control over management duties customarily performed to of officers, directors or trustees, or key employees to a management company or other	by or under	the direct supervision	3		х
4	Did the organization make any significant changes to its organizational documents	,		4		х
	since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a material diversion of the organization	nization's a	ssets?	5		X
6	Does the organization have members or stockholders?		•	6		X
7 a	Does the organization have members, stockholders, or other persons who may elect or governing body?	ne or more	members of the	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders	s, or other p	persons?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions the following:	s undertake	en during the year by			
а	The governing body?			8a	x	<u> </u>
	Each committee with authority to act on behalf of the governing body?			8b	_x_	<u> </u>
9 a	a Does the organization have local chapters, branches, or affiliates?			9a		X
b	If 'Yes,' does the organization have written policies and procedures governing the active and branches to ensure their operations are consistent with those of the organization?	vities of suc	ch chapters, affiliates,	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the Form 9	as filed? Al 990	l organizations must	10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, worganization's mailing address? If 'Yes,' provide the names and addresses in Schedule	vho cannot e O	be reached at the	11		x
Sec	tion B. Policies					
					Yes	No
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	•		12a		х
t	• Are officers, directors or trustees, and key employees required to disclose annually int to conflicts?	terests that	could give rise	12b		L
C	Does the organization regularly and consistently monitor and enforce compliance with Schedule O how this is done	the policy?	' If 'Yes,' describe in	12c		
13	Does the organization have a written whistleblower policy?			13		х
14	Does the organization have a written document retention and destruction policy?		í	14		x
15	Did the process for determining compensation of the following persons include a review persons, comparability data, and contemporaneous substantiation of the deliberation a	w and appr and decisio	roval by independent n:			
а	The organization's CEO, Executive Director, or top management official?		•	15a		х
b	Other officers of key employees of the organization?			15b		х
	Describe the process in Schedule O. (see instructions)					
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or sentity during the year?	sımılar arra	ingement with a taxable	16a		x
t	o If 'Yes,' has the organization adopted a written policy or procedure requiring the organ in joint venture arrangements under applicable federal tax law, and taken steps to safe	iization to e eguard the	evaluate its participation organization's exempt			
Car	status with respect to such arrangements?			16b	L	Щ_
	tion C. Disclosures		· · · · · · · · · · · · · · · · · · ·			
	List the states with which a copy of this Form 990 is required to be filed <b>New You</b> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable),		990-T (501(c)(3)s only) av	– – – vailable	for pu	
	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 statements available to the public	document	s, conflict of interest police	cy, and	financ	al
20	State the name, physical address, and telephone number of the person who possesses	s the books	s and records of the orga	nızatıor	ı.	
'	BWAC PO BOX 020072 BROOKLYN	<u>n</u> y	11202(	7 <u>18)</u> -	<u> 122 -</u>	1111
BAA				Form	990	(2008)

# 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

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

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

- 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 \$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.

(A)	(B)	ate an	y OI		c)	ector,	uus	(D)	(E)	(F)
Name and Title	Average	Position (check a		•	hat appl	y)	Reportable compensation from		Estimated	
	hours per week	adividual trusper or director	aspara jevodnjest	Officer	key emphy⊶e	High est conत्रकाडकोर्न employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
John Strohbeen				_						
President	20.00	<u> </u>		X				0.	0.	0.
Anna Annus Hagen								ļ		
VP	1.00			X				0.	0.	0.
Linda Gilbert-Schneider										
VP	1.00			х				0.	0.	0.
Therese Urban TREASURER	1.00			x				0.	0.	0.
Herb Alwais	1.00		_	_	<del> </del> -				<del></del>	<u> </u>
Trustee	1.00	x						0.	0.	0.
Cynthia Chatman Trustee	1.00	x						0.	0.	0.
Carlo Grassini										
Trustee	1.00	х						o.	0.	0.
Judith Eloise Hoooper	<u> </u>									
Trustee	1.00	х						0.	0.	0.
Roxalana Jordan										
Trustee	1.00	x	1	Ì	1	·	Ì	ا.ه	0.	0.
Mike Olshan							Γ			
Trustee	1.00	х						l o.	0.	0.
Frith (Stephen) Weiss				-						
Trustee	1.00	х						0.	0.	0.
Ellie Winberg										
Trustee	1.00	х	İ _	٠				0.	0.	0.
							<u> </u>			<del></del>
			-	-						· · · · · · · · · · · · · · · · · · ·
			<del> </del>							

Form 990 (2008) BROOKLYN WATERFRONT ARTIS	STS C	O (ev	Fn	nle	)Ve	es	and	d Highest Con	11-277137	1 lovees	F (CO	age 8
(A) Name and Title	(B) Average hours per week	Posi	tion (	(6	c) k all t		pply)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Es amou com fr org an	(F) stimated unt of ot pensation om the anization d relate anization	her on n
	-											
	` <u>`</u>											
												<u>.                                    </u>
1 b Total					<u> </u>		•	0.	0.			0.
2 Total number of individuals (including those in 1a) windividuals organization ►	ho recei	ved	mor	e th	an S	§100	),000	) in reportable cor	npensation from the			
<ul> <li>Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc</li> <li>For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th</li> </ul>	dividual ortable	com	nen	satır	on a	nd c	ther	compensation fro	ım	3	Yes	No X
individual						-				4		x
rendered to the organization? If 'Yes,' complete Sche Section B. Independent Contractors	edule J 1	or s	uch	pers	son	111 616	aleu	organization for s	——————————————————————————————————————	5		X
Complete this table for your five highest compensate compensation from the organization	d indep	ende	nt c	contr	acto	ors t	hat	received more tha	n \$100,000 of		<u>.</u>	
(A) Name and business address	s	-			_			( <b>B</b> ) Description of	of Services	(( Compe	C) nsatio	<u>n</u>

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in

compensation from the organization ▶

Pa	<u>t VI</u>	II Statement of Re	venue						
 						<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1 a	Federated campaigns		1 a					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b	Membership dues		1 b	45,734.				,
2 Š	c	Fundraising events		1 c					:
AR A	d	Related organizations		1 d					<u>'</u>
S, G	e	Government grants (contribution	ons)	1 e	10,562.				,
S S	f	All other contributions oifts of	rants and						1
BE	•	All other contributions, gifts, g similar amounts not included a	above	1f	21,125.				,
E ON	g	Noncash contribns included in	Ins 1a-1f:	\$_					,
용조	<u>h</u>	Total. Add lines 1a-1f			<u> </u>	77,421.	:		
Ž					Business Code			- <del></del>	ļ
Ę	2 a			. <b> </b>					<u> </u>
2	b			Ļ					
Š	С			Ļ					
SE	d			. – – Ļ					
₽AM	е			. – – Ļ					<u> </u>
20	f	All other program service	e revenue	e [_		ļ			ļ
-	9	Total. Add lines 2a-2f	·		<u> </u>			<del></del>	· · · · · · · · · · · · · · · ·
	3	Investment income (incl other similar amounts)	uding div	dends,	interest and	3,347.	3,347.	0.	0.
	4	Income from investment		amnt h			3,347.		<u> </u>
	5	Royalties	t of tax-ex	empt b	ond proceeds	ļ	0.	0.	0.
	,	rtoyanies	(i) P	eal	(ii) Personal	1			<del></del>
	6a	Gross Rents	· ` ` ` `	,					
	-	Less: rental expenses			<del>                                     </del>		ı		
		Rental income or (loss)			<del> </del>	} !			
		Net rental income or (lo	ss)		· · · · · · · · · · · · · · · · · · ·				
		Gross amount from sales of	(ı) Secu	urities	(ii) Other				
	/ a	assets other than inventory							
	h	Less cost or other basis							
		and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss)	•		<b>\</b>				
	8a	Gross income from fund	Iraisina ev	vents					
NUE		(not including \$							
OTHER REVENU		of contributions reported	d on line 1	lc)					}
R R		See Part IV, line 18		а					
품		Less direct expenses	•	b					
Ŭ	С	Net income or (loss) fro	m fundrai	sing ev	ents . >	36,952.	0.	0.	36,952.
	9 a	Gross income from gam See Part IV, line 19	ing activi	ties		ļ			1
				a b					(
		Less: direct expenses		_	′				/
		Net income or (loss) fro	-	_	<u> </u>				
	10a	Gross sales of inventory and allowances	, less ret	urns a		i f			
	ь	Less: cost of goods sold	1	b		1			i
	ı	Net income or (loss) fro		of inven	tory				
		Miscellaneous Reven			Business Code	ţ		<del></del>	
	11 a					<u></u>			I
	b								
	c								
	d	All other revenue	·	[					
	e	Total. Add lines 11a-11	d	_	>				
	12	Total Revenue. Add line	es 1h, 2a.	3, 4. 5	, 6d, 7d, 8c. 9c.	]			
	<u> </u>	10c, and 11e	. 3,		<b>&gt;</b>	117,720.	3,347.	0.	36,952.

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). (**D**) Fundraising (A) Program service Management and Do not include amounts reported on lines Total expenses expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) ٥. 38,928. 19,101. 19,827. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal 0. 13,656. c Accounting 3,008. 10,648 **d** Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees **g** Other 3,113. 795. 0. 2,318. 12 Advertising and promotion 13 Office expenses 5,406 3,592 1,814 0. Information technology 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest . 21 Payments to affiliates 7,200. Depreciation, depletion, and amortization 5,500. 1,700. 0. 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.) 8,<u>961</u>. 0. a UTILITIES 11,200. 2,239. 0. b PRINTING & REPRODUCTION 3,175. 2,677. 498. ٥. c BANK & COLLECTION CHARGES 4,355. 3,982. 373. d COMPUTER 3,931. 2,067. 1,864. Ο. e INSURANCE 5,553 4,446. 1,107. ٥. 1,017. 52,687. f All other expenses 51,670. 0. 25 Total functional expenses Add lines 1 through 24f 149,204. 107,322. 41,882. 0. Joint Costs. Check here ► ☐ 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

					(A) Beginning of year		(B) End of year			
	1	Cash – non-interest-bearing			86,656.	1	9,484.			
	2	Savings and temporary cash investments			0.	2	43,331.			
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net				4	1,547.			
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule L	, truste	es, key employees,		5				
	6	Receivables from other disqualified persons (as define	d unde	r section 4958(f)(1))						
		and persons described in section 4958(c)(3)(B). Comp	lete Pa	rt II of Schedule L		6_				
ASSETS	7	Notes and loans receivable, net .		•		7				
Ē	8	Inventories for sale or use				8				
Š	9	Prepaid expenses and deferred charges	. ,		1,250.	9_				
	10 a	Land, buildings, and equipment: cost basis.	10a	54,947	•					
	b	Less accumulated depreciation. Complete Part VI of								
		Schedule D	10b	51,311	5,645.	10 c	3,636.			
	11	Investments — publicly-traded securities				11				
	12	Investments - other securities. See Part IV, line 11				12				
	13	Investments – program-related See Part IV, line 11				13				
	14	Intangible assets				14				
	15	Other assets See Part IV, line 11			825.	15	1,020.			
	16	Total assets. Add lines 1 through 15 (must equal line	34)		94,376.	16	59,018.			
	17	Accounts payable and accrued expenses		•	17,968.	17	20,080.			
	18	Grants payable				18				
	19	Deferred revenue			<u> </u>	19				
Ī	20 Tax-exempt bond liabilities 20									
B	21	Escrow account liability Complete Part IV of Schedule		_		21				
Ė	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensations.	itees, k sons C	ey employees, omplete Part II						
- ABILITIES	}	of Schedule L		on proto r dre n		22				
É	23	Secured mortgages and notes payable to unrelated the	rd part	ies	<del></del>	23				
	24	Unsecured notes and loans payable				24				
	25	Other liabilities Complete Part X of Schedule D				25				
_	26	Total liabilities. Add lines 17 through 25			17,968.	26	20,080.			
N E T		Organizations that follow SFAS 117, check here ▶	X an	d complete lines						
Ť		27 through 29 and lines 33 and 34.				L _				
ASSIE	27	Unrestricted net assets .			76,408.	27	38,938.			
	28	Temporarily restricted net assets				28				
Ś	29	Permanently restricted net assets				29				
R	1	Organizations that do not follow SFAS 117, check he	re ►	and complete		1				
<b>DZC</b> 4		lines 30 through 34.								
	30	Capital stock or trust principal, or current funds				30				
B	31	Paid-in or capital surplus, or land, building, and equip				31	<del></del>			
Ā	32	Retained earnings, endowment, accumulated income,	or othe	er funds		32				
<b>B</b> 々しく <b>Z</b> CEの	33	Total net assets or fund balances.			76,408.	33	38,938.			
	34	Total liabilities and net assets/fund balances			94,376.	34	59,018.			
Pe	ırt X	Financial Statements and Reporting			<del>- ,</del>		VN_			
1	Δα	counting method used to prepare the Form 990:	Cash	X Accrual	Other		Yes No			
		ere the organization's financial statements compiled or r			<b>-</b> J		2a X			
-		ere the organization's financial statements complied by an		•			2b X			
	c If "	Yes' to 2a or 2b, does the organization have a committee	e that	assumes responsibilit	ty for oversight of the aud	lit,	<del></del>			
	rev	riew, or compilation of its financial statements and selec	ction of	an independent acco	ountant?		. 2c X			
3		a result of a federal award, was the organization required that and OMB Circular A-133?	ed to u	ndergo an audit or au	idits as set forth in the Si	ngle	3a X			
		Yes,' did the organization undergo the required audit or	audits?	•			3b			
BA	_				<del></del>		Form <b>990</b> (2008)			

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Employer identification number Name of the organization BROOKLYN WATERFRONT ARTISTS CO 11-2771371 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) 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) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 4 A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii) Enter the hospital's 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.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) X An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type II c | Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports. (iii) Type of organization (described on lines 1-9 above or IRC section (ii) EIN (iv) is the rganization in col (v) Did you notify the organization in col (l) of your support? (i) Name of Supported (vii) Amount of Support (vi) is the organization in col (i) organized in the US? Organization (see instructions)) governing document? Yes No Yes Yes No

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

Par	t II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	id 170(b)(1)(A)	(vi)
	(Complete only if you checke	_	-				
Sec	tion A. Public Support						
Cale: begi:	ndar year (or fiscal year nning in) ►	(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.')	L					
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					:	
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						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).		-				
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	<del></del>					
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activ	ities, etc. (see ins	structions)		<del></del>	12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	or fifth tax year as	a section 501(c)(3	)►□
	tion C. Computation of Pu						<del></del>
14 15		•	• •	e 11, column (f)		15	<u>%</u>
16 a	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the box plicly supported or	on line 13, and ganization	the line 14 is 33-1	/3 % or more, che	ck this box . ▶ □
k	33-1/3 support test — 2007. If the and stop here. The organization				, and line 15 is 33	-1/3% or more, ch	eck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	est - 2008. If the meets the 'facts-a	organization did n ind-circumstances	ot check a box or ' test, check this	box and stop here	. Explain in Part IV	10% / how
t	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	ind-circumstances	test, check this	box and stop here	. Explain in Part I\	15 is 10% / how the ► □
18	Private foundation. If the organiz		-	•		-	ructions ►

Page 3

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.)

Sec	tion A. Public Support	ACC THE BOX OF ME	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>	
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.').	88,191.			<b></b>	, , , , , ,	88,191.
-	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  Gross receipts from activities that are not an unrelated trade or business	125,052.					125,052.
4	under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		<del></del> -				
5	The value of services or facilities furnished by a governmental unit to the organization without charge			-			
-	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons	213,243.					213,243.
t	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)						213,243.
Sec	tion B. Total Support				_ <del></del>		
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	213,243.					213,243.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	321.					321.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	321.			-		321.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(	213,564.
	tion C. Computation of Pu			·		·	
	Public support percentage for 20			e 13 column (f))			15 99.85%
	Public support percentage from 2						16 96.26%
	tion D. Computation of Inv						.0 70.20 //
17	Investment income percentage for				nn (f))		17 0.15 %
18	Investment income percentage for	·		•	(7)	<u> </u>	18 0.14 %
	33-1/3 support tests — 2008. If the more than 33-1/3%, check this be	ne organization did	I not check the bo	ox on line 14, and	d line 15 is more t	ـــ .han 33-1/3%	
	<b>33-1/3 support tests</b> – <b>2007.</b> If the solution is not more than 33-1/3%, check	ne organization did this box and <b>stop</b>	I not check a box <b>here.</b> The organi	on line 14 or 19a zation qualifies as	i, and line 16 is me s a publicly suppo	ore than 33-1/ rted organizati	3%, and line 18 ► □
20	Private foundation. If the organiz	zation did not ched	k a box on line 1	4, 19a, or 19b, ch	eck this box and	see instruction	s ►

Schedule A	(Form 990	or 990-E2	2) 2008	BROOKL	N WA	TERFRONT	ARTISTS	CO	11-2771371	Page 4
Part IV	Supplem Part II, Ii	<b>ental I</b> r ne 17a	iformat or 17b;	<b>ion.</b> Comp or Part III	lete th , line	nis part to 12. Provide	ARTISTS provide the any other	explanation red additional infor	quired by Part II, lin mation. (see instru	ne 10; ictions)
		-								
				· <b></b> ·	<b>-</b>	<del></del>				
				· ·				<b></b>	- <b></b>	
	<b>-</b> -									
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# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection Employer Identification number

BRC	OKLYN WATERFRONT ARTISTS CO	•	11-2771371
Par	t I Organizations Maintaining Donor	Advised Funds or Other Similar Fur	ids or Accounts Complete if
	the organization answered 'Yes' to	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to	or advisors in writing that the assets held in dor the organization's exclusive legal control?	nor advised Yes No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the impermissible private benefit??	s, and donor advisors in writing that grant funds ie benefit of the donor or donor advisor or other	s may be
Par	t II Conservation Easements Comple	te if the organization answered 'Vos'	
1			to Form 990, Fart IV, line 7.
1	Purpose(s) of conservation easements held by  Preservation of land for public use (e.g., re		of an historically reconsiderable and annual
	Protection of natural habitat		of an historically important land area
		Preservation	of certified historic structure
2	Preservation of open space	gualified appearation and talk the factor	-6
2	Complete lines 2a-2d if the organization held a of the tax year	qualified conservation contribution in the form	of a conservation easement on the last day
			Held at the End of the Year
а	Total number of conservation easements		2a
t	Total acreage restricted by conservation easen	nents ,,	2b
	Number of conservation easements on a certifi		2c
c	Number of conservation easements included in	(c) acquired after 8/17/06	2d
3	Number of conservation easements modified, t	ransferred, released, extinguished, or terminate	d by the organization during the taxable
	year ►	, ,	, g
4	Number of states where property subject to cor	servation easement is located ►	_
5	Does the organization have a written policy reg enforcement of the conservation easement it has	arding the periodic monitoring, inspection, violables?	ations, and . Yes No
6	Staff or volunteer hours devoted to monitoring,	inspecting, and enforcing easements during the	e year ►
7	Amount of expenses incurred in monitoring, ins	pecting, and enforcing easements during the y	ear ► \$
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	line 2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that de	expense statement, and balance sheet, and scribes the organization's accounting for
Par	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	Other Similar Assets
	Complete if the organization answ	wered 'Yes' to Form 990, Part IV, line	8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	c exhibition, education, or research in furtherar	nt and balance sheet works of art, historical ice of public service, provide, in Part XIV,
k	b) If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.	SFAS I16, not to report in its revenue statemei c exhibition, education, or research in furtherar	nt and balance sheet works of art, historical ice of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		*\$ *\$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets fo 16 relating to these items:	
a	Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
	Assets included in Form 990, Part X	· .	<b>*</b> \$

Schedule D (Form 990) 2008 BROOF				11-277		Page 2
Part III Organizations Mainta	ining Collection	ons of Art, Histo	rical Treasures, or	r Other Similar Ass	ets (contir	าued)
3 Using the organization's accessio that apply)	n and other recor	ds, check any of the	following that are a sig	nificant use of its collect	ion items (ch	neck all
a Public exhibition		d 🔲 Loan o	r exchange programs			
<b>b</b> Scholarly research		e 🗌 Other				
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIV	nization's collectio	ns and explain how t	they further the organiz	ation's exempt purpose	ın	
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or rece ather <u>th</u> an to be m	ive donations of art, naintained as part of	historical treasures, or the organization's colle	other similar ection?	Yes	No
Trust, Escrow and Cu IV, line 9, or reported	istodial Arran an amount or	<b>gernents</b> Comple Form 990, Part	ete if organization X, line 21.	answered 'Yes' to f	orm 990,	Part
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary fo	or contributions or othe	r assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and c	omplete the following	table:			
					Amount	
c Beginning balance		•	•	1c		
d Additions during the year				1 d		
e Distributions during the year		•		1 e		
f Ending balance				1f	<u>-</u> _	
2a Did the organization include an a	mount on Form 99	90, Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV					
Part V Endowment Funds Co	mplete if orga	nization answere	ed 'Yes' to Form 99	90, Part IV, line 10.		
	(a) Current year				(e) Four ye	ears back
1 a Beginning of year balance					1	
<b>b</b> Contributions				· · · · · · · · · · · · · · · · · · ·		
c Investment earnings or losses		<del>-                                    </del>				
d Grants or scholarships				_	1	
Other expenditures for facilities and programs		}				
f Administrative expenses						
<b>q</b> End of year balance						
2 Provide the estimated percentage	of the year end	palance held as:				
a Board designated or guasi-endow	-	%				
<b>b</b> Permanent endowment ►	8					
c Term endowment ►	8					
3a Are there endowment funds not in organization by	<del></del>	of the organization th	at are held and admını	stered for the	Yes	i No
(i) unrelated organizations					3a(i)	<del>- 10</del>
(ii) related organizations		•	•	,	3a(ii)	<del></del> -
<b>b</b> If 'Yes' to 3a(II), are the related o	organizatione liete:	d as required on Sch	adula D2	•	3b	<del> </del>
4 Describe in Part XIV the intended					30 1	
Part VI Investments—Land, B				line 10	<del></del>	~
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book	Value
1 a Land						
<b>b</b> Buildings		}				
c Leasehold improvements						
d Equipment		54,947.		51,311.		3,636.
e Other	·			31,311.		<u> </u>
Total, Add lines 1a-1e (Column (d) sho	ould equal Form 0	90 Part X column (	R) line 10(c) )			3,636.
RAA	raid equal i onili 9	Jo, rait A, COIGITITI (L	ט, ווו <del>ט</del> וט(ט).)		dule <b>D</b> (Form	

Schedule **D** (Form 990) 2008

Part VII	Investments—Other Securities See	<u>Form 990, Part X, lin</u>	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion ket value
Financial	derivatives and other financial products			
Closely-he	eld equity interests			
=	·			
		7		
		-		
		- <del> </del>	<del></del>	-
		- <del> </del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
		_		
			<del></del>	
Total. (Colu	mn (b) should equal Form 990 Part X, col (B) line 12)			
Part VII	I Investments-Program Related (See			
	(a) Description of investment type	(b) Book value	(c) Method of valua	tion
		· · · · · · · · · · · · · · · · · · ·	Cost or end-of-year mar	ket value
			<u> </u>	
		,		
				<del></del>
Total Colum	nn (b)(should equal Form 990, Part X, Col (B) line 13)			
Part IX	Other Assets (See Form 990, Part >		······································	
T GI C IZC		Description	<del></del>	(b) Book value
DEPOSI		Description		1,020.
DEFUSI				1,020.
		<del></del>		
		<del></del>		
		1		
Total. Col	umn (b) Total (should equal Form 990, Part X, c			1,020.
Part X	Other Liabilities (See Form 990, Pa	rt X, line 25)		
	(a) Description of Liability	(b) Amount		
Federal In	come Taxes		$\neg$	
		··· · · · · · · · · · · · · · · · · ·	$\neg$	į
			<del>-</del>	
			$\dashv$	
		<del></del>	$\dashv$	
		<del></del>	<del> </del>	
	<del> </del>		$\dashv$	
			<del></del>	
	nn (b) Total (should equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>		
In Part XI'	V, provide the text of the footnote to the organiz under FIN 48	ation's financial statement	s that reports the organization's liability	for uncertain tax

Schedule D (Form 990) 2008 BROOKLYN WATERFRONT ARTISTS CO

11-2771371

Page 3

	dule D (Form 990) 2008 BROOKLYN WATERFRONT ARTISTS CO		11	-2771371	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Financia	al Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)				117,720.
2	Total expenses (Form 990, Part IX, column (A), line 25)				149,204.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				-31,484.
4	Net unrealized gains (losses) on investments	•			
5	Donated services and use of facilities				
6	Investment expenses	•			
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net) Add lines 4-8				
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	•			-31,484.
Par	XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements			1	407,798.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a		]	
b	Donated services and use of facilities .	2b	336,000.	]	
c	Recoveries of prior year grants	2 c		] 1	
C	Other (Describe in Part XIV)	2d		]]	
e	Add lines 2a through 2d		<del></del>	2 e	336,000.
3	Subtract line 2e from line 1			3	71,798.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		1_	
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	71,798.
Par	t XIII   Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Return	
1	Total expenses and losses per audited financial statements .		·· · -	1	448,137.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				<del></del>
а	Donated services and use of facilities	2 a	336,000.		
b	Prior year adjustments	2b		1	
c	Losses reported on Form 990, Part IX, line 25	2 c			
d	Other (Describe in Part XIV)	2d		] ]	
e	Add lines 2a through 2d			2e	336,000.
3	Subtract line 2e from line 1			3	112,137.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	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	
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18	3)		5	112,137.
Par	t XIV   Supplemental Information				
Com line 4	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art III, Iines	1a and 4; Part IV, I	nes 1b and 2b	; Part V,
	·				
	·			·	
	·				·

2cueatile n	(FOIL) 990) 2008 BROOKLIN WATERFRONT ARTISTS CO	11-2//13 <u>/1</u> Pa	age 5
Part XIV	Supplemental Information (continued)		
			·

# SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Employer identification number

Name of the organization	lame of the organization Employer identification number				ation number		
BROOKLYN WATERFRONT ARTISTS CO					11-277137	1	
Part   Fundraising Activities.		the orga	nızation	answered 'Yes' to	Form	990, Part IV.	line 17.
1 Indicate whether the organization in X Mail solicitations Email solicitations Phone solicitations	aised funds thro	ough any o	of the follow	wing activities Check al Solicitation of non-g X Solicitation of govei X Special fundraising	governm rnment (	ent grants	
In-person solicitations				E opeoidi id idianomy	• • • • • • • • • • • • • • • • • • • •		
2a Did the organization have written of employees listed in Form 990, Par b If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	t VII) or entity ii dividuals or enti	n connection ties (fundra	on with pro aisers) pur	ofessional fundraising se rsuant to agreements ur	ervices? Ider whi	ch the fundraise	Yes X No
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser ly or control ibutions?	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	······································			
						· · · · · · · · · · · · · · · · · · ·	
	_						
				-			
		, <u> </u>	,				
Total			•				
List all states in which the organize or licensing							registration
						- <b></b>	

		G (Form 990 or 990-EZ) 2008 BROOKLY			11-277		Page 2
Par	<u>t    ]</u>	Fundraising Events. Complete if reported more than \$15,000 on F	the organization at	nswered 'Yes' to Fo	orm 990, Part IV, lin	ne 18, or	<b>\$</b> 5 በበብ
		reported more than \$15,000 on F	(a) Event #1	(b) Event #2	(c) Other Events	(d) Tota (Add col	al Events (a) through
r			(event type)	(event type)	(total number)	col	`(ć))
ないとはといる	1	Gross receipts					
Ě	2	Less: Charitable contributions					
	3	Gross revenue (line 1 minus line 2)					
•	4	Cash prizes .					
DIRECT	5	Non-cash prizes					
	6	Rent/facility costs .				_	
EXPENSES	7	Other direct expenses					
E S	8	Direct expense summary. Add lines 4- th Net income summary. Combine lines 3 ar	•		. •		
Pai		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or rep	ported me	ore than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col	al gaming (a) through . (c))
Ü E	1	Gross revenue					
E		Cash prizes					
D I R E C T	3	Non-cash prizes .					<del> </del>
C S T E S	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes%	Yes%	Yes%		
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		. •		
	8	Net gaming income summary Combine li	nes 1 and 7 in column	(d) .	. ▶		
				·			YES NO
9		er the state(s) in which the organization op ne organization licensed to operate gaming	=				<del>-</del>
		o, Explain		30 3000			
		e any of the organization's gaming license:	s revoked suspended o	r terminated during the	tax year?	10 a	
		·		·			
11	Doe	s the organization operate gaming activities	s with nonmembers?			11	
12	ls th adm	ne organization a grantor, beneficiary or tru ninister charitable gaming?	stee of a trust or a mer	nber of a partnership or	other entity formed to	12	
BA A			75540740		Schodulo G (Fo	000 0	000 EZV 2000

Schedule G (Form 990 or 990-EZ) 2008 BROOKLYN WATE	RFRONT ARTISTS CO	11-277137		Page <b>3</b>
			YES	NO
13 Indicate the percentage of gaming activity operated in:				1
a The organization's facility		13a %		
<b>b</b> An outside facility		13b %	1	
14 Provide the name and address of the person who prepare	es the organization's gaming/special	events books and records:		1 !
Name· •				
Address· ►				
15a Does the organization have a contact with a third party from	•	5 5	15a	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by		and the amount		
of gaming revenue retained by the third party \$	•			
c If 'Yes,' enter name and address				
Name •				
Address: ►				
16 Gaming manager information				
Name <sup>-</sup>				
Gaming manager compensation > \$				
Description of services provided.				1 :
☐ Director/officer ☐ Employee	Independent contractor	r		
17 Mandatory distributions				
a Is the organization required under state law to make char state gaming license?			17a	'
<b>b</b> Enter the amount of distributions required under state law	v distributed to other exempt organiz	ations or spent in the		
organization's own exempt activities during the tax year	▶ \$			
BAA	TEEA3703 07/18/08	Schedule G (Form 99	0 or 990-E2	2008

# SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organiz		Employer identification number
BROOKLYN	WATERFRONT ARTISTS CO	11-2771371
Pt VI-A,	Line 10 PROVIDED TO OFFICERS BEFORE FILING	
		<del></del>
- <b></b> -		
		<b>-</b>
·		

#### **Supporting Statement of:**

### Form 990 p 11/Line 9, column (A)

Description	Amount
PREPAID ADVERTISING	1,250.
Total	1,250.