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Form **990** 

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Thiormation about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

<u>A</u> I	For the	2013 calendar year, or tax year beginning and ending	
В	Check if applicable	C Name of organization	D Employer identification number
Γ	Address	BROWARD COLLEGE FOUNDATION	
Ē	Name Change	Doing Business As	23-7181959
	Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room/su	
	Termin- ated	TIT BIBT BIB OBIB BOODEVIRE TITE TEC	(954) 201-7414
	Amende	City or town, state or province, country, and 21P or loreign postal code	G Gross receipts \$ 27,605,400.
L	Applica tion pending	TOKI BRODERDINE TE SSSUI	H(a) Is this a group return
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F Name and address of principal officer:NAINCI R. BOIERO	for subordinates? Yes X No
		110 EAST BROWARD BLVD, #750, FORT LAUDERDAI	
		mpt status: X 501(c)(3) 501(c)( ) ( (insert no ) 4947(a)(1) or 500 500 500 500 500 500 500 500 500 50	if "No," attach a list. (see instructions)  H(c) Group exemption number
			ear of formation: 1971 M State of legal domicile FL
		Summary	in the formation and the first of the first
		Briefly describe the organization's mission or most significant activities: SEE SCHEI	OULE O
Activities & Governance			
ž.	2	Check this box F if the organization discontinued its operations or disposed of m	ore than 25% of its net assets.
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)	3 19
<u>ග</u> ජ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4 19
es	5 1	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 0
Ξ	6 7	Total number of volunteers (estimate if necessary)	. 6 0
Act		Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	<u>  b1</u>	Net unrelated business taxable income from Form 990-T, line 34	7ь 1,543.
			Prior Year Current Year
en	8 (	Contributions and grants (Part VIII, line 1h)	2,937,174. 4,125,539. 0. 0.
Revenue	9	Program service revenue (Part VIII, line 2g)	2,326,053. 3,398,756.
æ	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-43,307. 103,837.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,219,920. 7,628,132.
_		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,059,426. 4,251,029.
	4	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	0. 0.
	ľ	Benefits paid to or for members (Part IX, column (B), [in [4] \	0. 0.
Se	15	Professional fundraising fees (Part IX, coeinn (A), line 11e)	0. 0.
Expenses	10a	Total fundraising expenses (Part IX, column (D), lina 25) 920141, 633, 399.	
Щ	17	Other expenses (Part IX, column (A), lines 1 ia-11d, 11f-24e)	2,348,129. 2,312,774.
			7,407,555. 6,563,803.
•	19	Total expenses. Add lines 13-17 (must equal Part IX column (A) line 25) Revenue less expenses. Subtract line 18-from line 12	-2,187,635. 1,064,329.
Net Assets or	<u> </u>		Beginning of Current Year End of Year
sets	ੂ 20 -	Total assets (Part X, line 16)	68,460,272. 75,376,750.
ASS	21	Total liabilities (Part X, line 26)	757,796. 760,210.
		Net assets or fund balances. Subtract line 21 from line 20	67,702,476. 74,616,540.
	art II	" <del></del>	
		ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge
		Signature of officer	Date 5//2/14
Sig	- 1	· · · · · · · · · · · · · · · · · · ·	5/14/4
He	ere	NANCY R. BOTERO, EXECUTIVE DIRECTOR  Type or print name and title	<del></del>
_			Date, Check PTIN
Pa	id	Print/Type preparer's name LOUIS R. PROIETTO  Preparer's seminature	5/12/116   1   1000402252
	eparer	Firm's name KEEFE, MCCULLOUGH & CO., LLP, C.P.A	321 211000
	e Only	Firm's address 6550 N FEDERAL HIGHWAY, SUITE 410	THINSLING 37 1303772
-50	- 4,	FT. LAUDERDALE, FL 33308	Phone no 954-771-0896
Ma	av the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
	2001 10-2		Form <b>990</b> (2013)

	990 (2013) BROWARD COLLEGE FOUNDATION 23-7181959 Page 2
Par	t祖 Statement of Program Service Accomplishments
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE BROWARD COLLEGE FOUNDATION IS TO TRANSFORM LIVES
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$3,081,066. Including grants of \$3,081,066. (Revenue \$
	SCHOLARSHIPS: ARE PROVIDED TO HELP STUDENTS ATTEND THE COLLEGE AND
	ACHIEVE A HIGHER EDUCATION.
4b	(Code ) (Expenses \$ 1,096,271. including grants of \$ 1,096,271.) (Revenue \$
4D	(Code) (Expenses \$1, U90, 2/1 • including grants of \$1, U90, 2/1 • ) (Revenue \$
	PROGRAM SUPPORT
4c	(Code. ) (Expenses \$ 73,692 · including grants of \$ 73,692 · ) (Revenue \$
	ENDOWED TEACHING CHAIRS
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$
4e	Total program service expenses ► 4,251,029.
	Form <b>990</b> (201
33200 10-29	

Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		-	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	l		
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		I	
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ 1		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
•	Schedule D, Part III			
9	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,	ĺ		ĺ
	Part VI	11a		X
b	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	11b		X
c	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	11c		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	<del>  ^-</del>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	128_	- 1	<del> </del>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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>	X
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	X	<u> </u>
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	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	├	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2012)

Part V Checklist of Required Schedules (continued)

•			Yes	No
2i	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or 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	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			
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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 with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	]		j
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	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	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u>.                                    </u>	Х
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> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		İ	Ì
	Schedule N, Part II	32	<b> </b>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	]	ļ	}
	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, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3 <u>5a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	]	l	ļ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	<u> </u>	<u> </u>
		Form	990	(2013)

Part V	Statements	Regarding	Other IRS	Filings and	Tax	Compliance
	0.00.000		•	go aa		~p

•	Check if Schedule O contains a response or note to any line in this Part V	··			X
	ر پیران در وزایت است. این پیداههاییدی پیشامهای از بید	-	-	Yes	f:5
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 39			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	X	
	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_	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3ь	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	X	
ь	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 A	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 transa	ction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	•	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).		}		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?		X	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			.,
	to file Form 8282? .	1 _ 1	7c	ļ	X
d	,	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7 <del>1</del>	-	Λ
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the cars, airplanes, or other vehicles, did the organization of the cars, airplanes, or other vehicles, did the organization of the cars, airplanes, or other vehicles, did the cars of the cars, airplanes, or other vehicles, did the cars of the cars, airplanes, or other vehicles, did the cars of the cars, airplanes, airplanes, or other vehicles, did the cars of the cars, airplanes, airp		7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		8		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?			<del> </del>
9	Sponsoring organizations maintaining donor advised funds.		9a	1	1
a	Did the organization make any taxable distributions under section 4966?	•	9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:		80		ļ
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
b	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:		ĺ		
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
_	amounts due or received from them)	116			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	126			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		1
	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		F		F
	organization is licensed to issue qualified health plans	13ь	]		
c	Enter the amount of reserves on hand	13c	]		<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O .	14b		
			Forn	n <b>990</b>	(2013

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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.

	Cneck if Schedule O contains à response or note to any line in this Part VI			<u></u>	- •	X
Sec	tion A. Governing Body and Management					
_			1		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			ŀ		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			ł		
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	19	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	1		
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct 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 governing documents since the prior Form	990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	nioga	t one or			
	more members of the governing body?	• •		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
~	persons other than the governing body?		,,	7b	İ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by fi	he following	\	<u> </u>	
	The governing body?	uj li	renowing	8a	Х	
a				8b	X	<del>                                     </del>
٠,	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	achad	at the	100	<del></del>	
9		acrica	at the	9	j	Х
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Zovoni	(a Cada )		Ь	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	teverio	re Code.)		Yes	No
40	Distribution of the boundary broaders broaders of the board			10a	162	X
	Did the organization have local chapters, branches, or affiliates?		m offiliates	108	$\vdash$	<del>  ^</del>
ь	If "Yes," did the organization have written policies and procedures governing the activities of such of	cnapte	rs, amiliates,	405	ĺ	
	and branches to ensure their operations are consistent with the organization's exempt purposes?		6b	10b	X	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay ber	ore filing the form?	11a	<del>  ^</del>	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		.4	12a	X	+
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	+
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," (	describe	1	l .	
	in Schedule O how this was done			12c	-	-
13	Did the organization have a written whistleblower policy?		•	13	X	<del> </del>
14	Did the organization have a written document retention and destruction policy?			14	X	<del> </del>
15	Did the process for determining compensation of the following persons include a review and appro-		ındependent	1		1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		ŀ		١
а	The organization's CEO, Executive Director, or top management official			15a	<u> </u>	X
b	Other officers or key employees of the organization			15b	ļ	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 arrange	ement	with a			1
	taxable entity during the year?			16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatı	on's			
	exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure					
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	ction 501(c)(3)s only	) avaıla	ble	
	for public inspection. Indicate how you made these available. Check all that apply.		·			
	Own website Another's website X Upon request Other (expla	ın ın S	chedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		•	and fina	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the organia	<sub>zation:</sub> I	<b>&gt;</b>	
	NANCY BOTERO - (954) 201-7414		3 <b>. e.g</b> uill		-	
	111 EAST LAS OLAS BOULEVARD 11TH FLOOR, FT. LAUDE	RDA	LE, FL 33	301		
					~ 000	1001

R2371811

#### Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

#### 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.

X Check this box if neither the organization (A)	(B)	organization compensat						(D)	(E)	(F)		
Name and Title	Average	D						Reportable	Reportable	Estimated		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hours per	do box	not c unle	heck i ss pe	more rson	than o	ne han	compensation	compensation	amount of		
	week	offic	er an	dad	recto	or/trus	tee)	from	from related	other		
	(list any	흕			111			the	organizations	compensation		
	hours for	를				g		organization	(W-2/1099-MISC)	from the		
	related	8	18 18 18		Ì	nsat	ľ	(W-2/1099-MISC)	,	organization		
	organizations	<b>E</b>	를		8	Ē		, ,		and related		
	below	큟	를	<u>_</u>	흍	oyee oyee	19			organizations		
	line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
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Form 990 (2013)

(A)	(B)	рюу		(Ć	;)		10	(D)	(E)		_	(F)	
Name and title	Avera <del>gs</del> hours per week	I (do not check more than one I						Reportable compensation from	Reportable — compensation from related	on amount of			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)	comp fro orga and		e on ed
	,		-=	3	<u>×</u>								
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		1_	<u></u>					0.		0.			0.
1b Sub-total c Total from continuation sheets to Part	VII, Section A						<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)  Total number of individuals (including but	not limited to t	hose	e liste	ed a	bov	e) w	<u>▶</u> ho r	0 • eceived more than \$100	<u> </u>	0.			0.
compensation from the organization									· · · · · · · · · · · · · · · · · · ·		1	Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo			e, ke	еу е	mpi	oyee	, or	highest compensated e	employee on		3		х
4 For any individual listed on line 1a, is the	sum of reportal	ble c							the organization	Ī	4		х
<ul><li>and related organizations greater than \$</li><li>Did any person listed on line 1a receive of</li></ul>	or accrue compe	ensa	tion	from	n an	y un			vidual for services				
rendered to the organization? If "Yes," co	omplete Schedu	ıle J	for s	uch	pei	rson			······································		5		<u> </u>
Complete this table for your five highest the organization. Report compensation for										oensa	ation f	rom	
(A)	,	year	enu	ing v	WILL	1 O1 V	AILIII	(B)			(0		
Name and busine BJSY CONSULTING SERVICE		2	84	5 1	NE		-	Description of	services		ompe	nsauc	)II
9TH STREET UNIT 1504, F	T LAUDER	DA	LE	,	FL	)		FINANCIAL SE	ERVICES		12	6,3	00.
2 Total number of independent contractor	s (including but	not	limite	ed to	o th	ose l	ıste	d above) who received	more than				<del>-</del>

Form 990 (2013) BROWARD

Part VIII Statement of Revenue

•			Check if Schedule O conta						
کرهممند	<del>-</del>		· · · · · · · · · · · · · · · · · · ·	The Commences		(A)	(R)	- (C)	Revenue excluded
					-	Total revenue	Related or exempt function	Unrelated business	I from tax under
					1		revenue	revenue	sections 512 - 514
ts s	1 :	а	Federated campaigns	1a					
iran Oun			Membership dues	1b					
S E			Fundraising events	1c	117,657.				
ij.			Related organizations	1d	1,484,296.				
S'E			Government grants (contributi	1					
Sign			All other contributions, gifts, grant						
걸		•	similar amounts not included above	1 1	2,523,586.				
Ēδ		_	Noncash contributions included in lines	<u> </u>	3,020,200.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f	18-11 <b>3</b>		4,125,539.			
<u> </u>		<u></u>	Total Add in Co 14 11		Business Code		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·
	2	2		1	Dusiness Oode				
Š		b		<del> </del>					
Program Service Revenue		c							
ΕŞ		_				<del></del>			
Peg		d							
P.		e	All other program service reve						<del>-   </del>
		f -	, •	ilue . !	<b>•</b>				_
-		9	Total. Add lines 2a-2f Investment income (including	drudondo Intoro				<u> </u>	<del></del>
	3		· -	dividends, intere	st, and	884,861.			884,861.
			other similar amounts) Income from investment of tax			004,001.			884,861.
	4			x-exempt bond p	loceeus				
	5		Royalties .	(A) Dead	63 Damasal				<del>- </del>
	_		0	(i) Real	(ii) Personal				
	0	а	Gross rents						
		Ь	Less: rental expenses						
			Rental income or (loss)	L					
			Net rental income or (loss)		## OU				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	22,389,006.					
		þ	Less: cost or other basis						
			and sales expenses	19,875,111.					
		C	Gain or (loss)	2,513,895.					
		d	Net gain or (loss)		<b>_</b>	2,513,895.			2,513,895.
Pe	8	а	Gross income from fundraisin	-					
Other Reven				,657. of					
Æ			contributions reported on line	1c). See					
<u> </u>			Part iV, line 18	а	173,913.				
ğ			Less: direct expenses	<b>b</b>	102,157.				
_			Net income or (loss) from fund		<b>•</b>	71,756.		ļ	71,756.
	9	а	Gross income from gaming ac	ctivities. See					
			Part IV, line 19	а					
			Less: direct expenses	ь	Ĺ				
	ŀ		Net income or (loss) from garr	_	· •				
	10	а	Gross sales of inventory, less	retums					
			and allowances	а					
			Less: cost of goods sold	b	L				
	<u> </u>	С	Net income or (loss) from sale						
			Miscellaneous Revenu	10	Business Code				
	11	а	OTHER REVENUE SOURCES		541610	32,081.			32,081.
		b		<del> </del>					
		¢							
		d	All other revenue	•				<u></u>	
		е	Total. Add lines 11a-11d	•	. ▶	32,081.			
00000	12		Total revenue. See instructions	<del></del>		7,628,132.	0.	<u> </u>	3,502,593.
33200 10-29	79 I-13								Form <b>990</b> (2013)

### BROWARD COLLEGE FOUNDATION

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mplete column (A).	
_	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	4,251,029.	4,251,029.		
2	Grants and other assistance to individuals in			1	
	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 .				<del></del>
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)				
a	Management	432.		432.	·
þ	Legal .	51,646.		51,646.	<del></del>
C	Accounting .	31,040.		31/040.	· · · · · · · · · · · · · · · · · · ·
d					
e	Professional fundraising services. See Part IV, line 17	318,957.		318,957.	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	310/33/6		010,7070	
9	column (A) amount, list line 11g expenses on Sch 0)	337,650.		191,572.	146,078.
40	Advertising and promotion	69,692.		770.	146,078. 68,922.
12 13	Office expenses	25,051.		9,692.	15,359.
14	Information technology	47,653.		21,904.	25,749.
15	Royalties			•	
16	Occupancy .	185,930.		127,827.	58,103.
17	Travel	5,926.		1,543.	4,383.
18	Payments of travel or entertainment expenses			•	<u>-</u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,133.		4,957.	2,176.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,133.		10,133.	
23	Insurance	16,283.		10,972.	5,311.
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 O)				
a	FOUNDATION PERSONNEL CO	1,205,782.		520,327.	685,455
b		18,512.		1,380.	17,132
C		8,073.		4,848.	3,225
c	CREDIT CARD AND BANK SE	2,261.	·	2,261.	1 500
e	All other expenses	1,660.	4 051 000	154.	1,506
<u>25</u>	Total functional expenses. Add lines 1 through 24e	6,563,803.	4,251,029.	1,279,375.	1,033,399
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			,	
	Check here If following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2013

Form 990 (2013)
Part X Balance Sheet

Par	<u> </u>	Check if Schedule O contains a response or note	to any line in this Part X			
		Offeck if Offective O Contains a response of floor		(A)		(B)
			<del></del>	Beginning of year		End of year
ŀ	1	Cash - non-interest-bearing	-	13,280.	1	187,454.
ŀ	2	Savings and temporary cash investments	883,167.	2	1,129,978.	
-	3	Pledges and grants receivable, net		23,333.	3	1,724.
	4	Accounts receivable, net		58,057.	4	93,857.
	5	Loans and other receivables from current and fo				
- 1		trustees, key employees, and highest compensa	ted employees. Complete			
		Part II of Schedule L			5	······································
	6	Loans and other receivables from other disqualif				
j		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing		ł	
Ì		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7		
₹	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		21,991.	9	22,938.
	10a	Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a 0.			
}	b	Less: accumulated depreciation	10b 0.	43,427.	10c	0.
1	11	Investments - publicly traded securities		67,417,017.	11	73,940,799.
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
1	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	68,460,272.	16	75,376,750.
	17	Accounts payable and accrued expenses	695,365.	17	737,794.	
	18	Grants payable	19,004.	18	22,416.	
	19	Deferred revenue	43,427.	19	0.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete		21		
s	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee				
ige		Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		757,796.	26	760,210.
		Organizations that follow SFAS 117 (ASC 956	B), check here ► X and			
S		complete lines 27 through 29, and lines 33 ar		ŀ		
ည်	27	Unrestricted net assets		8,711,570.	27	10,440,484.
alai	28	Temporarily restricted net assets		23,387,826.	28	10,440,484. 28,375,332.
Ö	29	Permanently restricted net assets		35,603,080.	29	35,800,724
Š		Organizations that do not follow SFAS 117 (A	ASC 958), check here ▶			
r T		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or ea			31	
Ĭ,	32	Retained earnings, endowment, accumulated in			32	
Ž	33	Total net assets or fund balances		67,702,476.		74,616,540.
	34	Total liabilities and net assets/fund balances		68,460,272.		75,376,750
	,	. T				Form <b>990</b> (2013)

orm	99D (2013) BROWARD COLLEGE FOUNDATION	23-71	81959	Pag	je 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		-		X
	particular and an extrement of the second of				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,628		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,563		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,064	1,3	<u> 29.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,702		
5	Net unrealized gains (losses) on investments	5	5,96	7,3	<u>92.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11	7,6	<u>57.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	74,61	5,5	<u>40.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no b			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				l
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ie basis,			
	consolidated basis, or both:		-		
	X Separate basis Consolidated basis Both consolidated and separate basis		Ļ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			١
	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	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits .		Зь		L

Form **990** (2013)

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#### SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501 (c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of t	the organizati							E	mployer	identificati	on nu	mber
			COLLEGE FOU						2:	3-7181	959	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complete	e this part	.) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desci	nbed in <b>se</b>	ction 170	[b)(1)(A)(i).	,				
2 🔲	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(	A)(iii).					
4 🗔	A medical res	earch organization	operated in conjunction	with a hos	pıtal descr	ibed in <b>se</b>	ction 170(	b)(1)(A)(i	ii). Enter t	the hospital	's nam	ie,
	city, and stat	e:										
5 X	An organizatı	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental un	rt describ	ed in		
	section 170	<b>(b)(1)(A)(iv)</b> . (Comple	ete Part II.)									
6 🖳	A federal, sta	te, or local governm	ent or governmental unit	t described	ın sectio	n 170(b)(1	)(A)(v).					
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	govemme	ntal unit o	r from the	e general	public desc	nbed ı	n
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	ete Part II.)									
8 🖳			section 170(b)(1)(A)(vi).									
9 🗀	An organizati	on that normally rec	erves: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	embersh	ıp fees, a	nd gross re	ceipts	from
		•	nctions - subject to certa	•	•	•				•		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	anization	after June 3	80, 197	<b>′</b> 5.
		<b>509(a)(2).</b> (Complete	•			_		_				
10			perated exclusively to te									
11	-	-	perated exclusively for the									or
			ations described in section				). See <b>se</b> c	tion 509	(a)(3). Ch	eck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and compl									
	a Type I			ype III - Fu	-					n-functional		
e	-		at the organization is not									
		_	than one or more publich						9(a)(1) or	section 505	)(a)(2).	
f	_		tten determination from t	ine ino ini	atitisa iy	рет, туре	ii, or Type	: 111				
_		rganization, check ti	nis box organization accepted ar	ov alft or o	ontabution	from any	of the follo	nulaa bal				L
9			directly controls, either al							•	Yes	No
			upported organization?	ione or tog	CTHCI WITH	persons c	1630110601	ii (ii) aiiu	(iii) DelOw	11g(i)	163	140
	_	- •	n described in (i) above?	,				•		11g(ii)	<del> </del>	<u> </u>
			a person described in (i) a		a?		•		•	11g(ii)		<del>                                     </del>
h	• •	-	about the supported or	• •		٠		•		111900		ь
••	7 104100 1110 1		about the supported of	gamzanom	13).							
(i) Name	of ourported	/ii\ EIN	(iii) Type of organization	(iv) is the	organization	(v) Did voi	notify the	(vi) l	s the	(vii) Amoun	t of mo	notanı
	e of supported anization	(ii) EIN	(described on lines 1-9		sted in your			organizat	ion in col zed in the	1 ' '	port	netary
0.9			above or IRC section	governing	document?	(i) of you	support?	U.S	5 7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		}	(see instructions))	Yes	No	Yes	No	Yes	No			
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	·			<u> </u>	ļ		ļ	ļ				
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Total		L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>.                                    </u>		<u> </u>	L		
LHA For	Paperwork Re	duction Act Notice	e, see the Instructions f	or				Schedu	le A (For	m 990 or 99	90-EZ	2013

332021 09-25-13

Form 990 or 990-EZ.

2013.03040 BROWARD COLLEGE FOUNDATION R2371811

23-7181959 Page 2

1

1

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2,775,075 4,007,882 14,793,342. include any "unusual grants.") 2,399,474 3,118,530 2,492,381 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4,007,882. 3,118,530 2,775,075. 14 793 342. 2,492,381 2,399,474. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 14,793,342, 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2011(d) 2012 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 3,118,530 2,775,075, 4,007,882 14,793,342. 7 Amounts from line 4 2,492,381. 2,399,474. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 884,861. 1,244,652. 6,392,507. 1,450,655 1,570,165. and income from similar sources 1,242,174. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 6,796,304. 1,297,737 1,323,164 1 341 421 assets (Explain in Part IV.) 1,466,649 1,367,333 27,982,153. 11 Total support. Add lines 7 through 10 1,019,102. 12 12 Gross receipts from related activities, etc. (see instructions) 13 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 52.87 14 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 49.17 15 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ 

stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2012. 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

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2013

## Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only i	f you checked	the box on line 9	of Part I or If	the organization	failed to qualify	under Part II. II	f the organization f	als to

qualify under the tests listed be	slow, please com	plete Part II.)			- 1	
Section A. Public Support	(a) 2000	(h) 2010	(a) 2011	(-0.0010	(-) 0010	(A Total
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
· · · · ·		<del> </del>		<u> </u>	<u> </u>	
2 Gross receipts from admissions, merchandise sold or services per-					<u> </u>	
formed, or facilities furnished in					1	
any activity that is related to the						
organization's tax-exempt purpose				<u> </u>		
3 Gross receipts from activities that					!	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-					1	
ization's benefit and either paid to						
or expended on its behalf		]		1		
5 The value of services or facilities						
furnished by a governmental unit to				1		
the organization without charge					1	}
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				}	1	
<b>b</b> Amounts included on lines 2 and 3 received		<del>-</del>				
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the				Ì		1
amount on line 13 for the year  c Add lines 7a and 7b		<del> </del>				
	<del></del>	- 211711 1 11171				
8 Public support (Subtract line 7c from line 6.) Section B. Total Support	<del></del>	<u></u>	<u> </u>	<u> </u>	<u></u>	Ł
	(-) 2000	(h) 2010	(0) 2011	(d) 2012	(e) 2013	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(u) 2012	(e) 2013	(I) TOTAL
9 Amounts from line 6				<del> </del>	<del> </del>	<del> </del>
10a Gross income from interest, dividends, payments received on	I					
securities loans, rents, royalties			ļ	1		]
and income from similar sources	<del></del>			<del> </del>	<del> </del>	<b></b>
b Unrelated business taxable income						
(less section 511 taxes) from businesses			ì		}	}
acquired after June 30, 1975	ļ <del>-</del>			<del>                                     </del>	<del> </del>	
c Add lines 10a and 10b				ļ		
11 Net income from unrelated business			1		ļ	l
activities not included in line 10b, whether or not the business is					1	
regularly carried on .						
12 Other income. Do not include gain		1	}	1	1	
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here				<u> </u>	<u></u>	▶□
Section C. Computation of Publ	ic Support Po	ercentage				
15 Public support percentage for 2013 (	ine 8, column (f)	divided by line 13,	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Par	t III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2013. If the			on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box a	=					
b 33 1/3% support tests - 2012. If the		<del>-</del>				and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
332023 09-25-13	U.D. HOL OHOUR		, c			00 or 990-EZ) 2013

Schedule A	(Form 990 or 990-E	Z) 2013 BROWARD	COLLEGE	FOUNDATION	N	23-7181959 Page 4
Part IV	Supplementa	<b>l Information.</b> Prov	ide the explanation	ons required by Part	II, line 10; Part II, line 17a	or 17b; and Part III, line 12.
·	Also complete this	s part for any additiona	Information. (Se	e instructions).		
			•		•	an in the government
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#### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(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.

Information about Schedule D [Forni 990] and its instructions is at www.irs.gov/forin990

OMB No 1545-0047 Open to Public inspection

Name of the organization

BROWARD COLLEGE FOUNDATION

**Employer identification number** 23-7181959

D	DROWARD COLLEGE FOR		23-/101939
Par	كسي		S OF ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		4)5
	<u> </u>	(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 v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t # Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
ā	Total number of conservation easements .	•	2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements of	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$
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 conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	·	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	•	<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for finance	
-	the following amounts required to be reported under SFAS 1		G, p
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
ы Ь	Assets included in Form 990, Part X	•	<b>▶</b> \$
J	Additional and the state of the		· •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

1a Land b Buildings

d Equipment e Other

c Leasehold improvements

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)  Financial derivatives  Closely-held equity interests  Other  (A)  (B)  (C)  (D)  (E)  (F)  (G)  (H)	d-cî-yezî market value -
Financial derivatives   Closely-held equity interests   Clos	o or year market value
Closely-held equity interests	
(A) (B) (C) (D) (E) (F) (G) (H)	
(A) (B) (C) (D) (E) (F) (G) (H)	
(B) (C) (D) (E) (F) (G) (H)	
(C) (D) (E) (F) (G) (H)	
(D) (E) (F) (G) (H)	
(E) (F) (G) (H)	
(F) (G) (H)	
(G) (H)	
(H)	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or en	id-of-year market value
(1)	
(2)	
(3)	
(4)	
(5)	<del></del>
(6)	<del></del>
(7)	
(8)	14.77
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>
Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	5.
. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
<u>(6)</u>	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	e that reporte the
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statement organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been	

332053 09-25-13

Oliconic D (LOUIT GOO) FOLO		
Part XI Reconciliation o	f Revenue per Audited Financial Statements With Revenue pe	r Return.

,	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
7	Total revenue, gains, and other support per audited financial statements		1	-13,580,024-
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a  5,967,	392.	
ь	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 102,	157.	
e	Add lines 2a through 2d		2e	6,069,549.
3	Subtract line 2e from line 1		3	6,069,549.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	į	
b	Other (Describe in Part XIII.)	4b 117,	657.	
c	Add lines 4a and 4b		4c	117,657.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	117,657. 7,628,132.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expense	es per Ret	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		. 1	6,665,960.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	}	
b	Prior year adjustments .	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 102,	157.	
е	Add lines 2a through 2d		2e	102,157.
3	Subtract line 2e from line 1		_3	6,563,803.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,563,803.
Pa	rt XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		t v, line 4, Fa	at A, line 2, Falt Ai,
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:			<u>-</u>
FU	NDRAISING EXPENSES		*	102,157.
PA	RT XI, LINE 4B - OTHER ADJUSTMENTS:			
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:			
FU	NDRAISING EXPENSES			102,157.

### SCHEDULE G

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

(Form 990 or 990-EZ)		e organization answered "Yes" to organization entered more than \$1			, , ,	or 19, or if the	2013
Department of the Treasury Internal Revenue Service		► Attach to Form 990	or Fo	rm 99	0-EZ.		Open To Public Inspection
Name of the organizatio		bout Schedule G (Form 990 or 990-EZ)	and its	เกรชาน	ctions is at WWW.IFS.		identification number
Tario or trio organizatio		COLLEGE FOUNDATIO	N			23-718	
		Complete if the organization answer		'es" to	Form 990, Part IV, II	ne 17. Form 990	-EZ filers are not
a Mail solicitat b Internet and c Phone solic d In-person so 2 a Did the organization key employees list b if "Yes," list the te	tions I email solicitations itations blicitations on have a written o ted in Form 990, P	f Solicita g Special or oral agreement with any individual eart VII) or entity in connection with prividuals or entities (fundraisers) pure	ition of ition of I fundra I (includ profess	non-ga govern using of ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	atees or	<b>Yes No</b> to be
(i) Name and addres	ss of individual	(ii) Activity	(iii) fundi have c or con contrib	ntrol of	(iv) Gross receipts from activity	(v) Amount par to (or retained to fundraiser listed in col. (i	to (or retained by)
			Yes	No			
				-			
			1				
Total				<u> </u>			
3 List all states in who or licensing.	nich the organization	on is registered or licensed to solicit	contrit	oution	s or has been notifie	d it is exempt fro	m registration
		<del>_</del>					
	<del></del> -	- <u>-</u>					
						· · · · · · · · · · · · · · · · · · ·	<del></del>
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	· ·						

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

Schedule G (Form 990 or 990-EZ) 2013

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•		of fundraising event contributions and gre	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1-	(b) Event #2	-(c)-Other-events	(d) Total events
			GOLF	-		(add col (a) through
			TOURNAMENT	WICKED	4	col. <b>(c)</b> )
9			(event type)	(event type)	(total number)	
Revenue					10 005	001 550
Rev	1	Gross receipts	223,323.	50,010.	18,237.	291,570.
_			00 067	24 020	2 060	117 657
	2	Less: Contributions	89,867.	24,830.	2,960.	117,657.
	_	Cross tracers (less 1 minus line 2)	133,456.	25,180.	15,277.	173,913.
	3	Gross income (line 1 minus line 2)	133,430.	25,100.	13/2//-	1737313.
	4	Cash prizes .				
	•					
	5	Noncash prizes				
Ses						
Dec.	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
ے						
	8	Entertainment	49,115.	35,581.	17,461.	102 157
	9	Other direct expenses		33,361.	17,401.	102,157. 102,157.
	10	Direct expense summary. Add lines 4 throug  Net income summary. Subtract line 10 from				71,756.
P	11 irt	Gaming. Complete if the organization	answered "Yes" to Form	990. Part IV. line 19. or	reported more than	7177300
	., .	\$15,000 on Form 990-EZ, line 6a.				
			(a) Diago	(b) Pull tabs/instant	(a) Other serves	(d) Total gaming (add
ž			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
	1	Gross revenue				
		•				
es	2	Cash prizes			1	
Direct Expenses		N d				
찣	3	Noncash prizes	-			
ect	4	Rent/facility costs	İ			
ے	-	Tions admity doord				
	5	Other direct expenses .				}
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor .	□ No	No No	☐ No	
	7	Direct expense summary. Add lines 2 throug	jh 5 in column (ď)		<b>&gt;</b>	
					_	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
_	_		_ <b>i</b>			
9		iter the state(s) in which the organization opera the organization licensed to operate gaming a	_	etetos?		Yes No
		the organization licensed to operate gaining a  "No," explain:				1es110
•	<i>-</i> 11	110, OAPIGHT.		· ·		
	_				·	<del></del>
10	w W	ere any of the organization's gaming licenses i	revoked, suspended or t	erminated during the tax	year?	Yes No
1	o If	"Yes," explain:	·			
	_					
_	_					
3320	082 (	09-12-13			Schedule G (Fo	rm 990 or 990-EZ) 201

Sch	edule G (Form 990 or 990-EZ) 2013 BROWARD COLLEGE FOUNDATION	23-7	181	<u>959</u>	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				_
•	to administer charitable gaming?			Yes	<del></del>
13	Indicate the percentage of gaming activity operated in:				
ē	The organization's facility	· -	13a		<u>%</u>
	An outside facility .	L	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:			
	Name ►				
	Address				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount			
	of gaming revenue retained by the third party > \$				
•	c If "Yes," enter name and address of the third party:				
	Name ►	<del>-</del>			
	Address ►			<u>-</u>	
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 spen	t in the			
	organization's own exempt activities during the tax year ▶ \$				
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruc		nes 9,	9b, 1	Ob, 15b,
		•			
_					
_		•			<del> </del>
_					
					<del> </del>
_	Schadul	o G /Form	000	or 900	-E7\ 2013

Schedule G	(Form 990 or 990-FZ)	BROWARD COLLEGE FOUNDATION	23-7181959 Pa	age 4
Dart IV	(Form 990 or 990-EZ) Supplemental Info	mation (continued)		
L ASH C A M 1	Supplemental lino	That don't (continued)		-
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			Schedule G (Form 990 or 9	100 E

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2013

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Open to Public Inspection

Name of the organization RROWARD COLLEGE FOLINDAT	OT.T.EGE FO	UNDATION					23-7181959
Part 1 General Information on Grants and Assistance	nd Assistance						-
- 8	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	L
criteria used to award the grants or assistance?	stance?		:	Č			Tes
힗	ocedures for mon	toring the use of grant	funds in the United	States.		# + 000 min 1 + 1 + 1	IV line 21 for any
Part # Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered tes to rollingso, rait by line 21, for any states.	Governments an	d Organizations in the	e United States. C lonal space is need	omplete it the orga led.	ınization answered	es to roilli 990, rait	ıy, iiiezi, idi alıy
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
							SCHOLARSHIPS GIVEN TO
TO COLLEGE							COLLEGE FOR DISBURSEMENT
111 E LAS OLAS BLVD							TO STUDENTS FOR
FORT LAUDERDALE FL 33301		COLLEGE, PUBLIC	4,251,029.	0.			EDUCATIONAL, AND TUITION
J							
							-
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government c	rganizations listed in the	he line 1 table			,	<b>A A</b>

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS 3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form, 990) (2013)

(f) Description of non-cash assistance (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. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS GIVEN TO COLLEGE FOR DISBURSEMENT TO STUDENTS FOR EDUCATIONAL, AND TUITION EXPENSES. (d) Amount of non-cash assistance NAME OF ORGANIZATION OR GOVERNMENT: BROWARD COLLEGE (c) Amount of cash grant (b) Number of recipients LINE 1, COLUMN (H): (a) Type of grant or assistance Schedule | (Form 990) (2013) PART II,

Page 2

23-7181959

BROWARD COLLEGE FOUNDATION

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Schedule I (Form 990) (2013)

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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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 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:
THE FOUNDATION WAS ORGANIZED TO SOLICIT, MANAGE, AND DISTRIBUTE FUNDS
FOR EDUCATIONAL PURPOSES, 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, GUERNSEY
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: DRAFT COPY OF FORM 990 PROVIDED TO THE BOARD
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: 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:
EXPLANATION: AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
FUNDRAISING EVENTS -117,657.

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships ► See separate instructions. ► Attach to Form 990. BROWARD COLLEGE FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Parti

43

Employer identification number 23-7181959 Open to Public Inspection 2013 Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations distributed the tax to t £ End-of-year assets Total Income Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity <u>e</u> Name, address, and EIN (if applicable) of disregarded entity Part #

organizations during the tax year.							
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	, (2(b)(13) (lied y?
of felated organization		loleigh contray		501(c)(3))		χes	ş
BROWARD COLLEGE						•	
111 RAST LAS OLAS BLVD.				***			>
301	EDUCATIONAL INSTITUTION	FLORIDA				1	
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	<del>,</del>					-	
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For Danamork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2013	Form 990	) 2013

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

Page 2 23-7181959

Schedule R (Form 990) 2013 BROWARD COLLEGE FOUNDATION

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

(8)	(g)	(0)	(p)	(0)	ε	(B)	ε		6	2
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		foreign country)		sections 512-514)		google	Yes No	K-1 (Form 1065)	Yes No	
					-					
									1	
	T									
	•	_								
									_	***
	1									
	1								_	
	1									
					-					
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	rganizations Taxable	as a Corpo	pration or Trust Cor	nplete if the organization	on answered "Yes	on Form 990, Pa	art IV, line 34	because it had or	e or mo	re related

organizations treated as a corporation or trust during the tax year.	nng the tax year.						r	=
(a)	<b>(</b> 2)	<u> </u>	<del>©</del>	(0)		<u> </u>	Ē	Section
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?
		toreign country)		or trust)		dssets		Yes No
		. 1						_
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		-						_
								+
								_
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Page 4

BROWARD COLLEGE FOUNDATION Schedule R (Form 990) 2013 Part V? Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

(k) Percentage ownership					Schodule 8 (Form 990) 2013
Eneral o		 	 	 	
Code V-UBI General or Percentage amount in box 20 managing ownership of Schadule K-1 partner? (Form 1065) Yes No					School B
Dispropur- tonate allocations?					
Z allog					
(g) Share of end-of-year assets					
Share of total					
Are all partners sec. 501(c)(3) orgs?					
ant income unrelated, from tax on 512-514)	j				
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) (b) (c) Legal domicile Predominic of entity of entity (related, country) under section					

35

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#### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each-return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

ightharpoonup X

If you a	re filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		l	<b>►</b> [X]
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of ti	nis form).		
Do not c	omplete Part II unless you have already been granted a	n automa	tic 3-month extension on a previous	y filed For	m 8868.	
lectroni	c filing (e-file). You can electronically file Form 8868 if ye	ou need a	3-month automatic extension of tim	e to file (6	months for a col	poration
equired t	o file Form 990-T), or an additional (not automatic) 3-mor	th extens	ion of time. You can electronically file	e Form 88	68 to request an	extension
of time to	file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers A	ssociated With 0	<b>Zertain</b>
	Benefit Contracts, which must be sent to the IRS in paper					
isit www	.irs gov/efile and click on e-file for Charities & Nonprofits.					
Part I	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies nee	ded).		
corpora	ation required to file Form 990-T and requesting an autom	natic 6-mo	onth extension - check this box and c	omplete		
Part I only						▶ □
All other o	corporations (including 1120-C filers), partnerships, REMI	ICs, and ti	rusts must use Form 7004 to request	an extens	sion of time	
o file ıncı	ome tax returns.			Enter file	r's identifying n	umber
Гуре or	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification nu	mber (EIN) or
orint						
	BROWARD COLLEGE FOUNDATION				23-71819	159
file by the fue date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	tions.	Social sec	cunty number (S	ME
iling your	111 EAST LAS OLAS BOULEVARD	) 11TH	H FLOOR			
eturn See nstructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	FORT LAUDERDALE, FL 33301					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
						<del></del>
Applicati	ion	Return	Application			Return
s For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)	· · · · · · · · · · · · · · · · · · ·		09
Form 990	)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
	NANCY BOTERO -		EAST LAS OLAS BOUL	EVARD	lith FLO	OOR -
<ul><li>The be</li></ul>	ooks are in the care of $ ightharpoons$ FT . LAUDERDALE,	, FL	33301			
Telepi	hone No. ► <u>(954)</u> 201-7414		Fax No. 🕨			
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ ∐
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group	), check this
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of	all memb	ers the extension	ı ıs for.
1   re	equest an automatic 3-month (6 months for a corporation					
_	AUGUST 15, 2014 , to file the exemp	t organiza	ition return for the organization name	ed above.	The extension	
	or the organization's return for:					
	X calendar year 2013 or					
	tax year beginning	, ar	nd ending		_ ·	
2 lf t	$\underline{he}$ tax year entered in line 1 is for less than 12 months, $c$	heck reas	son: Initial return	Final retur	n	
L	Change in accounting period			<del>. ,</del> .		
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			•
	nrefundable credits. See instructions.			3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069					0
	timated tax payments made. Include any prior year over			3ь	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa					^
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
	. If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EC	) for payment
Instruction	<del>_</del>					
LHA I	For Privacy Act and Paperwork Reduction Act Notice.	see instr	ructions.		Form 8868	(Rev. 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-31-13