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### Form **990-EZ**

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

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of the cative to extract the section of the

Open to Public Inspection

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

Website: N/A	,	A I	For the 2009 ca		,						
Notice draining   Part   Par	I	В	Check if applicable		С			D	Employer	identification number	
Name change   For The ADVANCEMENT OF BLACK MALES		$\prod_{i}$	Address change	13-43	353056						
Section 931(c/3) organizations and 4947(a/1) nonexempt chantable trusts   Foreign personal personal state of a completed Schedule A (Form 990 or 990-EZ).   Take-sempt state (lesk envisore) =   XI 501(c) (3 ) * (inset to )   1891(a)(1) to   1527   1900-EZ).   H Check   XI if the organization is not a section 509(c)(3) supporting organization and tay organization is not a section 509(c)(3) supporting organization and tay organization is not a section 509(c)(3) supporting organization and tay organization is not a section 509(c)(3) supporting organization and tay organization is not a section 509(c)(3) supporting organization and tay organization is not a section 509(c)(3) supporting organization and tay organization is not a section 509(c)(3) supporting organization and tay organization is not a section 509(c)(3) supporting organization and tay organization organization is not a section 509(c)(3) supporting organization and tay organization or more, file Form 990.   Section 509(c)(3) supporting organization and tay organization is not a section 509(c)(3) supporting organization and tay organization or more, file Form 990.   Section 509(c)(3) supporting organization and tay organization is not a section 509(c)(3) supporting organization and tay organization or more, file Form 990.   Section 509(c)(3) supporting organization and tay organization or more, file Form 990.   Section 509(c)(3) supporting organization and tay organization or more, file Form 990.   Section 509(c)(3) supporting organization and tay organizatio			Name change	Telephone	number						
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Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990  Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I).  Contributions, gifts, grants, and similar amounts received  Program service revenue including government fees and contracts  I 100, 0  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I).  Contributions, gifts, grants, and similar amounts received  Program service revenue including government fees and contracts  I 100, 0  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I).  I 100, 0  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part II).  I 100, 0  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part II).  I 100, 0  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part II).  I 100, 0  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part II).  I 100, 0  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part II).  I 100, 0  Part II Balance Sheets, If Total assets of Internations for Part II).  I 100, 0  Part II Balance Sheets, If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  Column Revenue, Add indepting and of year Combine lines 18 through 20.  Part II Balance Sheets, If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  Column Revenue and Expenses and engagements.  Column Revenue and Expenses and engagements.  Part II Balance Sheets, If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  Column Revenue and Expenses and engagements.	2		Tax-exempt status	s (check o				ļ	·····		
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BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009

Form	990-EZ (2009) THE BLACK ENTER	PRISE B.R.I.D.G.E.	FOUND	13	-435	3056 Page <b>2</b>
Par		vice Accomplishments	(See the instructi	ons.)		Expenses
What is Described	s the organization's primary exempt purpose? SEI ribe what was achieved in carrying out the ribe the services provided, the number of am title	STATEMENT 4			(Regi 501(d organ 4947 for ol	uired for section (2)(3) and (4) (3) attorns and section (a)(1) trusts, optional (hers.)
28						
			·			
	(Grants \$ ) If th	is amount includes foreign gra	ants, check here		28 a	
29						
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	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	•	29 a	
30						
			. <b></b>		]	
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	<b>&gt;</b>	30 a	
31	Other program services (attach schedule	)				
	(Grants \$ ) If th	is amount includes foreign gra	ants, check here	▶ □	31 a	
32	Total program service expenses (add lin-	es 28a through 31a)		•	32	
Par	t IV List of Officers, Directors	, Trustees, and Key Em	iployees. List each oi	ne even if not coi	npens	ated (See the instrs.)
		(b) Title and average hours	(c) Compensation (If	(d) Contribution	s to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ins and	and other allowances
		to position		deferred compens		
	L G. GRAVES, SR.	CHAIRMAN/PRES	0.		0.	0.
	EATHCOTE ROAD	0				
	RSDALE, NY 10583	VP/SECT/TREAS				
BAR	BARA E GRAVES		0.	0.		
8 H	EATHCOTE ROAD	0				
SCA	RSDALE, NY 10583					
	ERTA DALY GRAVES	VICE PRESIDENT	0.		0.	0.
	RANDOM FARMS DRIVE	0			• •	
	PPAQUA, NY 10514	9				
	OLINE CLARKE GRAVES	VICE PRESIDENT	0.		0.	0.
		VICE PRESIDENT	0.		0.	0.
	BROADVIEW AVENUE	U				
	ROCHELLE, NY 10804	UICE PRECIPENT				0
	BERLY TRUMAN GRAVES	VICE PRESIDENT	0.		0.	0.
	PINEBROOK_BLVD	0				
NEW	ROCHELLE, NY 10804					
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Form 990-EZ (2009) THE BLACK ENTERPRISE B.R.I.D.G.E. FOUND 13-4353056 Page 3 Other Information (Note the statement requirements in the instrs for Part V. Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 Х Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Χ 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 a Χ b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 Х 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0. b Did the organization file Form 1120-POL for this year? 37 b Х 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return 38 a Х b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39 a N/A **b** Gross receipts, included on line 9, for public use of club facilities. N/A 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0. **b** Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I 40 b Χ c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40 e Х 41 List the states with which a copy of this return is filed NONE 42a The organization's BARBARA E. GRAVES books are in care of (914)Telephone no > Located at ► 8 HEATHCOTE ROAD SCARSDALE NY 10583 No Yes b 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)? 42b 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 a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Х If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here N/A 43 and enter the amount of tax-exempt interest received or accrued during the tax year N/A No Yes Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 Χ

Form 990 must be completed instead of Form 990-EZ

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

Form 990-EZ (2009)	THE BLACK	ENTERPRISE	B.R.I.D.G.E.	FOUND	13-4353056	Pag
Part VI Secti	ion 501(c)(3) o	organizations	and section 494	7(a)(1) nonexempt	charitable trusts only. All	section

Page 4

for public of 47 Did the organ 48 Is the organ 49 a Did the orga b If 'Yes,' was 50 Complete themployees)	ization a school as described in se	;, Part I es? If 'Yes,' complete S ction 170(b)(1)(A)(ii)? If exempt non-charitable r	ichedule C, Part II 'Yes,' complete Sched	n opposition to candidates	46 47	Yes	No					
47 Did the organ 48 Is the organ 49 a Did the organ b If 'Yes,' was 50 Complete themployees) (a) Name a	inization engage in lobbying activition in section as school as described in section make any transfers to an action the related organization a section is table for the organization's five the section.	es? If 'Yes,' complete S ction 170(b)(1)(A)(ii)? If exempt non-charitable r	'Yes,' complete Sched		47		Х					
49 a Did the orga b If 'Yes,' was 50 Complete themployees) (a) Name a	inization make any transfers to an the related organization a section is table for the organization's five t	exempt non-charitable r	•	I the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II								
b If 'Yes,' was Complete themployees) (a) Name a	the related organization a section is table for the organization's five t		48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization?									
Complete themployees)  (a) Name a	is table for the organization's five t	527 organization?	elated organization?		49 a		Х					
employees) (a) Name a												
NONE	nd address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense nt and owance	s					
NONE												
f Total numb	er of other employees paid over \$1	00.000	<u></u>									
compensati (a)	nis table for the organization's five lon from the organization. If there is	s none, enter 'None '		(b) Type of service	(c) Comp		<del></del>					
NONE												
d Total numb	er of other independent contractors	each receiving over \$1	00 000	-								
	·											
true, c	penalties of perjury, I declare that I have exart orrect and complete Declaration of preparer	(other than officer) is based on	all information of which prepared	arer has any knowledge	neuge and	beller, n	IS					
Sign	Barbara G. Due	ver		4-1-10								
Here	Grature of officer  BARBARA E. GRA	aves TREA	SURCA	Date								
Paid Prepar	pe or print name and title  er's  DEPNIADD  STATE  TO STATE  THE PROPERTY OF T	eace PA	Date 3/17	1 A   Sell       1 7 / 7	rer's Identi	fying Ni	ımber					
Pre-		CPA MPANY LLP	3111	0 employed ► N/F	7							
parer's   Firm's yours	f self			EIN ► N	/A							
Only addres	s and CDDAR ARCK ARK			Phone no ► (516)	829-	6767	<del></del>					
	uss this return with the preparer sh		ctions		X Yes		No					
BAA	<u> </u>				Form 99	0-EZ	(2009)					

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545 0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

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

THE BLACK ENTERPRISE B.R.I.D.G.E. FOUND FOR THE ADVANCEMENT OF BLACK MALES

Employer identification number 13-4353056

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) X 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type II C d l Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (i) Name of Supported Organization (ii) EIN (iii) Type of organization (described on lines 1.9 above or IRC section (see instructions)) (iv) Is the rganization in col (i) listed in your (v) Did you notify the organization in col (i) of (vi) Is the (vii) Amount of Support organization in col (i) organized in the your support? governing document? Yes Yes No Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

# Schedule A (Form 990' or 990-EZ) 2009 THE BLACK ENTERPRISE B.R.I.D.G.E. FOUND 13-4353056 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Soc	tion A. Public Support	a the box on line s	5, 7, 01 8 01 Fait 1	)	<del></del>					
Calendar year (or fiscal year beginning in) ►		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')			385,000.	100,000.	120,000	605,000.			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			_			0.			
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.			
4	Total. Add lines 1-through 3	0.	0.	385,000.	100,000.	120,000	605,000.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	` `					0.			
	<b>Public support.</b> Subtract line 5 from line 4						605,000.			
Sec	tion B. Total Support	.,	- 1							
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4	0.	0.	385,000.	100,000.	120,000	605,000.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.			
11	Total support. Add lines 7 through 10						605,000.			
12	Gross receipts from related activ	ities, etc. (see inst	ructions)			1	2 0.			
	First five years. If the Form 990 organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	section 501(c	)(3) ► X			
	tion C. Computation of Pu	<del></del>					4 %			
	4 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)  5 Public support percentage from 2008 Schedule A, Part II, line 14									
16 a	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization									
b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   ▶ □										
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
18	Private foundation. If the organiz	ation did not chec	k a box on line, 1	3, 16a, 16b, 1/a,	or 1/b, check this	pox and see i	nstructions			

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Schedule A (Form 990 or 990-EZ) 2009 THE BLACK ENTERPRISE B.R.I.D.G.E. FOUND

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

	(Complete only if you chec	ked the box on li	ne 9 of Part I)				<del></del>			
Sec	tion A. Public Support					<del></del>	<del></del>			
	ndar year (or fiscal yr beginning in)  Gifts, grants, contributions and membership fees received (Do	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	not include 'unusual grants ') Gross receipts from				<u> </u>		, , , , , , , , , , , , , , , , , , ,			
2	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
<b>7</b> a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year									
	Add lines 7a and 7b	····	<del></del>			-	-			
	Public support (Subtract line									
Ü	7c from line 6)	<b></b>	<del> </del>			-	1			
Soc	tion B. Total Support	£	<u></u>	<u> </u>	<u></u>	<u> </u>	L			
		(-) 2005	(L) 200C	(-) 2007	(4) 2000	(a) 2000	(f) Total			
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	(e) 2009	(1) TO(a)			
	Amounts from line 6				<del></del>					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on									
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and	is for the organization stop here.	ation's first, second	d, third, fourth, c	or fifth tax year as	a section 501(c)(3	3) ▶ □			
Sec	tion C. Computation of Pu	ıblic Support	Percentage							
15	Public support percentage for 20	09 (line 8, column	n (f) divided by line	e 13, column (f))		15	%_			
	6 Public support percentage from 2008 Schedule A, Part III, line 15									
$\overline{}$	Investment income percentage for				mp (f))	17	%			
					TITE (1))	18	<del></del>			
18 19 a	Investment income percentage fr 33-1/3 support tests — 2009. If the	ne organization die	d not check the bo	ox on line 14, and	d line 15 is more th	nan 33-1/3%, and	line 17 is not			
b	more than 33-1/3%, check this be 33-1/3 support tests – 2008. If the	ne organization di	d not check a box	on line 14 or 19a	i, and line 16 is mo	ore than 33-1/3%,	and line 18			
20	Is not more than 33-1/3%, check	•		•		=	H			

Part IV	Suppler Part II,	nental In Ine 17a d	<b>formation</b> or 17b; and	Complet Part III,	e this par line 12. P	t to provide any	e the explain other addition	nations required informational informations	ired by Par nation. See	t II, line 10; instructions.
	- <del></del>						- <b></b>			
						<del></del> -				
										. <b></b>
	- <b></b>									
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2009 **FEDERAL STATEMENTS** PAGE 1 THE BLACK ENTERPRISE B.R.I.D.G.E. FOUND **CLIENT BRID101** FOR THE ADVANCEMENT OF BLACK MALES 13-4353056 3/16/10 05 18PM STATEMENT 1 FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID** CLASS OF ACTIVITY: HISTORIC INST DONEE'S NAME: ROBERT F. KENNEDY MEMORIAL 411 EAST 83 STREET DONEE'S ADDRESS: NEW YORK, NY 10128 RELATIONSHIP OF DONEE: N/A CASH AMOUNT GIVEN: 25,000. CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: EDUCATIONAL SPENCE CHAPIN 410 EAST92 STREET NEW YORK, NY 10028 RELATIONSHIP OF DONEE: N/A CASH AMOUNT GIVEN: 10,000. EDUCATIONAL & SPORTS CLASS OF ACTIVITY: DONEE'S NAME: HARLEM TENNIS & EDUCATIONAL PROGRAM DONEE'S ADDRESS: 40 WEST 143 STREET NEW YORK, NY 10037 RELATIONSHIP OF DONEE: N/A CASH AMOUNT GIVEN: Ś 10,000. CLASS OF ACTIVITY: YOUTH DEVELOPMENT DONEE'S NAME: DONEE'S ADDRESS: NAACP 260 FIFTH AVENUE - 6TH FLOOR NEW YORK, NY 10001 RELATIONSHIP OF DONEE: N/A CASH AMOUNT GIVEN: 60,000. STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES LICENSES & FEES \$ 110. OFFICE EXPENSES 3<u>42.</u> TOTAL \$ 452. STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING ENDING 7,005. \$ 7,005. \$ 0. ACCOUNTS RECEIVABLE

TOTAL \$

0.

2009

#### **FEDERAL STATEMENTS**

PAGE 2

**CLIENT BRID101** 

THE BLACK ENTERPRISE B.R.I.D.G.E. FOUND FOR THE ADVANCEMENT OF BLACK MALES

13-4353056

3/16/10

05 18PM

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CHARITABLE & EDUCATIONAL SUPPORT FOR BLACK MALES

## STATEMENT 5 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO