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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 2012

Open to Public Inspection

Ar	or the 2	12 calendar year, or tax year beginning	and ending		
B c	heck If	C Name of organization		D Employer identific	ation number
	Address change	BROWARD COLLEGE FOUNDATION			
	Name change	Doing Business As		23-71	L81959
	Initial return	Number and street (or P 0 box if mail is not delivered to street address)	Room/sur	e E Telephone number	
	Termin-	110 EAST BROWARD BOULEVARD	750	(954)	201-7414
	Amended	City, town, or post office, state, and ZIP code		G Gross receipts \$	13,719,115.
	Applica-	FORT LAUDERDALE, FL 33301		H(a) Is this a group re	tum
	pending	F Name and address of principal officer:NANCY R. BOTERO)	for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
1 T	ax-exen	npt status: X 501(c)(3)	7(a)(1) or 5	If "No," attach a	ist. (see instructions)
		▶ WWW.BROWARD.EDU/FOUNDATION/		H(c) Group exemption	
KF	orm of o	rganization X Corporation Trust Association Other	L Ye	ar of formation 1971 M	State of legal domicile FL
		Summary			
6	1 B	riefly describe the organization's mission or most significant activities: ${f T}$	HE FOUND	ATION WAS OR	GANIZED TO
2013 Activities & Governance	S	OLICIT, MANAGE, AND DISTRIBUTE FUNDS	FOR EDU	CATIONAL PUR	POSES,
Lua	2 C	heck this box if the organization discontinued its operations or	r disposed of mo	ore than 25% of its net as	sets.
o ve		umber of voting members of the governing body (Part VI, line 1a)		. 3	19
Ğ		umber of independent voting members of the governing body (Part VI, IIr	ne 1b)	4	19
Š	!	otal number of individuals employed in calendar year 2012 (Part V, line 2	5	0	
ķ	1	otal number of volunteers (estimate if necessary)		6	0
<u>نځنې</u>	1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	l	et unrelated business taxable income from Form 990-T, line 34	•	7b	0.
\bowtie				Prior Year	Current Year
୧ ୬ କ	8 C	ontributions and grants (Part VIII, line 1h)		3,246,944.	2,937,174.
- Z	ŀ	rogram service revenue (Part VIII, line 2g)		0.	0.
HUN	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,245,343.	2,326,053.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	. [48,883.	-43,307.
	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin	ne 12)	5,541,170.	5,219,920.
Ž	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		3,582,418.	5,059,426.
SCANNED Expenses		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S.S.	15 S	alaries, other compensation employed benefits (Part IX, column (A), lines	s 5-10)	0.	0.
(X)	16a P.	rofessional fundraising fees (Part IX, column (A), line 1/1e)	L	0.	0.
χĎ	ьт	otal fundraising expenses (Fart IX, column (D), line 55	70,491.		·
ш	17 0	ther expenses (Part IX, column (A), liftes Ula 11d (Dif 24e)		2,471,850.	2,348,129.
	18 T	otal expenses. Add lines 13-17-(must equal Part X2 dolumn (A), line 25)		6,054,268.	7,407,555.
	19 R	evenue less expenses. Subtract line 18 from line 12		-513,098.	-2,187,635.
Net Assets or Fund Balances		= 10, 01		Beginning of Current Year	End of Year
sset	20 T	otal assets (Part X, line 16)	<u> </u>	65,050,144.	68,460,272.
gğ.	21 T	otal liabilities (Part X, line 26)	-	502,093.	757,796.
22	22 N	et assets or fund balances. Subtract line 21 from line 20		64,548,051.	67,702,476.
		Signature Block		 	
	•	es of perjury, I declare that I have examined this return, including accompanying s			y knowledge and belief, it is
true	, correct,	and complete Declaration of preparer (other than officer) is based on all informati	ion of which prepa		
		Signature of drificer			<u> </u>
Sig		NANCY R. BOTERO, EXECUTIVE DIRECTO	מר	Duto	
Her	e	Type or print name and title)K		
				Date / Check	PTIN
Paid		Print/Type preparer's name OUIS R. PROIETTO Preparer's signature	CPA	15/0/12 14	
	<u></u>	irm's name KEEFE, MCCULLOUGH & CO., LLF		sarenploye	59-1363792
-			TE 410	- Limi 2 En	33 1303172
500	····, '	FT. LAUDERDALE, FL 33308		Phone no. 9	54-771-0896
May	the IR	6 discuss this return with the preparer shown above? (see instructions)		1. 110110 1101	X Yes No
		12 LHA For Paperwork Reduction Act Notice, see the separate in:	structions		Form 990 (2012)

	990 (2012) BROWARD COLLEGE FOUNDATION 23-71	81959	Page 2
Day	t III Statement of Program Service Accomplishments	01303	rage &
L CI			
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:	4 T T 17 TP C	
	THE MISSION OF THE BROWARD COLLEGE FOUNDATION IS TO TRANSFORM		·
	THROUGH EDUCATION BY PROVIDING COMMUNITY AWARENESS, ADVOCACY	AND	
	FINANCIAL SUPPORT TO BROWARD COLLEGE.		
			
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	if "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot		
	revenue, if any, for each program service reported.	•	
4a	(Code) (Expenses \$ 3,438,212. including grants of \$ 3,438,212.) (Revenue \$)
	SCHOLARSHIPS: ARE PROVIDED TO HELP STUDENTS ATTEND THE COLLEG	E AND	
	ACHIEVE A HIGHER EDUCATION.		
	MONTH IN HIGHER EDUCATION		
			·····
			· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$ 1,539,845 · including grants of \$ 1,539,845 ·) (Revenue \$)
	PROGRAM SUPPORT		
			-
4c	(Code) (Expenses \$ 81,369. including grants of \$ 81,369.) (Revenue \$)
	ENDOWED TEACHING CHAIRS		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5,059,426.		
	_	Form '	990 (2012)

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Form 990 (2012) BROWARD COLL
Part IV Checklist of Required Schedules

	is the arrestration department in section E01/a//2) or 4047/a//1) (other than a private foundation)?	$\neg \uparrow$		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
•	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2		-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
4	public office? If "Yes," complete Schedule C, Part I	_•_+		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X
_	during the tax year? If "Yes," complete Schedule C, Part II	-		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5]	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
^	Schedule D, Part III	8	-	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			Х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	Х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		X	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
۰	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	44.4	ı	X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		A
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	- '''		<u> </u>
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	- 21	
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- "		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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	-3		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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 ⁷ If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
		Form	990	(2012)

	1		163	140
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		v	
	United States 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 of grants and other assistance to individuals in the United States on Part IX,			v
	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			х
	Schedule J	23		
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 lines 24b through 24d and complete	04-		х
	Schedule K. If "No", go to line 25	24a		
ь	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	24-		
_	any tax-exempt bonds?	24c 24d		
d	- · · · · · · · · · · · · · · · · · · ·	240		
25a	· · · · · · · · · · · · · · · · · · ·	25a		X
	disqualified person during the year? If "Yes," complete Schedule L, Part I	200		
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	25b		X
06	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		 -
26	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			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):	•		
а	A STATE OF THE STA	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	X	1,,-
35a		35a	├ ─	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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	27		x
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	+^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
	Note: All John 330 lilets are required to complete schedule o			(2012)
				\

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	Check if Schedule O contains a response to any question in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			i
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ł
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	L	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ļ	
	were not tax deductible?	6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	ļ
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		İ	
	to file Form 8282?	7c	ļ	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
е		7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			l
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.	9a		ĺ
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9b		\vdash
ь 10		30	<u> </u>	
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
b		1		
_	amounts due or received from them.)]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u></u>	<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
		ļ	ļ	<u></u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	100.5
		Forn	n 990	(2012)

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

	Check if Schedule O contains a response to any question in this Part VI					X						
Sec	ion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19									
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	19									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			1								
~	officer, director, trustee, or key employee?		 ,	2		Х						
2	Did the organization delegate control over management duties customarily performed by or under t	he dire	et eunenvision									
3		iic airc	a Supervision	3		x						
	of officers, directors, or trustees, or key employees to a management company or other person?		n filod?	4		X						
4	Did the organization make any significant changes to its governing documents since the prior Form		is lileu r	5		X						
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6	Did the organization have members or stockholders?			6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	one or	_		v						
	more members of the governing body?			7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	Ì		.,						
	persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	e following									
а	The governing body?			8a	X	 						
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached	at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<u> </u>	X						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code)			ļ						
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		X						
ь	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	s, affiliates,			1						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form?	11a	X	<u> </u>						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	The state of the s			12a	X	}						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give in	se to co	flicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If											
	In Schedule O how this was done			12¢	X	Ì						
13	Did the organization have a written whistleblower policy?			13	Х							
14	Did 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 appro	val bv i	ndependent	***************************************								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision											
я	The organization's CEO, Executive Director, or top management official			15a		X						
ь ь	Other officers or key employees of the organization			15b	l	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			T-11-1-1	1	1						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement :	with a									
	taxable entity during the year?			16a	İ	X						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	Iate its	narticination		 							
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the org											
	exempt status with respect to such arrangements?	, ai ii Latii	,,, , ,	16b	•	1						
Sec	tion C. Disclosure				1.	1						
17	List the states with which a copy of this Form 990 is required to be filed ▶FL											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Sec	tion 501(c)(3)s only)	availal	ole							
10	for public inspection. Indicate how you made these available. Check all that apply.	. , ,000	55 1(5)(5)5 51119/	a randi								
	Own website Another's website X Upon request Other (explain	in in Sc	hedule (1)									
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents,			nd fine	ncial							
19		Johnsol	o. intorest policy, al	.c mia	. ioiai							
20	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books	and re-	ords of the organize	ation.	>							
20	NANCY BOTERO - (954) 201-7414	and 10	orus or the organiza	ation.		_						
	110 EAST BROWARD BLVD., FT. LAUDERDALE, FL 33301											
23200					- 000	10010						

12-10-12

Form **990** (2012)

R2371811

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any. 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 neither the organiza (A) Name and Title	(B) Average hours per week	(do	not c	(C Pos heck ss pe	tion		one nan	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustæ	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BEVERLY YANOWITCH	1.00									
CFO		ļ	_	Х		ļ		116,575.	33,325.	0
(2) SEE ATTACHED SCHEDULE	0.00							0.	0.	0
(3) J-DAVID ARMSTRONG	0.00									6 661
UIVERSITY PRESIDENT								0.	0.	6,661
				,			į			
	-	+								

Form **990** (2012)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	the or director opp)	not cl	(C Posi heck i ss pe	tion more rson recto	Highest compensated components of the state	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	5	Estim amou oth competer from organiand recordants	nated int of her nsation i the zation elated
		_										
									!			
		-				ļ						
 												
									1			
1b Sub-total c Total from continuation sheets to Part V	II. Section A					>		116,575.	33,32	25.	6	,661. 0.
d Total (add lines 1b and 1c)						<u> </u>		116,575.	33,32		6	,661.
Total number of individuals (including but is compensation from the organization.	not limited to ti	nose	liste	ed a	bov	e) wi	no r	eceived more than \$100	,000 of reportable	ie		1
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	•		e, ke	ey er	mplo	oyee	or	highest compensated e	mployee on		3	es No X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	· ·								the organization		4	х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion 1	from	any	y unr			idual for services		5	х
Section B. Independent Contractors												
Complete this table for your five highest co the organization. Report compensation for										npensa		m
(A) Name and business	s address							(B) Description of s	services	C	(C) ompens	ation
BEVERLY YANOWITCH, 2845 1504, FT LAUDERDALE, FL		ST	REI	ET	U.	NI'		FINANCIAL SE	RVICES		116	,575.
												· -
Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	ed to	the	se li	ste	d above) who received n	nore than			
φτου,υσο οι compensation from the organ	ization -					-					Form QC	30 (2012)

Form 990 (2012) BROWARD
Part VIII Statement of Revenue

1. Stif A 1	77	Check if Schedule O conta	ains a response t	o any question in	this Part VIII			
		Orieda il Joriedale O colle	ano a response t	o ary goodior i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 \$ 1 a	,	Federated campaigns	1a					
		Membership dues	1b					
, E		Fundraising events	1c	162,099.				
9		Related organizations	1d	1,104,881.				
ν E e		Government grants (contribut	ions) 1e					
E S f		All other contributions, gifts, grant						
		similar amounts not included above	1 1	1,670,194.				
		Noncash contributions included in lines						
o ěl T	_	Total. Add lines 1a-1f		. •	2,937,174.			
				Business Code	, , , , , , , , , , , , , , , , , , , ,			
9. 2 a	3							
ž .	6							
N Z	0							
E al	d							
Program Service Revenue	е							
בֿ בֿ	f	All other program service reve						
		Total. Add lines 2a-2f						
3		Investment income (including	dıvıdends, intere	est, and				
		other similar amounts)		>	1,244,652.			1,244,652.
4		Income from investment of ta	x-exempt bond p	roceeds 🕨				
5		Royalties		•				
			(i) Real	(ii) Personal				
6 8	а	Gross rents						
1	ь	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
7 6	а	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	9,437,417.					
1	b	Less: cost or other basis						
		and sales expenses	8,356,016.					
1 .	C	Gain or (loss)	1,081,401.					
	d	Net gain or (loss)			1,081,401.	,		1,081,401
<u>o</u> 8	а	Gross income from fundraising	g events (not					
ent		including \$162	,099. of					
Other Revenue		contributions reported on line	1c). See					
i e		Part IV, line 18	а	65,525.				
동 :		Less: direct expenses	b	143,179.				
		Net income or (loss) from fund		•	-77,654.			-77,654
9 :	а	Gross income from gaming a						
		Part IV, line 19	a					
		Less: direct expenses	b					
		Net income or (loss) from gan						1
10	а	Gross sales of inventory, less						
		and allowances	a					
		Less: cost of goods sold	b					1
	<u>c</u>	Net income or (loss) from sale		Business Code				1
44		Miscellaneous Revenu	ле	541610	34,347.			34,347
		OTHER REVENUE SOURCES		241010	34,347.			34,347
	b					+		
	c d	All other revenue	,			1		
		Total. Add lines 11a-11d		—	34,347.			<u> </u>
12	_	Total revenue. See instructions		•	5,219,920.	T	0.	2,282,746
232009 12-10-12	_							Form 990 (2012

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-	7.6.1	Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	5 050 406	F 050 400		
	organizations in the United States. See Part IV, line 21	5,059,426.	5,059,426.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	•			
	United States. 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 accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	1 010		1 010	
b	Legal	1,818.		1,818.	
C	Accounting	51,650.		51,650.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			000 005	
f	Investment management fees	298,096.		298,096.	
9	Other. (If line 11g amount exceeds 10% of line 25,			445 050	141 005
	column (A) amount, list line 11g expenses on Sch O)	287,677.		146,350.	141,327 103,277
12	Advertising and promotion	103,973.		696.	
13	Office expenses	26,494.		10,189.	16,305
14	Information technology	50,197.		22,765.	27,432
15	Royalties			105 500	50.000
16	Occupancy .	182,647.		125,570.	57,077
17	Travel	9,427.		1,182.	8,245
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,838.		18,397.	4,441
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	0.605		0.605	
22	Depreciation, depletion, and amortization	8,685.		8,685.	(221
23	Insurance	18,872.		12,651.	6,221
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0) FOUNDATION PERSONNEL CO	1,242,918.		569,044.	673,874
a	DUEC AND CUCCOTOMICNIC	23,220.		1,434.	21,786
b	TELEPHONE	7,455.		4,173.	3,282
ب د	DECEMBER DEVELOPMENT	7,224.			7,224
d		4,938.		4,938.	,,224
	All other expenses	7,407,555.	5,059,426.	1,277,638.	1,070,491
25	Joint costs. Complete this line only if the organization	,,10,,333.	2,333,120	_,,,	_, _, _, _, _,
26					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 45,207. 13,280. Cash · non-interest-bearing 689,163. 883,167. 2 2 Savings and temporary cash investments 23,333. 50,450. 3 3 Pledges and grants receivable, net 98,010. 58,057. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 24,305. 21,991. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 52,112. basis. Complete Part VI of Schedule D 10a $8,\overline{685}$ О. 10c 43,427. 10b b Less: accumulated depreciation 64,143,009. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 65,050,144. 68,460,272. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 695,365. 486,043. 17 17 Accounts payable and accrued expenses 19,004. 16,050. 18 18 Grants payable 43,427. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 502,093. 757,796. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 7,572,764. 8,711,570. 27 27 Unrestricted net assets 21,654,022. 23,387,826. 28 Temporarily restricted net assets 28 35,321,265. 35,603,080. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 67,702,476.64,548,051.

Form 990 (2012)

68,460,272.

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

65,050,144.

Form 990 (2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of t	he organizati	on						Er	nployer	identificati	on nur	nber
	_		COLLEGE FOU	NDATI	ON			- [2	3-7181	959	
Part I	Reason		ity Status (All organiza			e this part) See insti	ructions.				
	ization is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1			s, or association of churc					ı				
2			'0(b)(1)(A)(ii). (Attach Sch									
3			tal service organization of		n section	170(b)(1)(A)(iii).					
4	•		operated in conjunction					b)(1)(A)(iii). Enter t	the hospital	's nam	e,
	city, and state			,	•							
5 X			benefit of a college or un	riversity ov	vned or op	erated by	a governn	nental unit	describ	ed in		
· <u></u>		(b)(1)(A)(iv). (Comple		-	•							
6 🗔			ent or governmental unit	described	d in section	n 170(b)(1)(A)(v).					
7		- ·	eives a substantial part					r from the	general	public desc	ribed i	n
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🗔			ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 🔲	•		eives: (1) more than 33 1			rom contri	butions, m	embershij	o fees, a	nd gross re	ceipts	from
	-	· ·	nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete										
10 🔲	An organizatı	on organized and o	perated exclusively to tes	st for publ	ic safety. S	See sectio	n 509(a)(4) .				
11 🔲	An organizati	on organized and o	perated exclusively for th	ne benefit o	of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes (of one	or
	more publicly	supported organization	ations described in section	on 509(a)(1) or sectio	on 509(a)(2	2). See se c	tion 509(a	a)(3). Ch	eck the box	that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type I	ь 🗀 т	ype II c 🔲 Ty	ype III - Fu	nctionally i	integrated	c	І 🔲 Тур	e III - No	n-functiona	lly integ	grated
e 🗀	By checking	this box, I certify the	at the organization is not	controlled	I directly o	r indırectly	by one o	more disc	qualified	persons ot	her tha	ın
	foundation m	anagers and other t	than one or more publicly	y supporte	ed organiza	ations desc	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2).	
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check t	his box									
9	_		organization accepted ar									r
	(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	lescribed i	n (ii) and (iii) below	I	Yes	No
	the gov	erning body of the s	upported organization?		-					11g(i)	1	-
	• • •	•	n described in (i) above?							11g(ii)		
	(iii) A 35% (controlled entity of a	a person described in (i) o	or (ii) abov	e? .					11g(iii)	L
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
		,		L		1		(vi) to	the	T		
	of supported	(ii) EIN	(iii) Type of organization	in col (i) le	organization sted in your	Organizat	u notny tne ion in col.	(vi) Is organizatio (i) organiz	ou iu col	(vii) Amoun		netary
org	anızation		(described on lines 1-9 above or IRC section		document?		r support?	(i) organiz U S	ed in the	Sul	port	
			(see Instructions))	Yes	No	Yes	No	Yes	No	1		
	·			1.00				1.00	1			
				1								
										-		
												
				 			 	-				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	6,621,440.	2,492,381.	2,399,474.	3,118,530.	2,775,075.	17,406,900.
2	Tax revenues levied for the organ-			1			
	ızation's benefit and either paid to						
	or expended on its behalf	_	_1				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,621,440.	2,492,381.	2,399,474.	3,118,530.	2,775,075.	17,406,900.
5	The portion of total contributions						
	by each person (other than a		1				
	governmental unit or publicly				•		
	supported organization) included			,]			
	on line 1 that exceeds 2% of the		,				
	amount shown on line 11,						
	column (f)						1,990,679.
6	Public support. Subtract line 5 from line 4						15,416,221.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	6,621,440.	2,492,381.	2,399,474.	3,118,530.	2,775,075.	17,406,900.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,510,476.	1,242,174.	1,570,165.	1,450,655.	1,244,652.	7,018,122.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<u> </u>
10	Other income. Do not include gain			·			
	or loss from the sale of capital						
	assets (Explain in Part IV.)	1,473,625.	1,466,649.	1,367,333.	1,297,737.	1,323,164.	6,928,508.
11	Total support. Add lines 7 through 10						31,353,530.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	<u>,275,824.</u>
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<u> </u>
Se	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2012 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	49.17 %
15	Public support percentage from 2011					15	48.31 %
16a	33 1/3% support test - 2012. If the	_		line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		_				$\triangleright X$
t	33 1/3% support test - 2011. If the	=			line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	• •	• • •				
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the *fac				· ·	rt IV how the organ	ilzation
_	meets the "facts-and-circumstances"	-			-	450	1004
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				· ·		•
40	organization meets the "facts-and-circ		•	•			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 168	a, 100, 1/a, or 1/b			
					Scne	edule A (Form 990	OL 880-EV) 5015

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, places complete Ratt II.)

Section A. Public Support	low, please com	piete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(5) 2000	(6) 2515	(0) 20 1	10/2012	(4) 10101
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,					 	
merchandise sold or services per-				ļ		
formed, or facilities furnished in			1			
any activity that is related to the			}			
organization's tax-exempt purpose						
3 Gross receipts from activities that			•			;
are not an unrelated trade or bus-]		
iness 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				ł		
the organization without charge		ļ				
6 Total. Add lines 1 through 5	<u>-</u>					
7a Amounts included on lines 1, 2, and			1	}		ł
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			İ			
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🛚	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income					T T	
(less section 511 taxes) from businesses		1				Ĭ
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business				† · · · · · · · · · · · · · · · · · · ·		
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain		 		 		
or loss from the sale of capital		İ				
assets (Explain In Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12)				<u> </u>		
14 First five years. If the Form 990 is for	the organization	's first second the	rd fourth or fifth t	ay vear as a sect	100 501/c)/3) organi:	zation
check this box and stop here	tile organization	S Inot, Sobolia, till	. 0, 1001, 01	,	ion oo nojoj organi.	▶
Section C. Computation of Publi	c Support Pe	ercentage		 	···	
15 Public support percentage for 2012 (III			column (fl)		15	
16 Public support percentage from 2011			30.2.m. (1,7,		16	
Section D. Computation of Inves				 		
17 Investment income percentage for 20°				· · · · · · · · · · · · · · · · · · ·	17	
18 Investment income percentage from 2	· ·		,		18	
19a 33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than	<u> </u>	
more than 33 1/3%, check this box an	=					., is iiot ▶
b 33 1/3% support tests - 2011. If the		-	-			and
line 18 is not more than 33 1/3%, chec	_					. —
					-	
20 Private foundation. If the organization	T GIO HOL CHECK a	LUCA UIT III 14, 18	a, or 130, check t	THE POY ALLO SEE !	iiauuciioiis	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2012 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BROWARD COLLEGE FOUNDATION

Employer identification number 23-7181959

Pa	Organizations Maintaining Donor Advised organization answered 'Yes' to Form 990, Part IV, line	d Funds or Other Similar Funds or	Accounts. Complete if the
	Organization answered Tes to Form 930, Part 14, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	······································	
5	Did the organization inform all donors and donor advisors in w	writing that the assets held in donor advised t	funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ac		
•	for charitable purposes and not for the benefit of the donor or		
	Impermissible private benefit?	donor advisor, or for any other purpose con	Yes No
Pa		anization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organization		TV, mile 7.
•	Preservation of land for public use (e.g., recreation or ed		cally important land area
	Protection of natural habitat	Preservation of a certified	-
	Preservation of open space	Tradition of a solution	Thistorio structuro
2	Complete lines 2a through 2d if the organization held a qualifi	ind conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.	ed Conservation Continuation in the form of a	Conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register	arter of 17700, and not on a motorio structure	2d
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by the or	·
•	year	cases, extinguishes, or terrimitated by the ort	gamzation during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	
	include, if applicable, the text of the footnote to the organizati	-	
	conservation easements.		3
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er 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 (AS	C 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descrit	bes these items.	
þ	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

R2371811

Part VI Land, Buildings, and Equip				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		52,112.	8,685.	43,427.
e Other				
Total. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X, colur	nn (B), line 10(c))	•	43,427.

Schedule D (Form 990) 2012

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

R2371811

Schedule D (Form 990) 2012

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2012

Open To Public Inspection

	Attach to Form 990 or Form 990-E	<u>Z. P :</u>	see se	parate instructions	<u>. </u>		
Name of the organization	ACTION DOINING					· -	ntification number
	COLLEGE FOUNDATIO					23-7181	
Part 1 Fundraising Activities required to complete this par	Complete if the organization answer t.	ered "Y	es" to	Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply			
a Mail solicitations				overnment grants			
b Internet and email solicitations			-	nment grants			
c Phone solicitations	g Special	fundra	using	events			
d In-person solicitations							
2 a Did the organization have a written of						or	
key employees listed in Form 990, P				_		Yes	
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		uant to	agre	ements under which	the f	undraiser is to	be
		(iii) fund	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and address of individual	(ii) Activity	I have c	ustodv	(iv) Gross receipts from activity	to (or retained by) fundraiser	to (or retained by)
or entity (fundraiser)		or cor contrib	trol of utions?	Irom activity		ted in col. (i)	organization
		Yes	No				
				1	-		
···							
							
		ļ					
							
		-					
							
T							
Total					L		<u> </u>
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contri	outions	s or nas been notme	O IT IS	exempt from t	egistration
							
						-	
							
						·	
							

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012

		of fundraising event contributions and gre	,	,,,,,,, _		ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				SOUTH		(add col. (a) through
				PACIFIC	4	col. (c))
e n			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .	145,830.	39,826.	41,968.	227,624.
	2	Less: Contributions	89,948.	37,976.	34,175.	162,099.
	3	Gross income (line 1 minus line 2)	55,882.	1,850.	7,793.	65,525.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	61,361.	42,347.	39,471.	143,179.
	10	Direct expense summary. Add lines 4 through	h 9 ın column (d)	···	•	(143,179,
	11	Net income summary. Combine line 3, colum	n (d), and line 10		•	-77,654.
Pê	irt	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				,
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			.,-	bingo/progressive bingo		col. (a) through col. (c))
æ						
	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6		Yes % No	Yes %	Yes % No	·
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		>	(
	8	Net gaming income summary Combine line	1, column d, and line 7		<u> </u>	
_	_					
		ter the state(s) in which the organization opera	_			Yes No
		the organization licensed to operate gaming ac				Tes No
10a	— — We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	vear?	Yes No
		Yes," explain:	•	-	·	
	_					
2320	82 O	11-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 BROWARD COLLEGE FOUNDATION	23-/181959 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	t
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	1 1
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the a	amount
of gaming revenue retained by the third party 🕨 \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address ▶	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	pent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b,	columns (iii) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	
	

232083 01-07-13

Complete if the organization answered Yea' to Form 980. P Attach to Form 980. P Attach to Form 980. P Attach to Form 980. P Attach to Form 980. P Attach to Form 980. P Attach to Form 980. P Attach to Form 980. P Attach to Form 980. P Attach to Saving to Grants and Advisitance	SCHEDULE 1 (Form 990)			Grants and	Grants and Other Assistance to Organizations, overnments and Individuals in the United State	to Organizations in the United Stat	, <u>.</u>		OMB No. 1545-0047	
Femiliar General Information on Grants and Assistance Does the organization BROWARD COLLEGE FOUNDATION	Department of the Treasury Internal Revenue Service		Сотр	lete if the organization	n answered "Yes" ▼ Attach to Forr	to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection	•
Described to a control of parties and Assistance and Caracterial Information on Grants and Assistance, and the salection of operation for bushdaring the amount of the grants or assistance, the grants or assistance, and the selection of caracterial response to the control of grants or assistance, and the selection of the control of grants or assistance. Described and operation of conformation and operation of cash of grant funds in the United States. Complete if the organization answered Vest to Form 990, Part IV, IN agricultural greated medical resolutions because the sale of grant funds in the United States. Complete if the organization answered Vest to Form 990, Part IV, IN agricultural greated medical resolutions because the fund of the Complete in the Caracterial for the	Name of the organization	BROWARD	•	UNDATION		-			Employer identification number 23-7181959	
Does the organization maintain records to substantiate the amount of the grants or assistance, the granteeer eligibility for the grants or assistance, and the selection ordates used to award the grants or assistance of organization and organizations in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, Inc. to Organization and Organization in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, Inc. to Organization and Organization and Organization and Organization and Organization and Organization (I left Amount of Organization and Organization (I left Amount of Organization and Organization (I left Amount of Organizations Islaed in the line 1 table)	-	ormation on Grants an	nd Assistance							
Transversed to award the grants or assistance to case the configurations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, In Charles and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, In Charles and Organization and Organizations in the United States. Complete in Red Charles and Organization of (a) Part II can be obtained and additional special additional part of charles and additional contracts of government organization (b) EIN (c) RD Charles (c) RD Charl		tion maintain records to	o substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec		
The formation of the Assistance to General Comments and Organization answered "Yes" to Form 900, Part V, I General Comments and Organization and Comments and Organization and Comments and Organization and Comments and Organization and Comments and Organization and Comments and Organization and Comments	criteria used to aw	vard the grants or assist	tance?		A		•	•	Yes X No	
Tecipient that received more than \$5,000. Part I can be duplicated if additional signates in the organization and respirations in the organization answered "Tes" to receive that received more than \$5,000. Part I can be duplicated if additional signates is needed. Tecipient that received more than \$5,000. Part I can be duplicated if additional signates is needed. Tecipient that received more than \$5,000. Part II can be duplicated if additional signates in nor-cash assistance assistance. Tecipient that received more than \$5,000. Part II can be duplicated if additional signates in nor-cash grant of additional signates in nor-cash signation of the properties of the prope	。	/ the organization's proc	cedures for mon	toring the use of grant	funds in the United	States.		1		
(b) Name and address of organization (b) EIN (c) RC section (d) Amount of (d) Amount of (d) Amount of (d) Amount of organization (d) Electron (d) Amount of (d) Amount of (d) Amount of (d) Amount of organization (d) Electron (d) Amount of (d) Enter total number of section (501 (c)(2) and government organizations listed in the line 1 table	 1	Other Assistance to G	Sovernments an	d Organizations in the	e United States. C	omplete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any	
E. LaX OLLEGE E. LAX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX OLLEGE E. LaX	1 (a) Name and add	Iress of organization	(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		
E. LAS OLAS BLVD. FAUDRRDALE, FL 33301 COLLEGE, PUBLIC 5, 059, 426. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	BROWARD COLLEGE								SCHOLARSHIPS GIVEN TO COLLEGE FOR DISBURSEMENT	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	111 E. LAS OLAS BLY	ď.							TO STUDENTS FOR	
Enter total number of section 501(e)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	- 3	L 33301	!	COLLEGE, PUBLIC	5,059,426.	0			EDUCATIONAL, AND TUTITION	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table										
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.										
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.										
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.										
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.										
Enter total number of other organizations listed in the line 1 table		r of section 501(c)(3) an	d government or	ganizations listed in th	e line 1 table	- · · · · · · · · · · · · · · · · · · ·				
	٦.	r of other organizations	listed in the line	Table .					(0 + 00) (000 may 2) - - - - -	

232101 12-18-12

Page 2 (f) Description of non-cash assistance 23-7181959 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS GIVEN TO COLLEGE FOR DISBURSEMENT TO STUDENTS FOR EDUCATIONAL, AND TUTITION EXPENSES (d) Amount of non-cash assistance NAME OF ORGANIZATION OR GOVERNMENT: BROWARD COLLEGE (c) Amount of cash grant BROWARD COLLEGE FOUNDATION (b) Number of recipients PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance Schedule I (Form 990) (2012) Part III

Schedule i (Form 990) (2012)

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BROWARD COLLEGE FOUNDATION

Employer identification number 23-7181959

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRIMARILY SCHOLARSHIPS, PROGRAM SUPPORT, ENDOWED TEACHING CHAIRS AND
CAPITAL FACILITIES FOR BROWARD COLLEGE. REVENUES ARE SOLICITED AND
RAISED PRIMARILY FROM INDIVIDUALS, CORPORATIONS, AND OTHER
ORGANIZATIONS PRIMARILY IN BROWARD COUNTY.
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:
CAYMAN ISLANDS, UNITED KINGDOM, JERSEY
FORM 990, PART VI, SECTION B, LINE 11: DRAFT COPY OF FORM 990 PROVIDED TO
THE BOARD
FORM 990, PART VI, SECTION B, LINE 12C: QUARTERLY BOARD GOVERNANCE,
FINANCE & INVESTMENT COMMITTEE, & BOARD OF DIRECTORS MEETING ARE HELD.
BOARD MEMBERS MUST RESIGN BEFORE DOING BUSINESS WITH THE FOUNDATION.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

► Attach to Form 990.

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 23-7181959

BROWARD COLLEGE FOUNDATION Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Total income চ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part #

(g) Section 512(b)(13) ž × controlled entlty? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section ত্র Legal domicile (state or foreign country) FLORIDA EDUCATIONAL INSTITUTION Primary activity Name, address, and EIN of related organization FL 33301 111 EAST LAS OLAS BLVD. FORT LAUDERDALE BROWARD COLLEGE

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

Schedule R (Form 990) 2012

23-7181959 Page 2

Schedule R (Form 990) 2012 BROWARD COLLEGE FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(e)	(A)	()	5		(6)	€	(5)	(4)	-	6	9	8
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	trolling y		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop ate alloc	ortion- ations? 2C	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		Perc
Part ty Identification of Related Organizations Taxable as a Corporation or organizations treated as a corporation or trust during the tax year.)	ganizations Taxable	as a Corportion the tax	oration or Trust (Coyear.)	omplete if th	ле organizatio	Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	es" to Form 99	i0, Part IV, lii	ne 34 ber	cause it had c	one or m	ore related
(a) Name, address, and EiN of related organization	Z. c	Prin	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	AS Bud	(g) Share of Peend-of-year ov	(h) Percentage ownership	Section 512(b)(13) controlled entity? Yes No
		!										
						-			ı		!	
232162 12-10-12				31						Schedul	le R (Fo	Schedule R (Form 990) 2012

Page 3

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest (ii) annuitles (iii) royalties or (iv) rent from a controlled entity			:	Ta X
b Gift, grant, or capital contribution to related organization(s)				tb X
c Gift, grant, or capital contribution from related organization(s)		•		1c X
d Loans or loan guarantees to or for related organization(s)		•		1d X
 Loans or loan guarantees by related organization(s) 			:	1e ×
Provide from the first of the f				×
Dividence in the latest organization(s)		,		-
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				ب ×
i Exchange of assets with related organization(s)				-i-
j Lease of facilities, equipment, or other assets to related organization(s)				1j X

K Lease of facilities, equipment, or other assets from related organization(s)		·	:	+
Performance of services or membership or fundraising solicitations for related	ınization(s)			
m Performance of services or membership or fundraising solicitations by related orga	l organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	lon(s)	,		Tu Y
 Sharing of paid employees with related organization(s) 			:	10 X
				, ,
p Reimbursement paid to related organization(s) for expenses				
q Reimbursement paid by related organization(s) for expenses				19 X
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)		,		1s X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered	on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
	(20) 24(5)			
(1) BROWARD COLLEGE	ď	5,059,426.	САЅН	
ଷ୍				
(3)				:
(4)				
(c)				
(9)				
232163 12-10-12	32		Schedule	Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012 BROWARD COLLEGE FOUNDATION

Part W Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Sund EIN Primary activity Legal of controls (states of foreign (states	(k) centage nership			ļ				200
Primary activity Legal dominical recomes primary activity (state or foreign country) under section 512-514) was legal to the country of the c	Perce							
Primary activity Legal dominical recomes primary activity (state or foreign country) under section 512-514) was legal to the country of the c	(i) neral or anaging arther?							
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