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CANNED ION OS 2000

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

| A | For the | 2008 calendar year, or tax year beginning $\mathrm{JUL}1$, 2008 and e | ending J | UN 30, 2009 | | | | |
|---|--------------------------------------|---|-----------------|--------------------------------|-------------------------------------|--|--|--|
| 8 | Check if applicable | lase to the transfer of the process | | D Employer identific | eation number | | | |
| | Addres | as label or FUND BKLYN & QUEENS | | | | | | |
| | Name change | type | | 20-5 | 196382 | | | |
| | Initial return Termin ation | Connife | Room/suite | E Telephone number 718- | 965-7308 | | | |
| | Ameno | | | G Gross receipts \$ | 1,753,984. | | | |
| Г | Application | | | H(a) Is this a group re | turn | | | |
| | pendin | F Name and address of principal officer:ANTHONY DILAURO | | for affiliates? | Yes X No | | | |
| | | SAME AS C ABOVE | | H(b) Are all affiliates inc | | | | |
| | Tayoya | empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 | | 1 | list (see instructions) | | | |
| | | e: ► WWW.FIEEF.ORG | | H(c) Group exemption | | | | |
| | | | I Voor | | State of legal domicile NY | | | |
| | art I | Summary | | | | | | |
| Ö | 1 | Briefly describe the organization's mission or most significant activities: ${ m {f THE}}$. N | <u> MISSIO</u> | N OF THE EN | DOWMENT | | | |
| Activities & Governance | | FUND IS TO ENSURE THAT THE GIFT OF AN EXC | CELLEN | T EDUCATION | CONTINUES | | | |
| Ĕ | 2 | Check this box 🕨 📖 if the organization discontinued its operations or dispos | ed of more | than 25% of its assets | | | | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 12 | | | |
| <u>ح</u> | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 12 | | | |
| ş | 5 | Total number of employees (Part V, line 2a) | | 5 | 1 | | | |
| Ę | 6 | Total number of volunteers (estimate if necessary) | | 6 | 0 | | | |
| Ę | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | | 7a | 0. | | | |
| 4 | | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. | | | |
| _ | | | ····· | Prior Year | Current Year | | | |
| _ | 8 | Contributions and grants (Part VIII, line 1h) | | 2,896,787. | 1,699,566. | | | |
| Ę | 9 | Program service revenue (Part VIII, line 2g) | | 2,050,1010 | 1/033/0001 | | | |
| Revenue | 10 | | | 26,888. | 54,418. | | | |
| æ | 10 | Investment recome (Ran VIII) column (A), lines 3, 4, and 7d) | - | 20,000. | 34,410. | | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2 022 675 | 1 752 004 | | | |
| _ | | Total revenue · add lines 8 through 1 (must equal Part VIII, column (A), line 12) | | 2,923,675. | 1,753,984. | | | |
| | | Grants and shrillar announts baid (Hart IX, column (A), lines 1-3) | - | 400,000. | 400,000. | | | |
| | | Benefits paid to or for members (ParriX, column (A), line 4) | <u> </u> | 165 501 | E 4 107 | | | |
| es | 15 | Salaries, other compansation, employee benefits (Part IX, column (A), lines 5-10) | ļ | 165,581. | 54,127. | | | |
| ens | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 360,000. | 360,000. | | | | |
| Expenses | b b | Total fundraising expenses (Part IX, column (D), line 25) 443,00 | <u>)1. </u> | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | | 229,120. | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 925,581. | 1,043,247. | | | |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | | 1,998,094. | 710,737. | | | |
| 58 | 3 | | | Beginning of Year | End of Year | | | |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 5,520,402. | 6,255,413. | | | |
| Ag | 21 | Total liabilities (Part X, line 26) | | 7,000. | 31,274. | | | |
| 2 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 5,513,402. | 6,224,139. | | | |
| | art II | Signature Block | | | | | | |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a | d statements, a | and to the best of my knowledg | ge and belief, it is true, correct, | | | |
| | | and complete besteration of preparer has an | ny knowieuge | | | | | |
| Sig | an l | Man Ille | | 5-3 | 3-10 | | | |
| He | | Signature of other | | Date | | | | |
| | | ANTHONY DILAURO, EXECUTIVE DIRECTOR | | | | | | |
| | | Type or printiname and title | | | | | | |
| _ | | Preparer's Date | | | r's identifying number | | | |
| Pai | | signature Nautt m Huge - CPA 4-23 | - ID self | ployed [see ins | tructions) | | | |
| O'CONNOR DAVIES MUNNS & DOBBINS, LILP FIN | | | | | | | | |
| Use | Only | yours if self-employed), \$500 MAMARONECK AVENUE | , | E114 F | | | | |
| | | address, and ZIP+4 HARRISON, NY 10528-1633 | | Phone no > (| 914) 381-8900 | | | |
| | u tha I | | | FIIORE IIU | | | | |
| IVIS | y me ir | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Pa | rt III Statement of Program Service Accomplishments (see instructions) |
|-----------|---|
| 1 | Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION |
| | THE MISSION OF THE FUTURES IN EDUCATION ENDOWMENT FUND IS TO ENSURE |
| | THAT THE GIFT OF AN EXCELLENT EDUCATION CONTINUES TO BE A VIABLE |
| | OPTION FOR FUTURE GENERATIONS OF STUDENTS IN BROOKLYN AND QUEENS BY |
| | PROVIDING SUPPLEMENTAL FUNDING FOR TUITION ASSISTANCE, PROGRAM SUPPORT |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| | the prior Form 990 or 990-EZ? |
| | 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? |
| | 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. |
| | SEE SCHEDULE O FOR CONTINUATION(S) |
| 4a | (Code:) (Expenses \$ 400,000 • including grants of \$ 400,000 •) (Revenue \$ |
| | ALTHOUGH THE FUTURES IN EDUCATION ENDOWMENT FUND WAS CREATED AS |
| | RECENTLY AS 2006, IT HAS ALREADY BEEN ABLE TO HELP MORE THAN 800 |
| | STUDENTS WITH LIFE-CHANGING SCHOLARSHIPS. SINCE ITS FORMATION, THE |
| | ENDOWMENT FUND HAS DISTRIBUTED \$1.2 MILLION FOR SCHOLARSHIPS FOR |
| | STUDENTS ATTENDING PAROCHIAL SCHOOLS IN BROOKLYN AND QUEENS. THROUGH |
| | ITS PARTNERSHIP WITH OTHER FOUNDATIONS, THESE SCHOLARSHIP FUNDS WERE |
| | MATCHED AT 50%, FOR A TOTAL IMPACT OF \$1.8 MILLION. |
| | FOR THE CURRENT SCHOOL YEAR, \$600,000 IN SCHOLARSHIPS WAS PROVIDED MORE |
| | THAN 300 STUDENTS. WE ANTICIPATE THAT FOR THE 2010-2011 SCHOOL YEAR, |
| | THE ENDOWMENT FUND WILL BE IN A POSITION TO DISTRIBUTE \$739,379.98, |
| | WHICH, WHEN MATCHED BY THE PARTNERING FOUNDATION, WILL RESULT IN |
| | SCHOLARSHIPS TOTALING MORE THAN \$1,109,000 TO BE DISBURSED TO MORE THAN |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | /(Nevertible \$\frac{1}{2}\) |
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| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| <u>4e</u> | Total program service expenses ►\$ 400,000 . (Must equal Part IX, Line 25, column (B)) |
| | Form 990 (2008) |

Page 3

| | | | Yes | No |
|----------|---|-----|-----|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 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, | 1 | | |
| | 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 | | | ١., |
| | Schedule D, Part III | 8_ | | Х |
| 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 | 17 | Х |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? | | | v |
| | If "Yes," complete Schedule D, Parts VI, 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 | 40 | Х | |
| 12 | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Λ | X |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 14a | | A |
| Ü | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part 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 | | Х |
| 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 | | Х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 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 | | Х |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Х |
| 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 | 21 | Х | |
| 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 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. | | | |
| | If "No", go to question 25 | 24a | | <u> X</u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| _ | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | , | 05 | | v |
| b | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| U | 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 | 0EL | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | 25b | | - 23 |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 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 | | Х |
| | , | | | |

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Is any related organization a controlled entity within the meaning of section 512(b)(13)?

Was the organization related to any tax-exempt or taxable entity?

If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

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Part IV Checklist of Required Schedules (continued)

Page 4

Yes No 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 Х person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a b Have a family member who had a direct or indirect business relationship with the organization? X If "Yes," complete Schedule L, Part IV 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional X corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N. Part II 32

Form **990** (2008)

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X

X

X

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008) FUND BKLYN & QUEENS
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 | | | | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable |) | | | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | | | | | | |
| | (gambling) winnings to prize winners? | 1c | X | | | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | | |
| | | L | | | | | | | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | | | |
| | 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 | | | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3ь | | | | | | | | | |
| | 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)? | | | | | | | | | | |
| b | If "Yes," enter the name of the foreign country: | | | | | | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and | 1 | | | | | | | | | |
| | Financial Accounts. | | | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | | | |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | | | |
| | 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 | | Х | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | | | |
| | were not tax deductible? | 6ь | | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | 7a | | X | | | | | | | |
| b | b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | | | | | | | |
| C | | | | | | | | | | | |
| | to file Form 8282? | 7c | | Х | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | | | |
| 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? | 7 g | | | | | | | | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | | | | | | | | |
| 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. | | | | | | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | ļ | | | | | | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | ļ | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: N/A | | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 1 | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: N/A | | | | | | | | | | |
| a | Gross income from members or shareholders | - | | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | | | |
| 40 | amounts due or received from them) | - | | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | ļ | ļ | | | | | | | |
| <u>b</u> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | | | | | | | | | | |

Form 990 (2008)

FUND BKLYN & QUEENS

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

| Sec | tion A. Governing Body and Management | | | | | | | | | |
|----------|--|--------|----------|----------|--|--|--|--|--|--|
| | | | Yes | No | | | | | | |
| | 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. | | | | | | | | | |
| 1a | Enter the number of voting members of the governing body | | | | | | | | | |
| ь | Enter the number of voting members that are independent 1b 12 | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | Х | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X | | | | | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | <u>X</u> | | | | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X | | | | | | |
| 6 | Does the organization have members or stockholders? | 6 | | X | | | | | | |
| 7a | | | | | | | | | | |
| | governing body? | 7a | | X | | | | | | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | | | | | |
| | by the following: | | | | | | | | | |
| а | The governing body? | 8a | x | | | | | | | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | - 1 | X | | | | | | |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | 9a | | | | | | | | |
| | and branches to ensure their operations are consistent with those of the organization? | 9ь | | | | | | | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | 90 | | | | | | | | |
| | describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | 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 | | | | | | | | | |
| Sec | tion B. Policies | _11 | | <u>X</u> | | | | | | |
| <u> </u> | TOTAL TOTAL CONTROL CO | | V | N- | | | | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 40- | Yes X | No | | | | | | |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | 12a | | | | | | | | |
| | to conflicts? | 405 | х | | | | | | | |
| _ | 11 11 11 11 11 11 11 11 11 11 11 11 11 | 12b | | | | | | | | |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 40 | х | | | | | | | |
| 13 | | 12c | ^ | | | | | | | |
| 14 | Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? | 13 | | X | | | | | | |
| 15 | | 14 | | | | | | | | |
| 13 | 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: | | J | | | | | | | |
| | The organization's CEO, Executive Director, or top management official? | 15a | X | | | | | | | |
| D | Other officers or key employees of the organization? | 15b | | <u>X</u> | | | | | | |
| 16- | Describe the process in Schedule O. (see instructions) | | | | | | | | | |
| 108 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | v | | | | | | |
| _ | taxable entity during the year? | 16a | | <u>X</u> | | | | | | |
| D | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | Ì | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | _ | İ | | | | | | | |
| <u></u> | exempt status with respect to such arrangements? | 16b | l | | | | | | | |
| | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NY | | | | | | | | | |
| 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 | tor | | | | | | | | |
| | public inspection. Indicate how you make these available. Check all that apply. | | | | | | | | | |
| 46 | Own website X Another's website V Upon request | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are | d fina | ncıal | | | | | | | |
| | 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. | ion. | · | | | | | | | |
| | ANTHONY DILAURO - 718-965-7308 | | | | | | | | | |
| | 310 PROSPECT PARK WEST, BROOKLYN, NY 11215 | | | | | | | | | |

Form 990 (2008)

FUND BKLYN & QUEENS

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) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) | (B) | | (C) | | | | | (D) | (E) | (F) |
|----------------------------|---------|--------------------------------|-----------------------|--|--------------|------------------------------|----------|----------------------------------|---------------------------------------|--|
| Name and Title | Average | | | Pos | | | L A | Reportable | Reportable | Estimated |
| | hours | | neci | (all | tnat | at apply) | | compensation from | compensation from related | amount of other |
| | week | Individual trustæe or director | Institutional trustae | Officer | Key employee | Highest compensated emolovee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| BISHOP NICHOLAS DIMARZIO | | | | | | | | | | |
| DIRECTOR | 2.00 | X | | | | | <u>L</u> | 0. | 0. | 0. |
| ROBERT CATELL | 1 | | | | | | | | | |
| CHAIRMAN | 2.00 | X | | X | _ | | | 0. | 0. | 0. |
| BRENDAN DUGAN | | | | | İ | | | | | |
| TREASURER | 2.00 | X | <u> </u> | X | <u> </u> | | _ | 0. | 0. | 0. |
| JOSEPH FICALORA | | | İ | | | | | | _ | _ |
| DIRECTOR | 2.00 | X | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| ROBERT GARTLAND | | | | | | | | _ | _ | _ |
| DIRECTOR | 2.00 | X | <u> </u> | ļ | ļ | - | | 0. | 0. | 0. |
| DR. FRANK MACCHIAROLA | | l | | | | | | | | |
| DIRECTOR | 2.00 | X | _ | | | 1 | _ | 0. | 0. | 0. |
| THOMAS MCINERNEY | | l | | ١ | | | | | | |
| SECRETARY | 2.00 | X | ┡ | X | ļ | ļ | | 0. | 0. | 0. |
| CHARLES MCQUADE | 2 00 | ,, | | | | | | | | _ |
| DIRECTOR ARTHUR J. MIRANTE | 2.00 | X | \vdash | - | | - | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | X | | | | | 1 | 0. | 0. | 0. |
| REGINA PITARO | 2.00 | ^ | \vdash | ┝ | | \vdash | - | 0. | · · · · · · · · · · · · · · · · · · · | . |
| PRESIDENT | 2.00 | x | | X | | | | 0. | 0. | 0. |
| BRUCE RATNER | 2.00 | | | ^ | | ┼ | | - 0. | - 0. | |
| DIRECTOR | 2.00 | X | | ŀ | | | | 0. | 0. | 0. |
| FREDERIC V. SALERNO | 2.00 | ^ | - | \vdash | | 1 | | | <u>.</u> | |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| MSGR. MICHAEL HARDIMAN | 2.00 | 1 | \vdash | | | | | | - <u> </u> | |
| EXECUTIVE DIRECTOR | 2.00 | | | x | | | | 0. | o. | 0. |
| | | | | | | | | | | - |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

FUND BKLYN & QUEENS

| Form 990 (2008) FUND BKL | | | | | | | | | 20-54 | 96382 | Page 8 |
|--|-------------------------|--|---|----------------------------|--|-------------|-------|-----------------------------|------------------------------------|---------------|--------------------------|
| Part VII Section A. Officers, Directors, Tru | stees, Key Er | nplo | yee | s, a | nd l | ligh | est | Compensated Employ | ees (continued) | | |
| (A) Name and title | (B) Average hours | (cl | | Pos | C) tion that | арр | ly) | (D) Reportable compensation | (E) Reportable compensation | | (F) Imated ount of |
| | week | | from related organizations (W-2/1099-MISC | comp fro orga and | other compensation from the organization and related organizations | | | | | | |
| | | | | | | | | | | | |
| | · . | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Total | | | | | | > | | 0. | | 0. | 0. |
| Total number of individuals (including those compensation from the organization | in 1a) who red | ceive | ed m | nore | tha | n \$1 | 00, | 000 in reportable | | > | 0 Yes No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si | | stee | , ke | y en | plog | yee, | or I | highest compensated er | nployee on | 3 | X |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportabl | | | | | | | | the organization | 4 | X |
| 5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Scheduler S | | | | rom | any | unr | elat | ted organization for serv | ices rendered to | 5 | Х |
| Complete this table for your five highest couthe organization | mpensated inc | depe | - ende | ent c | ontr | acto | ors 1 | that received more than | \$100,000 of comp | ensation fr | om |
| (A) Name and business | | | | | - | | | (B) Description of s | ervices | (C) Compen | |
| COMMUNITY COUNSELING SERV 461 FIFTH AVENUE, NEW YOR | | FUNDRAISING DEVELOPMENT SERVICES 360,0 | | | | | | | | | |
| | | | - | | | | | | | | |
| | | _ | _ | | | | | | | | |
| | | | | | _ _ | | | | | | |
| 2 Total number of independent contractors (in from the organization ► | ncluding those | ın 1 | I) wł | no re | ecei | ved i | nor | re than \$100,000 in com | pensation | | |

FUND BKLYN & QUEENS Form 990 (2008)

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Form **990** (2008)

| Pa | rt VI | II Statement of Reve | nue | | | | | |
|--|---------|---|--------------------------|---------------|-----------------------------|---|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ş | 1 a | Federated campaigns | 1a | | | | | |
| 턀 | b | Membership dues | 1ь | | | | | |
| S,E | c | Fundraising events | 1c | | | | | |
| yifts ar a | d | Related organizations | 1d | | | | | |
| S,E | е | | tions) 1e | | | | | |
| Si | f | | | | | | | |
| Per le | - | similar amounts not included abo | | 699566. | | | | |
| d dri | a | Noncash contributions included in lines | | | | | | |
| Contributions, gifts, grants and other similar amounts | - | Total. Add lines 1a-1f | | • | 1,699,566. | | | |
| | | | | Business Code | | | *************************************** | |
| 9 | 2 a | | | | | - | | |
| .≥ | _ b | | | | | | | |
| Ser | c | | | | | | | |
| E S | d | | | | | | | |
| Pg | _ | | | ļ | | | | |
| Program Service Revenue | e f | | | | | | | |
| | | Total. Add lines 2a-2f | ariue | | | | | |
| \dashv | 3 | Investment income (including | deudondo intore | | | | | |
| i | 3 | other similar amounts) | alvidends, intere | ssi, and | 54,418. | | | 54,418. |
| | 4 | • | v.ovomnt band m | .vaaaada 📗 | 34,410. | | | 34,410. |
| | | Income from investment of ta | x-exempt bond p | proceeds | | | | a |
| | 5 | Royalties | () Deal | (a) D | | | | |
| | | O Bt- | (ı) Real | (II) Personal | | | | |
| | 6 a | | | | | | | |
| | b | | | | | | | |
| | C | ` ' | | | | | | |
| | d | | | | | | | |
| | / a | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | _ | assets other than inventory | | | | | | |
| ; | D | Less: cost or other basis | | | | | | |
| l | | and sales expenses | | | | | | |
| ļ | | Gain or (loss) | L | L | | | | |
| | | Net gain or (loss) Gross income from fundraisin | g events (not | <u> </u> | | | · | |
| Other Revenue | | including \$ | _ | | | | | |
| ě | | contributions reported on line | 1c). See | | | | | |
| F | | Part IV, line 18 | а | | | | | |
| 美 | b | Less: direct expenses | ь | | | | | |
| 9 | | Net income or (loss) from fund | draising events | • | | 1 | | |
| | | Gross income from gaming ac | _ | | | | | |
| 1 | | Part IV, line 19 | а | | | | | |
| - 1 | b | Less: direct expenses | b | | | | | |
| | | Net income or (loss) from gam | - | — | | | ĺ | |
| | | Gross sales of inventory, less | - | | | | | |
| | | and allowances | a | | | | | |
| l | b | Less: cost of goods sold | b | | | | | |
| | | Net income or (loss) from sale | s of inventory | • | ĺ | | | |
| | | Miscellaneous Revenu | | Business Code | | | | |
| ſ | 11 a | | | | | | Ì | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| - 1 | е | Total. Add lines 11a-11d | | > | | | | |
| 20000 | 12 | Total Revenue. Add lines 1h, 2g, 3, | 4, 5, 6d, 7d, 8c, 9c, 10 | c, and 11e | 1,753,984. | 0. | 0. | 54,418. |
| 832009 02-02- | 9 09 | | | <u> </u> | | | | Form 990 (2008) |

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).

| | not include amounts reported on lines 6b, 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 | 400,000. | 400,000. | | |
| 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 | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 50,140. | | 50,140. | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 1,502. | | 1,502. | |
| 10 | Payroll taxes | 2,485. | | 2,485. | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 17,894. | | 17,894. | |
| b | Legal | | | | |
| C | Accounting | 28,780. | | 28,780. | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | 360,000. | | | 360,000 |
| f | Investment management fees | | | | |
| 9 | Other | 80,051. | | 75,051. | 5,000 |
| 12 | Advertising and promotion | 78,001. | | | 5,000 78,001 |
| 13 | Office expenses | 24,394. | | 24,394. | |
| 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 | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 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) | | | | |
| а | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| е | | | | | |
| f | All other expenses | -1-040-01- | 400 000 | | |
| 25 | Total functional expenses Add lines 1 through 24f | 1,043,247. | 400,000. | 200,246. | 443,001 |
| 26 | Jaint Costs Check here ▶ | | | | |
| | SOP 98-2 Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | |] | | |
| | educational campaign and fundraising solicitation | | | | Form 990 (2008) |

FUND BKLYN & QUEENS

| 1 | | <u> </u> | Data Circuit | (A) Beginning of year | | (B) End of year | | | |
|--|----------|----------|--|--------------------------------|--------|---------------------------------------|--|--|--|
| 2 Savings and temporary cash investments 2 New York and Savings a | | 1 | Cach - non-interest-hearing | | 1 | | | | |
| 3 Piedges and grants receavable, net 4 Accounts receavable from current and former officers, directors, flustees, key employees, or other related parties. Complete Part II of Schedule L 6 Recenables from other disqualified persons (es defined under section 4958/0(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L 7 Notes and loans recenable, net 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost basis b Less: accumulated depreciation. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Investments - publicly traded securities 15 Officer assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 16 Officer assets. See Part IV, line 11 18 Grants payable 19 Deferred revenue 10 Tax-assets and insert intrough 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 (note) 18 Grants payable 19 Deferred revenue 10 Tax-assets and lines in through 15 (must equal line 34) 19 Deferred revenue 10 Tax-assets bad lines of through 15 (must equal line 34) 10 Secured mortgages and notes payable to unrelated third pantes 24 Unsecured notes and class payable 26 Office habitities. Completes Part IV of Schedule D 27 Total liabilities. Add lines 17 through 29, and files assets 10 Capital liabilities. Add lines 17 through 29, and sines 33 and 34. 27 Unrestructed nat assets 28 Personal mortgages and notes payable to unrelated third pantes 29 Personal mortgages and notes payable to unrelated third pantes 20 Tax-assets and lines (or capital surplus, or | | | ~ | | | | | | |
| 4 Accounts recentable, net 5 Recevables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 6 Recevables from other disqualified persons (as defined under section 4958(n)) and persons described in section 4958(e)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 10 Inventories for sale or use 10 Prepared expenses and deferred charges 10 Land, buildings, and equipment: cost basis b Less: accumulated deprectation. Complete Part VI of Schedule D 11 Inventments - publicity traded securities 12 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Inventments - publicity traded securities 14 Intrangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Ordia assets. See Part IV, line 11 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Tarks and the payable of the | | | • • • | | | | | | |
| FRECEWARDER from current and former officers, directors, fusities, key employees, or other related parties. Complete Part II of Schadule L Recevables from other dequalified persons (as defined under section 4958(t)(1) and persons described in section 4958(t)(2)(8). Complete Part II of Schadule L Recevables from other dequalified persons (as defined under section 4958(t)(1) and persons described in section 4958(t)(2)(8). Complete Part II of Schadule L Recevables from other dequalified persons (as defined under section 4958(t)(2)(8). Complete Part II of Schadule L Recevables and base receivable, net Recevables from other dequalified persons (as defined under section 4958(t)(2)(8). Complete Part II of Schadule L Receivables and base receivable, net Receivables to current and former officers derived by the section 4958(t)(1)(8). Complete Part II of Schadule L Receivables to current and former officers derived by the section 4958(t)(1)(8). Complete Part II of Schadule L Receivables to current and former officers, directors, frustees, key employees, inghest compensated employees, and decapid persons. Complete Part II of Schadule L Receivables to current and former officers, directors, frustees, key employees, inghest compensated employees, and decapid persons. Complete Part II of Schadule L Receivables to current and former officers, directors, frustees, key employees, inghest compensated employees, and decapid persons. Complete Part II of Schadule L Receivable to the second lease to the second third parties Receivable to the second to t | | | • | 1,001,323. | | 3/340,000. | | | |
| employees, or other related parties. Complete Part II of Schedule L 6 Recevables from other disqualified persons (as defined under section 4958(R)(1) and persons described in section 4958(c)(S)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Part II of Schedule L 9 Prepared expenses and deferred charges 9 Prepared expenses and deferred charges 9 Prepared expenses and deferred charges 9 Prepared expenses and deferred charges 9 Prepared expenses and deferred charges 9 Prepared expenses and deferred charges 9 Prepared expenses and deferred charges 9 Prepared expenses and deferred charges 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV. line 11 13 Investments - program-related. See Part IV. line 11 14 Intanglide assets 15 Other assets. See Part IV. line 11 15 Total assets. Add inset 1 through 15 (must equal line 34) 16 Total sasets. Add inset 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 (200 1 17 31, 274 18 Grants payable 19 Deferred revenue 10 Tax-exampt bond liabilities 11 Escrow account liability Complete Part IV of Schedule D 12 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 20 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 20 Total fishilities. Add lines 31 intrough 25 21 Total fishilities. Add lines 31 intrough 25 22 Total fishilities and lines 33 and 34. 19 Organizations that do not follow SFAS 117, check here And account former officers, directors, trustees, key employees, highest compensated employees, and intense and leanses and seases of through 25 25 Total fishilities. Add lines 31 intrough 25 26 Total fishilities. Add lines 31 intrough 25 27 Total fishilities and not follow SFAS 117, check here And account and account and account and account and account and account and ac | | - | · | | 4 | | | | |
| 8 Receivables from other disqualified persons (as defined under section 4858(ii)) and persons described in section 4958(ii)(3)(B). Complete Part II of Schedule I. 7 Notes and loans receivable, net 8 Inventiories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and expurpment: cost basis b Less: accumulated deprecation. Complete Part IV of Schedule I. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Intrinsiple assets 15 Other assets. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intrinsiple assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17,000. 17, 31,274 18 Grants payable 19 Deferred revenue 19 Tax-exampt bond liabilities 19 Deferred revenue 10 Tax-exampt bond liabilities 10 Schedule I. 21 Secured mortgages and notes payable to unrelated third parties 22 Payables to current and former officers, directors, trustiess, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 28 Total liabilities. Add lines 31 17, check here Image Interpretation of Schedule D 29 Tax-exampt bond lines 3 and 34. 21 Unrestricted net assets 22 Through 29, and lines 33 and 34. 22 Through 29, and lines 33 and 34. 23 Total liabilities. Add lines 17 through 32. 31 Partin or capital aurplus, or land, building, or equipment fund 31 Partin or capital aurplus, or land, building, or equipment fund 32 Total related and head assets fundaments complied or reviewed by an independent accountant? 24 Were the organization's financial statements and delection of an independent accountant? 25 Now the organization's financial statements and selection of an independent accountant? 38 No are resulted to prepare the Form 980 | | 5 | · · · · · · · · · · · · · · · · · · · | | _ | | | | |
| ## 4958(f)(1) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L Part II of Sched | | | | | 5 | | | | |
| Part I of Schedule I. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost basis 10b Less: accumulated depreciation. Complete Part VI of Schedule D. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Intengible assets 15 Investments - program-related. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and acrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Total faibilities. Add lines 1 through 25 21 Escrive account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 21 Unsecured notes and loans payable 22 Postbedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Complete Part IV of Schedule D 26 Total fliabilities. Add lines 17 through 25 27 Unrestructed notes and loans payable 28 Total fliabilities. Add lines 17 through 25 29 Total fliabilities. Add lines 17 through 25 20 Total fliabilities. Add lines 17 through 25 21 Total fliabilities. Add lines 17 through 25 22 Payables to current and complete part IV of Schedule D 23 Total liabilities. Add lines 17 through 25 25 Total fliabilities. Add lines 17 through 25 26 Total fliabilities. Add lines 17 through 25 27 Unrestructed not assets 28 Temporarily restricted net assets 39 Total lanet assets or fund belances 30 Captal assets. Add and complete part IV of Schedule D 30 Captal assets and the assets/fund balances 31 Total lanet assets or fund belances 32 Total lanet assets or fund belances 33 Total lanet assets or fund belances 34 Total lanet assets or fund belances 35 Total lanet assets or fund belances 36 Total lanet assets or fund belances 37 To | | О | | | | | | | |
| 10 | | | | | | | | | |
| Second and a complete from the form of t | | _ | | | | | | | |
| Prepate expenses and certere conarges 10s Land, buildings, and equipment: cost basis Less: accumulated depreciation. Complete 10b 10c 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 15 Intangible assets 14 15 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 5,520,402. 16 6,255,413 17 Accounts payable and accrued expenses 7,000. 17 31,274 18 Grants payable 18 19 Deferred revenue 19 18 19 Deferred revenue 19 19 22 27 28 29 29 29 29 29 29 29 | ets | | | | | | | | |
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| | | | | | | 3b | | | |

SCHEDULE A (Form 990 or 990-EZ)

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.

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

FUTURES IN EDUCATION ENDOWMENT FUND BKLYN & QUEENS

Employer identification number 20-5496382

Schedule A (Form 990 or 990-EZ) 2008

| Pa | t! | Reason | for Public | Charity Status (All orga | anizations mu | ust comple | ete this pai | t.) (see ins | structions) | | |
|-----|-----------|----------------|------------------------|--|-----------------|--------------|--------------|-----------------------|--------------------|--------------|-------------------------|
| The | organi | zation is not | a private found | dation because it is: (Please | check only | one organ | ızatıon.) | | | | |
| 1 | | A church, co | nvention of ch | urches, or association of ch | nurches desc | onbed in s | ection 170 |)(b)(1)(A)(i |). | | |
| 2 | | A school des | scribed in sect | ion 170(b)(1)(A)(ii). (Attach | Schedule E. |) | | | | | |
| 3 | | A hospital or | a cooperative | hospital service organization | on described | ın sectio | n 170(b)(1) | (A)(iii) . (A1 | tach Sche | edule H) | |
| 4 | | A medical re- | search organiz | ation operated in conjuncti | on with a hos | spital desc | ribed in se | ection 170 |)(b)(1)(A)(i | ii). Enter | the hospital's name, |
| | | city, and stat | te: | | | | | | | | |
| 5 | | | | or the benefit of a college of | r university o | wned or o | perated by | y a govern | mental un | it describ | ed in |
| | | | | Complete Part II.) | | | | | | | |
| 6 | | | | vernment or governmental (| | | | | | | |
| 7 | X | | | illy receives a substantial pa | art of its supp | oort from a | a governm | ental unit d | or from the | e general | public described in |
| | | | | omplete Part II.) | | | | | | | |
| 8 | | - | | ed in section 170(b)(1)(A)(v | | • | | | | | |
| 9 | Ш | An organizat | ion that norma | illy receives: (1) more than 3 | 33 1/3% of its | s support | from contr | ibutions, r | nembersh | ıp fees, aı | nd gross receipts from |
| | | | | npt functions - subject to ce | · · | | | | | | • |
| | | | | ness taxable income (less s | ection 511 ta | ax) from bu | usinesses | acquired b | y the orga | anization | after June 30, 1975. |
| | | | | mplete the Part III.) | | | | | | | |
| 10 | \square | | | and operated exclusively to | | | | | | | |
| 11 | لـــا | | | and operated exclusively fo | | | | | | - | • |
| | | | | ganizations described in se | | | | 2). See se | ction 509 | (a)(3). Ch | eck the box that |
| | | | | orting organization and con | | - | | | | _ | 1 |
| | <u> </u> | a Type | | b Type II | с Тур | | | - | | d | Type III - Other |
| е | | | | ify that the organization is r | | | | | | | |
| | | | | other than one or more publ | | | | | | 9(a)(1) or | section 509(a)(2) |
| f | | | | a written determination fro | m the IRS th | at it is a T | ype I, Type | II, or Typ | e III | | |
| | | | rganization, ch | | | | | | | | |
| g | | | | s the organization accepted | | | - | | | | |
| | | | | or indirectly controls, either | - | ether with | persons | described | ın (II) and I | (III) below, | Yes No |
| | | | | the supported organization | | | | | | | 11g(i) |
| | | | | person described in (i) abov | | _ | | | | | 11g(ii) |
| | | _ | | ty of a person described in | | | | | | | 11g(iii) |
| h | | Provide the f | ollowing inform | nation about the organization | ons the organ | nization su | pports | | | | |
| /i\ | \lame | of supported | /in EIN | (III) Type of | (IV) Is the | organization | (v) Did yo | u notify the | (vi) Is | the | (-11) A 6 |
| (., | | nization | (iı) EIN | organization | in col (i) li | sted in you | organizat | | organizati | on in col ! | (vii) Amount of support |
| | 9 | | | (described on lines 1-9 above or IRC section | | document? | (i) of you | r support? | (i) organiz U S | ? | Support |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990 EZ) 2008 FUND BKLYN & QUEENS

20-5496382 Page 2

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

| | (Complete only if you checked | d the box on line 5 | 5, 7, or 8 of Part I. |) | | | |
|------|--|---------------------|-----------------------|-----------------------------|----------------------|----------------------|-----------------------|
| Sec | ction A. Public Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | ļ | | | | | |
| | membership fees received. (Do not | ļ | | | | | |
| | include any "unusual grants.") | | | 3906021. | 2896787. | 1699566. | 8502374. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | ļ | | } | | | |
| | furnished by a governmental unit to | | | · | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 · 3 | | | 3906021. | 2896787. | 1699566. | 8502374. |
| 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 | į į | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 6351043. |
| | Public Support. Subtract line 5 from line 4 | <u> </u> | <u> </u> | | | | 2151331. |
| | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 2896787. | (e) 2008 1699566. | (f) Total 8502374. |
| | Amounts from line 4 | | | 3906021. | 2890/8/. | 1699566. | 8502374. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | 26,888. | 54,418. | 81,306. |
| _ | and income from similar sources | | | 1 | 20,000. | 24,410. | 01,300. |
| 9 | Net income from unrelated business | ! | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | ! | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 8583680. |
| | Gross receipts from related activities, | ata (asa instructi | L., | .4 | | 12 | 03030001 |
| | First five years. If the Form 990 is for | • | • | erd fourth or fifth to | v vogs as a soction | | |
| | organization, check this box and stor | - | s mst, second, m | ira, ioaitii, or iiitii ta | ix year as a section | 11 30 1 (0)(3) | ▶ X |
| Sec | ction C. Computation of Publ | | rcentage | | | | |
| | Public support percentage for 2008 (I | | | column (fl) | | 14 | % |
| | Public support percentage from 2007 | | | (.,, | | 15 | % |
| | 33 1/3% support test - 2008. If the c | · | | on line 13, and line 1 | 14 is 33 1/3% or m | ore, check this box | |
| | stop here. The organization qualifies | | | | | , | ▶□ |
| b | 33 1/3% support test - 2007. If the c | | - | | line 15 is 33 1/3% | or more, check th | ıs box |
| | and stop here. The organization qual | | | | | | ▶ □ |
| 17a | 10% -facts-and-circumstances tes | • | | | 13, 16a, or 16b, a | and line 14 is 10% o | or more, |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | • | ▶ □ |
| b | 10% -facts-and-circumstances tes | | · | • • • • | • | 7a, and line 15 is 1 | 0% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization | qualifies as a public | cly supported orga | inization | ▶□ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 1 | <u>6a, 16b, 17a, or 17b</u> | , check this box a | nd see instructions | <u>.</u> ▶□ |
| | | | | | Sche | dule A (Form 990 | or 990-EZ) 2008 |

13

| | ction A. Public Support | | | | 71-7 (Complete only | y ii you checked the b | DX OII IIIIO 9 OI PAIL I |
|---------|--|--------------------|-----------------------|---------------------------------------|---------------------|------------------------|--------------------------|
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Gifts, grants, contributions, and | 1-7 | 12/2 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | (-) = | (3/2333 | 1.7 10.0 |
| • | membership fees received. (Do not include any "unusual grants.") | | | | : | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | • | | | | | |
| ŀ | 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 | | | | | | |
| • | Add lines 7a and 7b | | | | | | |
| _8_ | Public support (Subtract line 7c from line 6) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cal | endar year (or fiscal year beginning in)▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 | dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| t | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | 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.) | | | | | | |
| | Total support (Add lines 9, 10c, 11, and 12) | | <u> </u> | 1 | <u> </u> | 1 | |
| 14 | First five years. If the Form 990 is for | the organization | 's first, second, thi | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organi | zation, |
| <u></u> | check this box and stop here | - 0 | | | | | <u> </u> |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2008 (li | | • | column (f)) | | 15 | <u> </u> |
| 16 | Public support percentage from 2007 | | | | _ | 16 | |
| | ction D. Computation of Inves | | | | | T | <u> </u> |
| 17 | , , | | • | | | 17 | 9 |
| 18 | Investment income percentage from 2 | | | | | 18 | |
| 198 | a 33 1/3% support tests - 2008. If the | | | | | | i / is not |
| | more than 33 1/3%, check this box ar | | | | | | ▶ ∟_ |
| ľ | 33 1/3% support tests - 2007. If the | | | | | | ano |
| 20 | line 18 is not more than 33 1/3%, che | | | | | - | |
| | Private foundation. If the organization | i did flot check a | LOOK OF TIME 14, 19 | a, or 190, check t | | hedule A (Form 99 | 0 or 990-EZ) 201 |
| | | | | | | | · · |

Schedule D

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, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public Inspection

Name of the organization

FUTURES IN EDUCATION ENDOWMENT

Employer identification number

Schedule D (Form 990) 2008

FUND BKLYN & QUEENS 20-5496382 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 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 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 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 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 Total number of conservation easements 2a 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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year -Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. 1a 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, 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 (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

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

FUTURES IN EDUCATION ENDOWMENT FUND BKLYN & QUEENS 20-5496382 Page 2 Schedule D (Form 990) 2008 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): Public exhibition Loan or exchange programs Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 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? 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? No **b** If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No b If "Yes," explain the arrangement in Part XIV 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 ,0<u>32,725</u>. 1a Beginning of year balance 221,500. b Contributions c investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs Administrative expenses 2,254,225. g End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Permanent endowment ► 100.00 Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No

(i) unrelated organizations
 (ii) related organizations

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

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

| 4 Describe in Part XIV the intended uses of the o | 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | | | | | | | | |
|--|---|---------------------------------|------------------|----------------|--|--|--|--|--|
| 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 | | | | | | | | | |
| b Buildings | | | | | | | | | |
| c Leasehold improvements | | | | | | | | | |
| d Equipment | | | | | | | | | |

Schedule D (Form 990) 2008

3a(i)

3a(ii)

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FUND BKLYN & QUEENS

| Part VII Investments - Other Securities. | See Form 990, Part X, line 12 | 2 | | |
|--|-----------------------------------|-----------------------|---|---|
| (a) Description of security or category (including name of security) | (b) Book value | Co | (c) Method of valua ost or end-of-year man | |
| Financial derivatives and other financial products | | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
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| Table (0-1/h) about to a 15- a 200 Batty at (0) batty | | | ······································ | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12) | <u> </u> | | | |
| Part VIII Investments - Program Related. | See Form 990, Part X, line 1 | 13 | | |
| (a) Description of investment type | (b) Book value | Co | (c) Method of valua ost or end-of-year man | |
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| Total. (Col (b) should equal Form 990, Part X, col (B) line 13) | > | | ······································ | *************************************** |
| Part IX Other Assets. See Form 990, Part X, lin | ne 15 | <u> </u> | ······································ | ······ |
| | a) Description | · | | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) | | | <u> </u> | |
| Part X Other Liabilities. See Form 990, Part > | (, line 25. | /h.). A | r | |
| (a) Description of liability | | (b) Amount | | |
| Federal income taxes | | | | |
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| | | | 1 | |
| Total. (Column (b) should equal Form 990, Part X, col (B) | (no 25) | | † | |
| In Part XIV provide the text of the footnote to the organization | | that reports the seri | <u> </u> | |

20-5496382 Page 4 Schedule D (Form 990) 2008 FUND BKLYN & OUEENS Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1,753,984 1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 1,043,247. 2 2 Total expenses (Form 990, Part IX, column (A), line 25) 710,737 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 4 Donated services and use of facilities 5 5 6 Investment expenses 6 7 7 Prior period adjustments 8 R Other (Describe in Part XIV) Ō. 9 Total adjustments (net). Add lines 4-8 9 710.737.10 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1,753,984. Total revenue, gains, and other support per audited financial statements 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 2ь c Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 1,753,984. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 753,984 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,043,247. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX, line 25: a Donated services and use of facilities 2a **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 1,043,247 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) 4ь c Add lines 4a and 4b 4¢ Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) 043 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 V, LINE 4: TO PROVIDE INCOME FOR EDUCATIONAL SCHOLARSHIPS FOR THOSE IN NEED. PART X: MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN EXEMPT ORGANIZATION, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX. CONSEQUENTLY, IN THE OPINION OF MANAGEMENT, ADOPTION OF FIN 48 SHOULD NOT HAVE A SIGNIFICANT EFFECT ON THE ENDOWMENT FUND. THE ENDOWMENT FUND'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN

Schedule D (Form 990) 2008

FUTURES IN EDUCATION ENDOWMENT 20-5496382 Page 5 Schedule D (Form 990) 2008 FUND BKLYN Part XIV Supplemental Information (continued) FUND BKLYN & QUEENS TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. 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.

2008

OMB No 1545-0047

Name of the organization

Department of the Treasury

FUTURES IN EDUCATION ENDOWMENT FUND BKLYN & QUEENS

Employer identification number 20-5496382

Schedule G (Form 990 or 990-EZ) 2008

Inspection

| Part I Fundraising Activities | . Complete if the organ | ization ans | wer | ed "Y | es" to | Form 990, Part IV, I | ine 17. | |
|--|----------------------------|--------------|---------------------|---------------------------------------|------------------|---|-----------------------------------|---------------------|
| 1 Indicate whether the organization rais | | | | | | | • | |
| a Mail solicitations | e | X Solici | tatic | on of r | non-g | overnment grants | | |
| b Email solicitations | f | Solicit | tatic | on of g | gover | nment grants | | |
| c Phone solicitations | g | Speci | al fu | undrai | ising (| events | | |
| d X In-person solicitations | | • | | | _ | | | |
| 2 a Did the organization have a written of | or oral agreement with a | any individu | al (ı | ınclud | ling o | fficers, directors, trus | stees or | |
| key employees listed in Form 990, P | | | | | | | | ☐ No |
| b if "Yes," list the ten highest paid ind | | | | | | | | эе |
| compensated at least \$5,000 by the | | | | | - | | | |
| | 1 | | T | | - | I | | |
| (i) Name of individual | İ | | | (iii) | Did | (iv) Gross receipts | (v) Amount paid | (vi) Amount paid |
| or entity (fundralser) | (ii) Activity | / |], | (iii) fundra have cu or cont | aiser stody | from activity | to (or retained by) fundraiser | to (or retained by) |
| or ortity (ionoralisor) | | | c | or cont contribu | rol of tions? | 10111 4011111 | listed in col (i) | organization |
| COMMUNITY COUNSELING | FUNDRAISING | | 1. | Yes | No | | | |
| | DEVELOPMENT | AND S | \mathbf{T}^{\top} | | | 1,030,000. | 360,000. | 670,000. |
| DER TODO COMPLEXE | | | 7 | | | 2,000,000 | 000,00 | |
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| Total | | | <u> </u> | | | 1,030,000. | | 670,000. |
| 3 List all states in which the organization | on is registered or licens | sed to solic | ıt fu | nds o | r has | been notified it is ex | cempt from registrati | on or licensing. |
| NY | | | | | | | | |
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FUTURES IN EDUCATION ENDOWMENT

Schedule G (Form 990 or 990-EZ) 2008 FUND BKLYN & QUEENS 20-5496382 Page 2

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 the (a) Event #1 | nan \$5,000. (b) Event #2 | (c) Other Events | | otal Ever | |
|-----------------|-------|---|---|--|-------------------|-------------------------|----------------------|-------------|
| ne | | | (event type) | (event type) | (total number) | I . | col (c)) | |
| Kevenue | 1 | Gross receipts | | | | | | |
| | 2 | Less: Charitable contributions | | | | | | |
| | 3_ | Gross revenue (line 1 minus line 2) | | | _ | 1 | | |
| | 4 | Cash prizes | | | | | | |
| Ses | 5 | Non-cash prizes | | | | ļ | | |
| Direct Expenses | 6 | Rent/facility costs | | | | | | |
| Direct | 7 | Other direct expenses | | | | | | |
| | 8 | Direct expense summary. Add lines 4 through | n 7 ın column (d) | | • | | - | |
| | 9 | Net income summary. Combine lines 3 and 8 | | | > | | | |
| Ma | ert I | Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a | answered "Yes" to Form | 990, Part IV, line 19, or re | eported more than | | | |
| Hevenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Tota col. (a) ti | l gaming rrough c | |
| Re∕ | 1 | Gross revenue | | | | | | |
| | • | GIOSS TEVERIDE | | | | | | |
| ses | 2 | Cash prizes | | | | | | |
| xbeu | 3 | Non-cash prizes | - | | | | | |
| Ulrect Expenses | 4 | Rent/facility costs | | | | | | |
| | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | Yes % No | Yes % | ☐ Yes % ☐ No | | | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | • | (| | |
| | 8 | Net gaming income summary. Combine lines | 1 and 7 in column (d) | | | | | |
| ۵ | Ent | ter the state(e) in which the exactivation exercise | | | | | Yes | No |
| | | ter the state(s) in which the organization operat he organization licensed to operate gaming ac | - | states? | | 9 | a | |
| b | lf " | No," Explain: | | | | | | |
| | | | | | | | | |
| | | ere any of the organization's gaming licenses re | voked, suspended or te | rminated during the tax y | ear? | 10 |)a | ļ |
| D | | Yes," Explain. | | | | | | |
| | | AL | | | | | | |
| | | es the organization operate gaming activities w he organization a grantor, beneficiary or truste | | of a partnership or other | entity formed to | 1 | 1 | |
| | | minister charitable gaming? | | | - | 1 | 2 | |

FUTURES IN EDUCATION ENDOWMENT

| chedule G (Form 990 or 990-EZ) 2008 FUND BKLYN & QUEENS 20-549 | 638 | 2 Pa | age 3 |
|--|-----|------|---------|
| | | Yes | |
| 3 Indicate the percentage of gaming activity operated in: | | | |
| a The organization's facility | | | |
| b An outside facility % | | | |
| 4 Provide the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | | | |
| Name ▶ | | | |
| | | | |
| Address | | | |
| | 1 1 | | İ |
| 5a Does the organization have a contract 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 \$ and the amount | | | |
| c If "Yes," enter name and address: | | | |
| Cili res, entername and address. | | | Į. |
| Name | | | |
| Trumo P | | | |
| Address > | | | |
| | | | |
| 6 Gaming manager information: | | | |
| | | | |
| Name | | | |
| | | | |
| Gaming manager compensation ▶ \$ | | | |
| | | | |
| Description of services provided | | | |
| | | | |
| | | | |
| | | | |
| Director/officer Employee Independent contractor | | | |
| 7. Manual Association and the American | | | |
| 7 Mandatory distributions: | | | |
| a is the organization required under state law to make charitable distributions from the gaming proceeds to | 175 | | } |
| retain the state gaming license? | 17a | | <u></u> |
| 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 ▶ \$ | | | |

Schedule G (Form 990 or 990-EZ) 2008

| SCHEDULE | | | Sec store | Grante and Other Accietance to Organizations | o Organizations | | | OMB No 1545-0047 | 1545-0047 |
|--|---|---------------------------|----------------------------------|--|-----------------------------------|---|--|---|------------------------------|
| (066 11101) | | | Govern | Governments, and Individuals in the U.S. | luals in the U.S. | <u>.</u> | | - 50 | 2008 |
| Department of the Treasury Internal Revenue Service | | ▲ Comb | ► Complete if the organizatio | in answered "Yes," on F ▶ Attach to Form 990. | ," on Form 990, Pa m 990. | ganization answered "Yes," on Form 990, Part IV, lines 21 or 22. P Attach to Form 990. | | Open to Publ | Open to Public Inspection |
| Name of the organization | on FUTURES IN FUND BKLYN | N EDUCATION N & QUEENS | ON ENDOWMENT | | | | | Employer identification number 20-5496382 | on number 96382 |
| Part 1 General In | General Information on Grants and Assistance | nd Assistance | | | | | | | |
| 1 Does the organiz | 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 | o substantiate the | e amount of the grants | or assistance, the | grantees' eligibility | for the grants or ass | istance, and the select | tion | |
| | criteria used to award the grants or assistance? | stance? | | | | | | Yes | ջ × |
| 2 Describe in Part | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | cedures for moni | toring the use of grant | funds in the United | d States | | | | |
| _ | 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 | Governments an | d Organizations in the | e United States. C | omplete if the orga | Inization answered "Y | es" on Form 990, Part | IV, line 21, for any | |
| recipient tr | 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 | 55,000 Check this | s box if no one recipier | it received more th | an \$5,000 Use Pa | rt IV and Schedule I-1 | (Form 990) if addition | nal space is needed | A |
| 1 (a) Name and ad or gov | (a) Name and address of organization or government | (p) 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 | grant |
| CHILDREN' SCHOLARSHIP PUND | SHIP FUND | | | | | | | | |
| 8 WEST 38TH STREET | T. | | | | | | | | |
| NEW YORK, NY 10018 | 8 | 13-4002189 | 501(C)(3) | 400,000. | 0 | | | EDUCATIONAL SCHOLARSHIPS | LARSHIPS |
| | | | | | | | | | |
| | | | | | | : | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 Enter total number | Enter total number of section 501(c)(3) and government organizations | nd government or | ganizations | | | | | A | 1. |
| 3 Enter total number | Enter total number of other organizations | | | | | | | • | 1 |
| LHA For Privacy Act | For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | ction Act Notice, | see the Instructions | for Form 990. | | | | Schedule I (Form 990) 2008 | n 990) 2008 |

Page 2

20-5496382

Schedule I (Form 990) 2008 FUND BKLYN & QUEENS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information | de the information | required in Part I, II | ne 2, and any other | additional information | |
| SCHEDULE I, PART I, LINE 2: FUNDS GIVEN | GIVEN TO | THE CHILDREN'S | - 1 | SCHOLARSHIP FUND | |
| ARE MATCHED 50% BY THE CHILDREN'S | SCHOLARSE | LARSHIP FUND. | SCHOLARSH | SCHOLARSHIPS ARE GIVEN | |
| TO CHILDREN BASED ON THEIR FINANCIAL N | AL NEEDS. | | IN EDUCATION | FUTURES IN EDUCATION ENDOWMENT | |
| FUND REVIEWS THE ANNUAL REPORT OF THE | | CHILDREN'S SCHO | SCHOLARSHIP FUND AN | JND AN | |
| MONITORS THE GOALS AND ACCOMPLISHMENTS | _ | THAT ARE REAC | REACHED BY THE | THE CHILDREN'S | |
| SCHOLARSHIP FUND. | | | | | |
| | | | | | |
| | | | | | |

832102 12-18-08

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► 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.

2008 Open to Public Inspection

Name of the organization

FUTURES IN EDUCATION ENDOWMENT FUND BKLYN & QUEENS

Employer identification number 20-5496382

| TO BE A VIABLE OPTION FOR FUTURE GENERATIONS OF STUDENTS IN BROOKLYN AND QUEENS BY PROVIDING SUPPLEMENTAL FUNDING FOR TUITION ASSISTANCE, PROGRAM SUPPORT AND CAPITAL PROJECTS TO THE NEEDIEST CATHOLIC ELEMENTARY AND SECONDARY STUDENTS AND SCHOOLS IN THESE TWO BOROUGHS. THE VISION OF THE FUTURES IN EDUCATION ENDOWMENT FUND IS TO ENSURE THAT ANY STUDENT IN BROOKLYN OR QUEENS WHO WANTS TO OBTAIN A QUALITY, FAITH-BASED EDUCATION IN THE CATHOLIC TRADITION, WILL BE ABLE TO DO SO, REGARDLESS OF HIS OR HER FAMILY'S INCOME, RACE, RELIGION, OR BACKGROUND, BY KEEPING THE SCHOOLS AVAILABLE AND AFFORDABLE TO FAMILIES IN THE DIOCESE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND CAPITAL PROJECTS TO THE NEEDIEST CATHOLIC ELEMENTARY AND SECONDARY STUDENTS AND SCHOOLS IN THESE TWO BOROUGHS. THE VISION OF THE FUTURES IN EDUCATION ENDOWMENT FUND IS TO ENSURE THAT ANY STUDENT IN BROOKLYN OR QUEENS WHO WANTS TO OBTAIN A QUALITY, FAITH-BASED EDUCATION IN THE CATHOLIC TRADITION, WILL BE ABLE TO DO SO, REGARDLESS OF HIS OR HER FAMILY'S INCOME, RACE, RELIGION, OR BACKGROUND, BY KEEPING THE SCHOOLS AVAILABLE AND AFFORDABLE TO FAMILIES IN THE DIOCESE. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS 550 STUDENTS. | FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|---|
| PROGRAM SUPPORT AND CAPITAL PROJECTS TO THE NEEDIEST CATHOLIC ELEMENTARY AND SECONDARY STUDENTS AND SCHOOLS IN THESE TWO BOROUGHS. THE VISION OF THE FUTURES IN EDUCATION ENDOWMENT FUND IS TO ENSURE THAT ANY STUDENT IN BROOKLYN OR QUEENS WHO WANTS TO OBTAIN A QUALITY, FAITH-BASED EDUCATION IN THE CATHOLIC TRADITION, WILL BE ABLE TO DO SO, REGARDLESS OF HIS OR HER FAMILY'S INCOME, RACE, RELIGION, OR BACKGROUND, BY KEEPING THE SCHOOLS AVAILABLE AND AFFORDABLE TO FAMILIES IN THE DIOCESE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND CAPITAL PROJECTS TO THE NEEDIEST CATHOLIC ELEMENTARY AND SECONDARY STUDENTS AND SCHOOLS IN THESE TWO BOROUGHS. THE VISION OF THE FUTURES IN EDUCATION ENDOWMENT FUND IS TO ENSURE THAT ANY STUDENT IN BROOKLYN OR QUEENS WHO WANTS TO OBTAIN A QUALITY, FAITH-BASED EDUCATION IN THE CATHOLIC TRADITION, WILL BE ABLE TO DO SO, REGARDLESS OF HIS OR HER FAMILY'S INCOME, RACE, RELIGION, OR BACKGROUND, BY KEEPING THE SCHOOLS AVAILABLE AND AFFORDABLE TO FAMILIES IN THE DIOCESE. | TO BE A VIABLE OPTION FOR FUTURE GENERATIONS OF STUDENTS IN BROOKLYN |
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| IN THE DIOCESE. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS | REGARDLESS OF HIS OR HER FAMILY'S INCOME, RACE, RELIGION, OR |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS | BACKGROUND, BY KEEPING THE SCHOOLS AVAILABLE AND AFFORDABLE TO FAMILIES |
| | IN THE DIOCESE. |
| | |
| 550 STUDENTS. | FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS |
| | 550 STUDENTS. |

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

► 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.

2008
Open to Public Inspection

Name of the organization

FUTURES IN EDUCATION ENDOWMENT FUND BKLYN & QUEENS

Employer identification number 20-5496382

FORM 990, PART VI, SECTION A, LINE 10: AN ELECTRONIC COPY OF THE DRAFT

FORM 990 IS PRESENTED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW AND

COMMENT. ANY QUESTIONS OR COMMENTS ARE REVIEWED WITH THE ORGANIZATION'S

AUDITORS. WHEN ANY NECESSARY REVISIONS HAVE BEEN MADE, THE RETURN IS FILED

WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY ALL DIRECTORS, PRINCIPAL OFFICERS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS MUST SIGN A STATEMENT WHICH AFFIRMS HIS/HER UNDERSTANDING AND COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND MUST DISCLOSE THE EXISTENCE OF ANY POTENTIAL CONFLICT OF INTEREST. THE REMAINDER OF THE BOARD OR COMMITTEE SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST EXISTS, THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL APPOINT DISINTERESTED PERSON TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DECIDE BY MAJORITY VOTE OF DISINTERESTED DIRECTORS WHETHER OR NOT TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. THE MINUTES OF THE BOARD SHALL CONTAIN INFORMATION RELATED TO SUCH CONFLICTS OF INTEREST AND THE RESOLUTION THEREOF.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE OF THE
BOARD USES THE SERVICES OF AN OUTSIDE CONSULTANT (WHEN NEEDED) WHO PERFORMS
COMPARABLE SALARY AND RELATED DATA ANALYSES, REVIEWS THE QUALIFICATIONS OF
THE CANDIDATES AND PRESENTS THIS INFORMATION TO THE COMMITTEE FOR THEIR

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► 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.

2008 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FUTURES IN EDUCATION ENDOWMENT FUND BKLYN & QUEENS

Employer identification number 20-5496382

| DISCUSSION AND DECISION. |
|---|
| EODW 000 DADE UT CECETON C. I INE 19. HUE ODCANIZATION MAKES INC. FORM 000 |
| FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 |
| AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE |
| INTERNAL REVENUE CODE BY POSTING IT ON THE GUIDESTAR.ORG WEBSITE. IN |
| ADDITION, FORM 990 IS ALSO AVAILABLE UPON WRITTEN REQUEST AT THE |
| ORGANIZATION'S BUSINESS ADDRESS DURING NORMAL BUSINESS HOURS. |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING |
| DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE |
| AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST AT THE ORGANIZATION'S BUSINESS |
| ADDRESS DURING NORMAL BUSINESS HOURS. |
| FORM 990 PART XI LINE 2C |
| THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF THE AUDIT |
| FIRM. AT THE CONCLUSION OF THE AUDIT, THE AUDIT FIRM PRESENTS THE |
| AUDITED FINANCIAL STATEMENTS TO THE BOARD OF DIRECTORS, WHICH REVIEWS |
| AND APPROVES THEM. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. |
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Form 8868 (Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

| • If y | If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Peri | Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | | | | | | |
| | corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete | | | | | | | |
| o file | er corporations (including 1120-C fliers), partnerships, REMICs, and trusts must use Form 7004 to request an Income tax returns. | | | | | | | |
| noted not at you m | ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic stomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charities & Nonprofits. | cally if (1) you want the additional naolidated Form 990-T, instead. | | | | | | |
| Гуре | or Name of Exempt Organization | Employer Identification number | | | | | | |
| orint | FUTURES IN EDUCATION ENDOWMENT | | | | | | | |
| "II.a. bes. #1 | FUND BKLYN & QUEENS | 20-5496382 | | | | | | |
| file by ti lue date liing you stum. 8 | Number, street, and room of suite no. If a P.O. box, see instructions. 310 PROSPECT PARK WEST | | | | | | | |
| rstruotic | | | | | | | | |
| heck | type of return to be filed (file a separate application for each return): | | | | | | | |
| (X) i | Form 990 Form 990-T (corporation) Form 47 | 20 | | | | | | |
| <u> </u> | Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 | 27 | | | | | | |
| I | Form 990-EZ Form 990-T (trust other than above) Form 60 | | | | | | | |
| Form 990-PF | | | | | | | | |
| Tele If the If th | books are in the care of phone No. FAX No. FAX No. be organization does not have an office or place of business in the United States, check this box | s is for the whole group, check this | | | | | | |
| į: | I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or □ X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 . | | | | | | | |
| 2 11 | this tax year is for less than 12 months, check reason: Initial return Final return | Change in accounting period | | | | | | |
| | this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any oprefundable credits. See instructions. | 3a \$ | | | | | | |
| b If | this application is for Form 990-PF or 990-T, enter any refundable credits and estimated | | | | | | | |
| <u>te</u> | ax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ | | | | | | |
| c B | alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, | | | | | | | |
| | eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). | 37/3 | | | | | | |
| 8 | ee instructions. | 3c \$ N/A | | | | | | |
| autio | n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 6 | | | | | | | |
| НА | For Privacy Act and Paperwork Reduction Act Notice, see Instructions. | Form 8868 (Rev. 4-2009) | | | | | | |

| Form 8868-(Rev. 412009) | | | Page 2 | | | | |
|---|-----------------|------------------|---------------|--|--|--|--|
| • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b | юх | | ► X | | | | |
| Note, Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed | | | | | | | |
| If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | | | | | | | |
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | | | | | | | |
| Name of Exempt Organization | Empli | oyer identificat | ion number | | | | |
| Type or FUTURES IN EDUCATION ENDOWMENT | | | | | | | |
| FUND BKLYN & QUEENS | 20 | 0-549638 | 2 | | | | |
| File by the extended with the extended of the | For IR | S use only | | | | | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOKLYN, NY 11215 | | | | | | | |
| Check type of return to be filed (File a separate application for each return): | | | | | | | |
| X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A | For | m 5227 🗀 | Form 8870 | | | | |
| Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 | For | m 6069 | | | | | |
| STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous | ısly filec | Form 8868. | | | | | |
| ANTHONY DILAURO | ANTHONY DILAURO | | | | | | |
| ● The books are in the care of ▶ 310 PROSPECT PARK WEST - BROOKLYN, NY 11215 | | | | | | | |
| Telephone No. ► 718-399-5900 FAX No. ► | | | | | | | |
| If the organization does not have an office or place of business in the United States, check this box | | | ▶ □ | | | | |
| • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the | | | , check this | | | | |
| box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all | | | | | | | |
| 4 request an additional 3-month extension of time until MAY 15, 2010 | | | | | | | |
| | JUN | 30, 200 | 9 | | | | |
| 6 If this tax year is for less than 12 months, check reason: Initial return Final return | | hange in accou | | | | | |
| 7 State in detail why you need the extension | | | | | | | |
| INFORMATION NECESSARY TO FILE A COMPLETE AND | | | | | | | |
| ACCURATE RETURN IS NOT YET AVAILABLE. | | | | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | | | | | |
| nonrefundable credits. See instructions. | 8a | \$ | | | | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | | | | | | | |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | | | | | | | |
| previously with Form 8868. | 8b | \$ | | | | | |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit | | | | | | | |
| with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions | 8c | \$ | N/A | | | | |
| Signature and Verification | | | | | | | |
| Under penalties of perfey, I decigre that I have examined this form, including accompanying schedules and statements, and to the | e best of r | my knowledge an | d beiref, | | | | |
| it is true, correct, and [amp][]e-and that am authorized to prepare this form. | | $\neg 1$ | 2/11/2 | | | | |
| Signature > Noter C. Landing Title > CPA | Date | | <u> ۱۱۷</u> | | | | |
| | | Form 8888 | (Rev. 4-2009) | | | | |