

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



, Form, 990

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)

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

OMB No 1545-0047 2009 Open to Public Inspection

<u>A</u>	For the 20	09 calendar year, or tax year beginning , and ending				_
	Check if applic	I I I I I I I I I I I I I I I I I I I		D Emplo	oyer identification number	r
\sqcup	Address chang	label or FONDATION, INC.		26	1521101	
Ш	Name change	print or Doing Business As type. Number and street (or P O box if mail is not delivered to street address)	Door-to-usta		-1531101	_
	Initial return	Number and street (or P O box if mail is not delivered to street address) See 108 SANTEE TRAIL	Room/suite		1-656-5539	
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross rece	101 60	7
\Box	Amended retu	0.0001				_
\Box	Application per	F Name and address of principal officer		H(a) Is this	a group return for	
		DENIS A BROSNAN		affiliate		0
		PO BOX 613		include	ed? Yes N	0
		PENDLETON SC 29670 status		If No,	attach a list. (see instructions)	
<u> </u>	Tax-exemp			H/c) Cour	exemption number	
			Year of formation 2	2007	M State of legal domicile SC	Ē
	'art i	Summary	rear or formation =		is otale or legal domicile	=
<u>.</u>	T	fly describe the organization's mission or most significant activities				_
ø	M	ISSION IS EXCLUSIVELY FOR EDUCATIONAL PURPOSES AND F	OR SUPPORT	OF RES	SEARCH	
auc	1	N THE AREAS OF BRICK MANUFACTURING, BRICK USAGE, AND				
Activities & Governance		ND RELATED CHARITABLE AND/OR EDUCATIONAL PURPOSES, I	-		r	
Š	1	ck this box 🕨 📗 if the organization discontinued its operations or disposed of more than	25% of its net as:	1 1	•	
8	1	nber of voting members of the governing body (Part VI, line 1a)		3	<u>6</u> 6	_
ities	1	nber of independent voting members of the governing body (Part VI, line 1b)		4	0	_
Ċţ	L	al number of employees (Part V, line 2a) al number of volunteers (estimate if necessary)		5 6	20	_
ĕ		al gross unrelated business revenue from Part VIII, column (C), line 12		7a		_
	b Net	unrelated business taxable income from Form 990-T, line 34		7b	(<u> </u>
III INREGREGOUS OF	2		Prior Ye		Current Year	_
061	8 Con	tributions and grants (Part VIII, line 1h)		9,112		_
8	9 Pro	gram service revenue (Part VIII, line 20)		9,317	191,397	
8.	10 Inve	stment income (Part A) Column (A), lines 3, 4, and 7d)		3,165	210	<u>)</u>
Z	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8 cc, 10c, and 11e)	72	1,594	191,607	7
	12 10ta	nts and similar amounts baid (Part IX, column (A), lines 1–3)		0,000	150,350	
	14 Ben	efits paid to or for members (Bart-IX) column (A), line 4)		0,000	250/550	_
Z	15 Sala	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				-
BARRINED	I .	essional fundralsing fees (Part IX, column (A), line 11e)				_
	b Tota	al fundraising expenses (Part IX, column (D), line 25) ▶			·-	_
F	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,191	106,686	
	18 Tota	al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		5,191	257,036	
- 0	19 Rev	enue less expenses Subtract line 18 from line 12	Beginning of Cur	6,403	-65,429 End of Year	<u> </u>
Net Assets or Fund Balances	20 Tota	al assets (Part X, line 16)		6,403	100,974	<u>-</u>
A88	21 Tota	al liabilities (Part X, line 26)				_
\$ E	22 Net	assets or fund balances Subtract line 21 from line 20	16	6,403	100,974	1
	art II	Signature Block				_
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedule	s and statements, a	and to the be	st of my knowledge	
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all in	normation of which	preparer nas ı	- / / -	
Sig		AMMY M. Whitmen			25/10/2010	_
He	re	Signature of officer TREA	SURER	Date		
		Type or print name and title	JURER		· · · · · · · · · · · · · · · · · · ·	_
		Data	Check	ıf	Preparer's identifying number	-
Pa	id	riepaleis	self-	. —	(see instructions)	
	eparer's	GREENE & COMPANY, LLP	30/10 employ	EIN D	<u>' </u>	-
Us	e Only	Firm's name (or yours if self-employed),		Phone		-
		address, and ZIP + 4 ANDERSON, SC 29621			864-226-720	2
May	y the IRS d	iscuss this return with the preparer shown above? (see instructions)			Voc. N	_
For	Privacy A	ct and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009	_ ₹
DAA	`					12

	EDULE O			
2 Did the orga	anization undertake any significant p	program services during the year which were not lis	ted on	
the prior Fo	rm 990 or 990-EZ?			Yes X No
	scribe these new services on Sched			
services?	scribe these changes on Schedule (e significant changes in how it conducts, any progra	am	Yes X No
4 Describe th Section 501	e exempt purpose achievements for (c)(3) and 501(c)(4) organizations a	reach of the organization's three largest program sind section 4947(a)(1) trusts are required to report the evenue, if any, for each program service reported		
allocations	•			
4a (Code PROGRAM SHORT C	SERVICES ARE ACCOUNSES, BRICK PLAN	53,235 including grants of \$ 150 OMPLISHED BY PROVIDING ED NT OPERATORS FORUM, AND T ICK YARD ROAD MAGAZINE)
4a (Code PROGRAM SHORT C	SERVICES ARE ACCOUNSES, BRICK PLAN	OMPLISHED BY PROVIDING ED NT OPERATORS FORUM, AND T	UCATIONAL)

4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
•	, , ,	5.5	• •	•

4d Other program services (Describe in Schedule O) including grants of \$ 253,235 (Expenses \$) (Revenue \$ 4e Total program service expenses ▶

		Schedules
Part IV		

			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	l		
	Schedule C, Part II	4		<u> </u>
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 similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			**
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			x
	VII, VIII, IX, or X as applicable	11		^
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		ŀ	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17_		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		x
20	If "Yes," complete Schedule G, Part III	19		$\frac{\mathbf{x}}{\mathbf{x}}$
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			(2009)
		1 0111		くたいいさり

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States 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, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			•
	employees? If "Yes," complete Schedule J	23		X
24a		i		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			•
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			•
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			•
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		X
	If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	202		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	004		x
	Schedule L, Part IV	28b		_
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	000		~
20	Part IV	28c 29		_ <u>x</u>
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		x
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 24		x
32	Part I	31		
JZ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
J J	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33]	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
J	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	-		
	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	00		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		\neg	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	"		
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	Total Common and required to complete Concedito Co		990	(2009)
		1 0////		1-000)

P8	iff V Statements Regarding Other IRS Fillings and Tax Compliance						
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		^				ĺ
	U.S. Information Returns. Enter -0- if not applicable	1a	0				
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	ропаві	е	į	ا ۔ ا		v
ο-	gaming (gambling) winnings to prize winners?	1 1		-	1c		X
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,	0		I		ĺ
_	Statements, filed for the calendar year ending with or within the year covered by this return	2a			25		į
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			-	<u>2b</u>		
	instructions)						ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d hv					ĺ
Ja	this return?	u by			3a	ĺ	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			<u> </u>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv	•			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		•,		- [
	account)?				4a		X
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			I		
	and Financial Accounts				ı		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		<u>'</u>	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region	ardıng					į
	Prohibited Tax Shelter Transaction?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e					
	organization solicit any contributions that were not tax deductible?			_	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or					ı
_	gifts were not tax deductible?			-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				I		į
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good approach as a contribution and goo	jooas			7 .	İ	ı
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?				7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15		-	**		
Ŭ	required to file Form 8282?				7c		ı
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	ļ		1		i
	benefit contract?				7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?			7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as					
	required?			ļ	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				ł		ı
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				_	- 1	ı
_	organization, have excess business holdings at any time during the year?			ļ 	8		
9	Sponsoring organizations maintaining donor advised funds.				_	l	ı
a	Did the organization make any taxable distributions under section 4966?			 	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter			<u> </u>	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a			I		:
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			I		
11	Section 501(c)(12) organizations. Enter	1001			I		
' а	Gross income from members or shareholders	11a			ļ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1		
-	amounts due or received from them)	11ь			I		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		-	1	2a	[
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Schedule O. See Instructions.					
<u>Sec</u>	tiòn A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	6			
b	Enter the number of voting members that are independent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					77
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					-
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		X
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	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					77
_	of the 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					
_	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					T
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	-4		9		X
	tion B. Policies (This Section B requests information about policies not required by the l	ntern	aı			
Rev	renue Code.)					••
40-	Done the accompanies have lead shorters broughts as affiliates?			40-	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			406		
44	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			11)	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			''		
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			124		
U	rise to conflicts?			12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			120		
·	describe in Schedule O how this is done			12c		
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ SC		_			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):	only)				
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of int	erest				

policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > CORPORATE OFFICERS 108 SANTEE TRAIL

SC 29670

864-656-5539

CLEMSON

DAA

Form **990** (2009)

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization		ensate I	e an			offic	er, c			
(A) Name and Title	(B) Average	Pos	ition (C) kalli	that a	ועומם	(D) Reportable	(E) Reportable	(F) Estimated
ivalile and Title	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
HAROLD B. NEWMAN										
MEMBER REP		X	_		<u> </u>	 	_	0	0	0
DAVID S. STEELE VENDOR REP		x						o	o	o
PETER P. CIESLAK		1								
GENERAL REP		X						o	o	o
DENIS A. BROSNAN		1								
CHAIR				X			<u> </u>	0	0	0
JERRY A. WHITMIRE	2									
TREASURER		 	ļ	X	<u> </u>	-	<u> </u>	0	0	0
EDWARD C. WATSON				x				o	0	o
SECRETARY		╁	├	_	-	<u> </u>		0	0	
		1				\vdash	├			
-										
		╁┈								
•										
		t								
1										
			L							
		_	_			<u> </u>	<u> </u>		<u></u> .—	
,										
		1	├	-		├		_		
-										
		+	├	├─	 	╁	├-			
j										
		1	\vdash	\vdash	\vdash	\vdash	 			
-										
		1								
Ţ										
	·		_		•					

Pa	rt VII Section A. Officers	, Directors, Trus	stee:	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)						
	(A) Name and Title	(B) (C) Average hours per (C) Position (check all that appropriate to the control of the control							(D) Reportable compensation	(E) Reportable compensation		ted t of				
	,	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	cc c	other compensation from the organization and related organizations				
													-			
	·															
														_		
													· <u>-</u>			
1b	Total		_		'	'		>								
2	Total number of individuals (in reportable compensation from			_	thos	e lıs	ted a	bov	e) who received more than	\$100,000 in						
3	Did the organization list any fo								oyee, or highest compensat	ed			Yes	No X		
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related o	e 1a, is the sum	of re	porta	able	com	pens	atio				3				
5	individual Did any person listed on line 1	a receive or acc	rue c	comp	ens	atior	fron	n an	y unrelated organization fo			5	_	X X		
Sec	services rendered to the organition B. Independent Contracted		COII	npie	ie sc	ineu	ule J	101	such person		<u></u>	3 [
1	Complete this table for your five compensation from the organic	ve highest compe zation	∍nsa	ted :	ndep	pend	ent c	onti								
	Name and	(A) business address						_	Descrip	(B) tion of services		Соп	(C) pensati	on		
			—													
								 			-					
								ļ. <u> </u>								
								_								
2	Total number of independent of more than \$100,000 in compe		-				ed to	tho	se listed above) who receiv	ed		0	,			
DAA	oro man a too,ooo ni compe	nout nom me	oiga	411126						·			990	(2009)		

Pa	rt V	III Statem	ent of Reve	nue						
		•					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
							- 11 1111111111111111111111111111111111	revenue	10701100	512, 513, or 514
휷	1a	Federated cam	paigns	1a						
Program Service Revenue Contributions, gifts, grants and other similar amounts	b	Membership du	ies	1b				. ,		
an, S	С	Fundraising eve	ents	1c						
Eg.	d	Related organiz	zations	1d						
ē,E	е	Government grants (c	contributions)	1e		· ·				
P S	f	All other contributions								
35		and similar amounts r		1f						
E P	g	Noncash contributions	s included in lines 1a-		 §					
SE	b	Total. Add lines		. ,		▶ 1				
-		Total. Add lines	3 1a-11			Busn. Code				
E C	2-	DON'S DE				900099	185,640	185,640		
ŞeV.	2a					900099	5,757	5,757		
3e F	b	MEETING	REVENUE			900099	5,757	3,737		
Ž	С					ļ -				
Se	d					\vdash				
ТВП	0					<u> </u>				
5	f	All other progra	m service reve	nue		L		1111111		
 -	9	Total. Add lines	s 2a–2f			•	191,397			
	3	Investment inco	ome (including o	dıvıden	ds, intere	est, and				
		other similar an	nounts)			▶	210	210		
	4	Income from in	vestment of tax	-exem	ot bond p	roceeds 🕨 📗				
	5	Royalties				•				
			(ı) Real		(II) P	Personal				
	6a	Gross Rents				1				
	b	Less rental exps								
	c			Ì						
	d	Net rental incor	me or (loss)			•				
		Gross amount from	(i) Secunties	3	(11)	Other				
		sales of assets			, , , , , , , , , , , , , , , , , , ,					
	_	other than inventory								
	D	Less cost or other								
		basis & sales exps								
		Gain or (loss)								
		Net gain or (los	-							
e	8a	Gross income from	n fundraising eve	nts						
- File		(not including \$								
. €		of contributions re	•)						
Other Reven		See Part IV, line 1	8	a						
ŧ	þ	Less direct exp	enses	b[
	С	Net income or ((loss) from fund	Iraising	events	•				
	9a	Gross income from	n gaming activitie	s		Ī				
		See Part IV, line 1	9	a						
	b	Less direct exp	enses	ь						
	C	Net income or ((loss) from gam	ing act	ivities	>				
	10a	Gross sales of	inventory, less							
		returns and allo		а		ŀ				
	ь	Less cost of go	oods sold	ь						
		Net income or (s of inv	entory	▶				
	_ ~		llaneous Revenue		<u> </u>	Busn. Code				
	11a						İ	†		
	b									
						 				
	ا	All -45							·	
		All other revenu				<u> </u>				
	e	Total Bassass				P	191,607	191,607	0	0
	12	Total Revenue	, see instructio	ns		▶	131,0U/	TAT'00\	U	ı

Form 990 (2009) Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and			`	* / / / / / / / / / / / / / / / / / / /
	organizations in the U.S. See Part IV, line 21	150,350	150,350		
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,466	1,466		
C	Accounting				
d	Lobbying				
8	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	0 000	0.022		
12	Advertising and promotion	2,833	2,833 326	2 001	
13	Office expenses	4,127	320	3,801	
14	Information technology				
15	Royalties	7,200	7,200		
16	Occupancy Travel	1,200	7,200		
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	91,060	91,060		
20	Interest	2-7-00			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		_		
	j				
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					
6	All others				
f	All other expenses	257 026	252 225	3,801	
25	Total functional expenses. Add lines 1 through 24f	257,036	253,235	3,801	
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA					Form 990 (2009)

	X Balance Sheet .		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			1	
2	Savings and temporary cash investments		166,403	2	100,974
3	Pledges and grants receivable, net	•••		3	
4	Accounts receivable, net	•		4	
5	Receivables from current and former officers, director	rs. trustees. kev			
	employees, and highest compensated employees C	*			
	Schedule L			5	
6	Receivables from other disqualified persons (as defin	ned under section			
	4958(f)(1)) and persons described in section 4958(c)				
	Part II of Schedule L	(-)(-)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
	Land, buildings, and equipment cost or				
'	other basis Complete Part VI of Schedule D	10a			
۱.	Less accumulated depreciation	10b		10c	
1	Investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line	e 34)	166,403	16	100,974
17	Accounts payable and accrued expenses		1 20,550	17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	••
22	•				
	employees, highest compensated employees, and d				
ł	persons Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated t	hird parties		23	
24	Unsecured notes and loans payable to unrelated thir			24	
25	Other liabilities Complete Part X of Schedule D	,		25	
26	Total liabilities. Add lines 17 through 25			26	
	Organizations that follow SFAS 117, check here ▶	X and			
1	complete lines 27 through 29, and lines 33 and 34				
27	Unrestricted net assets		166,403	27	100,974
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117, check	here ▶			
	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipm	nent fund		31	
32	Retained earnings, endowment, accumulated income			32	
33	Total net assets or fund balances		166,403	33	100,974
34	Total liabilities and net assets/fund balances		166,403	34	100,974

Form **990** (2009)

Form	n 990 (2009) BRICK EDUCATION AND RESEARCH 26-1531101		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ.

DAA

Public Charity Status and Public Support

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

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization BR

BRICK EDUCATION AND RESEARCH FOUNDATION, INC.

Employer identification number 26-1531101

The orga	nization is not	a private foundation because	se it is (For lines 1 through 11, o	check ont	y one box	:)						
1 🔲	A church, cor	nvention of churches, or ass	sociation of churches described	ın sectio i	170(b)(1	I)(A)(i).						
2	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	A hospital or	a cooperative hospital servi	ice organization described in se	ction 170	(b)(1)(A)(iii).						
4	A medical res	search organization operate	d in conjunction with a hospital	described	ın sectio	n 170(b)(1)(A)(i	iii). Ente	r the ho	spital's name	,	
	city, and state	е										
5	An organizati	ion operated for the benefit	of a college or university owned	or operat	ed by a g	overnme	ental uni	t descri	bed ın			
_	section 170(b)(1)(A)(iv). (Complete Part	II)									
6	A federal, sta	ite, or local government or g	governmental unit described in s	ection 17	'0(b)(1)(A)(v).						
7 X	An organizati	on that normally receives a	substantial part of its support fr	om a gove	ernmental	unit or	from the	genera	al public			
	described in	section 170(b)(1)(A)(vi). (C	omplete Part II)	J				J	•			
8			170(b)(1)(A)(vi). (Complete Part	: 11.)								
9 🖂	-		1) more than 33 1/3 % of its sup		contribut	ions, me	embersh	np fees.	and gro	oss		
٠ ـــ	•	- ,	npt functions—subject to certain	•					_			
	•		nd unrelated business taxable in	•		•						
		•	30, 1975 See section 509(a)(2)				.,					
10		•	exclusively to test for public safe			•						
11	_	•	exclusively for the benefit of, to	-				v out the	9			
•• 🗀	J	•	ted organizations described in s	•			•	•				
			the type of supporting organizati									
	a Type		c Type III–Function		-	d	— ·	e III–Ot	her			
е 🗌	_ ··	L	ganization is not controlled direct					-				
• 🗀			and other than one or more pul	•				•				
	Ť	section 509(a)(2)	and only man only of more par	,		,						
f	. , , ,	, , , ,	ermination from the IRS that it is	a Type I	Type II	or Type	III suppe	ortina				
•	-	check this box		, , po .,	. , , ,	J , p G	00pp	· · · · · · · · · · · · · · · · · · ·				\Box
	•		ition accepted any gift or contrib	ution from	any of th	ne						
g	following per		mon accepted any gift or comme		,							
	• .		ontrols, either alone or together	with ners	ons descr	ibed in (nλ				Yes	No
		•	of the supported organization?	man poro	31.0 00001		,			11g(i)		<u> </u>
	, ,	member of a person descri	• • •							11g(ii)		
		·	described in (i) or (ii) above?							11g(iii)		
h		•	the supported organization(s)							(**8(***)		
	e of supported	(ii) EIN	(iii) Type of organization	(Iv) is the	organization	(v) Did v	ou notify	(vi)	s the	(vii) Am	ount of	
	anization	(ii) Liiv	(described on lines 1–9		sted in your	the organ	nzaton in	organizat	ion in col	supp		
			above or IRC section	governing	document?		of your port?		zed in the			
			(see instructions))	Yes	No	Yes	No	Yes	No			
												
]							
-			 	1								
]							
-				1	-							
								T				
								\vdash	 			
				 								
Total						ļ .						
	acy Act and Pa	aperwork Reduction Act N	otice, see the Instructions for	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			Sched	ule A (Fo	orm 990 or 9	90-EZ	2009

Schedule A (Form 990 or 990-EZ) 2009 BRICK EDUCATION AND RESEARCH 26-1531101 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Caleridar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 299,317 191,397 490,714 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 490,714 Total. Add lines 1 through 3 299,317 191,397 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) Public support. Subtract line 5 from line 4 490,714 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 191,397 7 299,317 490,714 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 3,165 210 3,375 Net income from unrelated business activities, whether or not the business is 0 regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 419,112 (Explain in Part IV) 419,112 Total support. Add lines 7 through 10 11 913,201 12 Gross receipts from related activities, etc. (see instructions) 490,714 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 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

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

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

Schedule A	(Form 990 o	r 990-EZ) 2009

18

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Part III

0	(Complete only if you che	eckea the box	on line 9 of Pa	art I.)			
	etion A. Public Support	4) 0005	# \ 0000	4 3 0007	1 1 2 2 2 2 2		
Ca	lêndar 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 any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received			·			
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		:				
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<u> </u>	tion B. Total Support				ł	<u> </u>	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(a) 2005	(b) 2000	(6) 2007	(4) 2008	(8) 2003	(i) iolai
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources				· ·		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	L <u>.</u> , ,	<u> </u>		
14	First five years. If the Form 990 is for the	•	, second, third, for	urth, or fifth tax yea	ar as a section 501	I(c)(3)	
<u></u>	organization, check this box and stop her		<u> </u>				<u> </u>
	tion C. Computation of Public Su					1 48	
15	Public support percentage for 2009 (line 8		•	ın (f))		15	<u>%</u>
16 Soc	Public support percentage from 2008 Schottion D. Computation of Investment					16	%
	tion D. Computation of Investme			(5)		47	9/
17 18	Investment income percentage for 2009 (I		= = = = = = = = = = = = = = = = = = =	o, column (t))		17	% %
18 19a	Investment income percentage from 2008 33 1/3 % support tests—2009. If the orga			e 14 and line 15 in	more than 33 1/2		
134	17 is not more than 33 1/3 %, check this b						▶ [
b	33 1/3 % support tests—2008. If the orga		-				
-	line 18 is not more than 33 1/3 %, check to						▶ □
20	Private foundation of the organization dis	-	•	•		•	

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

SUPPORT SCHEDULE - UNUSUAL GRANTS

CONTRIBUTION

\$ 419,112

PART II, LINE 10 - OTHER INCOME DETAIL

CONTRIBUTION

\$ 419,112

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service			► Attach to Form 990.	30.			Inspection
BRICK EDUCATION FOUNDATION INC.	AND RESEARCH	1			Employer identification 26-1531101	Employer identification number 26-1531101)er
Part I General Information on Grants and Assistance	d Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	the amount of the gr ance? onitoring the use of c	ants or as: grant funds	sistance, the grantees' in the United States	eligibility for the grant	s or assistance, and	_	X Yes
ā	iovernments and recipient that recipient of if additional specifications.	d Organ ceived m pace is r	Organizations in the United States. Complete if the organization answered "Yes" to sived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed	nited States. Corr Check this box if	plete if the org no one recipie	anization ansi nt received m	wered "Yes" to ore than \$5,000. Use ▶
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON UNIVERSITY FOUNDATION 155 OLD GREENVILLE HWY, UNIT 105 CLEMSON	57-0426335	ო	150,350				SEE PART IV
						:	
						:	
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	it organizations						-T 0

Schedule I (Form 990) 2009

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

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule | (Form 990) 2009 BRICK EDUCATION AND RESEARCH Part III Grants and Other Assistance to Individuals In the United

26-1531101

(a	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

DETAILED FINANCIAL REPORTS ARE RECEIVED MONTHLY FROM THE CLEMSON UNIVERSITY

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

FOUNDATION. QUARTERLY TECHNICAL SUMMARIES OF THE PROGRESS OF THE RESEARCH

BEING PERFORMED IS ALSO SUBMITTED.

- ADDITIONAL INFORMATION PART IV

PURPOSE OF GRANT TO CLEMSON UNIVERSITY FOUNDATION IS FOR FUNDING OF DONOR

APPROVED RESEARCH EXPENSES AS RELATED TO BRICK MANUFACTURING, PROBLEM

SOLVING IN BRICK MASONRY, ENVIRONMENTAL EMISSIONS AND WALL PERFORMANCE

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

BRICK EDUCATION AND RESEARCH FOUNDATION, INC.

Employer identification number 26-1531101

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

MISSION IS EXCLUSIVELY FOR EDUCATIONAL PURPOSES AND FOR SUPPORT OF RESEARCH

IN THE AREAS OF BRICK MANUFACTURING, BRICK USAGE, AND CERAMIC TECHNOLOGY

AND RELATED CHARITABLE AND/OR EDUCATIONAL PURPOSES, INCLUDING, BUT NOT

LIMITED TO, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS

EXEMPT ORGANIZATIONS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
MANAGEMENT OF THE ORGANIZATION REVIEWED THE 990 BEFORE BEING FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS SUCH AS FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.