	_		Short Form Return of Organization Exempt From Incom	ο Τον		OMB No. 1545-1150
For	m 9	90-EZ	 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more ho 	e Code spital facilities	S,	2011
		of the Treasury enue Service	 and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting require 			Open to Public Inspection
Α	For t	he 2011 cale	endar year, or tax year beginning , 2011, and ending			
_			Name of organization		D Employer i	dentification number
	Addres	s change R	Lichard M. Brodsky Foundation		47-09	41830
	Name	change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone	number
	Initial r	1	247 Mara Court		(516)	432-1254
	Termin	lated led return	City or town, state or country, and ZIP + 4			
-			tlantic Beach NY 11509		F Group E> Number	temption
		unting Metho		H Check	► X if the	organization is not
L	Webs	site: 🕨 www	w.richardbrodsky.org	require	d to attach S	Schedule B (Form
J	Tax-ex	xempt status (c	ck only one) — 🛛 501(c)(3) 📘 501(c) () ◄(insert no.) 📘 4947(a)(1) or 📘 527	990, 99	90-EZ, or 99	0-PF).
	Chec		ne organization is not a section 509(a)(3) supporting organization or a section 527 org			
	norm instru	ally not more ictions). But i	e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-1 f the organization chooses to file a return, be sure to file a complete return.	N (e-postc	ard) may be	required (see
L	Add I asset	ts (Part II, line	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o e 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			32,140.
Pa	rt I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see	the inst	ructions fo	r Part I.)
		Check if the	e organization used Schedule O to respond to any question in this Part I		<u></u>	X
	1	Contribution	ns, gifts, grants, and similar amounts received		1	32,140.
	2	Program se	rvice revenue including government fees and contracts		· · · 2	
	3	Membership	o dues and assessments		3	
	4	Investment	income		4	
	5 a	Gross amou	unt from sale of assets other than inventory			
	b	Less: cost o	or other basis and sales expenses			
	С	Gain or (loss) f	from sale of assets other than inventory (Subtract line 5b from line 5a)		<mark>5</mark> c	
	6	0	d fundraising events			
R E V E			ne from gaming (attach Schedule G if greater than \$15,000) 6a			
Ĕ	b		ne from fundraising events (not including \$ of contribution	ons		
N U E		of such gros	ising events reported on line 1) (attach Schedule G if the sum ss income and contributions exceeds \$15,000) 6 b			
	С	Less: direct	expenses from gaming and fundraising events			
	d		or (loss) from gaming and fundraising events (add lines 6a and ract line 6c)		6d	
			of inventory, less returns and allowances			
	b	Less: cost o	of goods sold			
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		ue (describe in Schedule O)			
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ► 9	32,140.
	10		similar amounts paid (list in Schedule O)			
_	11		id to or for members			
E X P E	12		her compensation, and employee benefits			
E	13		I fees and other payments to independent contractors			2,950.
N S E	14		, rent, utilities, and maintenance			
E S	15	• •	blications, postage, and shipping			11,332.
	16	•	nses (describe in Schedule O)			20,404.
	17		nses. Add lines 10 through 16			34,686.
	18	Excess or (c	deficit) for the year (Subtract line 17 from line 9)		18	-2,546.
A NS	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (must agree with end	-of-year		<u> </u>
A NSSET			ted on prior year's return).			-29,814.
́т s	20	-	ges in net assets or fund balances (explain in Schedule O)			
	21		or fund balances at end of year. Combine lines 18 through 20		. ► 21	-32,360.
BA	A Fo	r Paperwork	Reduction Act Notice, see the separate instructions.			Form 990-EZ (2011)

	990-EZ (2011) Richard M. Brod			47	-094	1830 Page 2
Par	t II Balance Sheets. (see the inst					
	Check if the organization used Sched	ule O to respond to any question	on in this Part II			
			_	(A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			960	-	2,818.
23	Land and buildings			0		0.
24	Other assets (describe in Schedule O)			0		0.
25	Total assets			960		2,818.
26	Total liabilities (describe in Schedule O).			30,774		35,178.
27	Net assets or fund balances (line 27 of c			-29,814	. 27	-32,360.
Par	t III Statement of Program Serv Check if the organization used Sche				(Reg	Expenses uired for section
W/bat	check in the organization used Sche	raise monou for A	TDS / Condor	•••••		c)(3) and 501(c)(4)
Desc	s the organization's primary exempt purpose? <u>To</u> ribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	omplishments for each of its th nanner, describe the services p	ree largest program se provided, the number of	ervices, as f persons	4947	nizations and section (a)(1) trusts; optional thers.)
28	See Attached					
	(Grants \$ 0.) If thi	s amount includes foreign grar	nts, check here		28 a	
29						
				-		
	(Grants \$) If thi	s amount includes foreign grar	nts, check here		29 a	
30						
	(Grants \$) If thi			<u>-</u>	30 a	
21	Other program services (describe in Sched	s amount includes foreign grar			JUa	
31		s amount includes foreign grar			31 a	
32	Total program service expenses (add lin				32	
	t IV List of Officers, Directors,					he instructions for Part IV.)
	Check if the organization used Sch					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensatio (Form W-2/1099-MISC) (If not paid, enter -0-)	n (d) Health benefit contributions to emp benefit plans, an deferred compensa	loyee d	(e) Estimated amount of other compensation
Ric	hard M. Brodsky			deletted competise		
	7 Mara Court	President				
	antic Beach NY11509	25.00	0		0.	0.
	er Nquyen					
340	0 Avenue of the Arts #A321	Vice President				
	ta Mesa FL 92626	0.00	0		0.	0.
Lui	sa Dutra					
123	3 Beech Street #30	Treasurer				
Atl	antic Beach, NY11509	0.00	0	•	0.	0.
	·					

Form	990-EZ (2011) Richard M. Brodsky Foundation 47-094183	0	Р	age 3
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in			_
	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			Ш
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33	Yes	No X
34		34		x
25 0		34		Λ
358	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.			
b	Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	Х	
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		x
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		х
41	List the states with which a copy of this return is filed ►			
42 a	The organization's books are in care of ► <u>Richard M. Brodsky</u>	432	-125	4
	Located at > 1247 Mara_CourtAtlantic_BeachNY_ZIP+4 > 11509	- — — r	<u>, </u>	<u>.</u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country:			
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	If 'Yes,' enter the name of the foreign country:	·I		

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	••••		
			Yes	No
44 a	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44 a		X
ł	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44 b		X
c	Did the organization receive any payments for indoor tanning services during the year?	. 44 c		Х
C	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	. 44 d		
45 a	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	. 45 a		Х
k	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			X
	TEEA0812 02/14/12 F	orm 990)-EZ ((2011)

Form 990-E	EZ (2011) Rio	chard M. Brodsky	Foundation		47-094	£1830	Page 4
							Yes No
46 Did th	ne organization	engage, directly or indirectly	, in political campaign a	ctivities on behalf of or ir	n opposition to	46	v
Part VI		coffice? If 'Yes,' complete So D1(c)(3) organizations					tion
	501(c)(3) c	organizations and secti	on 4947(a)(1) none	xempt charitable tru	usts must answer qu	lestions	
	47-49b and	d 52, and complete the	tables for lines 50	and 51.			
	Check if the c	organization used Schedule	O to respond to any que	stion in this Part VI			· · · □
							Yes No
47 Did th	ne organization	engage in lobbying activities	s or have a section 501(h	n) election in effect durin	g the tax year? If 'Yes,'	47	х
•		school as described in secti					X
	•	make any transfers to an ex		•			X
	0	ted organization a section 52	•	0			
50 Com	olete this table f	or the organization's five hig	hest compensated empl	ovees (other than office	rs. directors. trustees and		I
emplo	oyees) who eac	ch received more than \$100,	000 of compensation fro	m the organization. If the	ere is none, enter 'None.'	-,	
	(a) Name and addre paid more th	ess of each employee han \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	
None							
e Total	number of othe	er employees paid over \$100	.000				
51 Com	olete this table f	or the organization's five hig	hest compensated inder	pendent contractors who	- each received more than	n \$100.000 of	
comp	ensation from t	he organization. If there is n	one, enter 'None.'			1	
(a)	Name and address	of each independent contractor paid	more than \$100,000	(b) Туре	of service	(c) Compe	nsation
None							
						<u> </u>	
e Total	number of othe	er independent contractors e	ach receiving over \$100	,000			
		complete Schedule A? Note				.► X Yes	
		at attach a completed Sched				.► X Yes	No
true, correct, ar	nd complete. Declara	ation of preparer (other than officer) is	based on all information of whic	h preparer has any knowledge.			
0:	Signature of o	officer			Date		
Sign Here		d Brodsky			Dato		
TICIC	Type or print r	4					
	Print/Type prepare	er's name	Preparer's signature	Date	Check X if F	PTIN	
Paid	Guy E. Le	eopold		03/03/2		200039679)
Preparer	Firm's name ►	Guy E. Leopold 1	EA LLC				
Use Only	Firm's address ►	668 Park Avenue			Firm's EIN	71-10528	391
		Huntington		NY 11743	Phone no. (63	31) 549-2	595
May the IR	S discuss this re	eturn with the preparer show	n above? See instructio	ns		.► X Yes	No
						Form 990 -	-EZ (2011)

SCH	EDUL	ΕA
(Form	990 or	990-EZ

Public Charity Status and Public Support

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

OMB No. 1545-0047 2011

Open to Public Inspection
 dan mushan

Department of the Treasury

Internal	Reve	enue Service	,	Attach to F	orm 990 or Form 990-E	Z. ► See	e separa	ate instr	uctions			inspe	ction	
		organization								Employer	dentifica	tion number		
Ric				Foundation							941830			
Part	I	Reasor	n for Pub	lic Charity Status	s (All organizations r	must co	omplete	e this p	oart.) S	ee inst	ruction	s.		
The o	rgar	nization is	not a private	foundation because i	t is: (For lines 1 through 7	11, checl	c only on	ne box.)						
1		A church,	convention	of churches or associa	ation of churches describ	ed in sec	tion 17	0(b)(1)(A	4)(i).					
2		A school of	described in	section 170(b)(1)(A)	(ii). (Attach Schedule E.))								
3		A hospital	or a cooper	ative hospital service	organization described ir	section	170(b)((1)(A)(iii)).					
4		A medical	research or	ganization operated ir	n conjunction with a hosp	ital desc	ribed in s	section	170(b)(1)(A)(iii).	Enter th	e hospital's		
		name, city	, and state:											
5		An organi 170(b)(1)	zation opera (A)(iv). (Cor	ted for the benefit of a mplete Part II.)	a college or university ow	ned or o	perated I	by a gov	ernment	al unit d	escribed	in section		
6 7		An organi	zation that n	0	ernmental unit described ostantial part of its suppo : II.)		•			m the ge	eneral pu	blic describ	ed	
8		A commu	nity trust des	cribed in section 170	(b)(1)(A)(vi). (Complete	Part II.)								
9		from activ investmer	ities related it income an	to its exempt function	nore than 33-1/3% of its s — subject to certain exc taxable income (less sec nplete Part III.)	ceptions,	and (2)	no more	than 33	-1/3% of	f its supp	port from gro	SSS	
10					clusively to test for public	safety. S	See sec t	tion 509	(a)(4).					
11		An organi more publ	zation organ	ized and operated exe ed organizations desc	clusively for the benefit or ribed in section 509(a)(1)	f, to perfo) or section	orm the f on 509(a	functions	s of, or c	arry out n 509(a)	the purp (3). Che	oses of one eck the box	or that	
		a Typ		b Type II	n and complete lines 11é c	l – Func		ntograto	d		чП	Type III –	Otho	r
•					ization is not controlled d		,	0		o dicavo		• •	Other	1
e		other than section 50	foundation	managers and other t	han one or more publicly	supporte	ed organ	izations	describe	e disqua ed in sec	tion 509	(a)(1) or		
f				eived a written determ	ination from the IRS that	is a Typ	е I, Туре	e II or Ty	pe III su	pporting	organiza	ation,		
g					accepted any gift or co	ntributio	n from ar	nv of the	followin	a persor	 197		•••	•
9		Onioc / lag	Juot 17, 2000	o, nuo ine organization	raccepted any gift of co	intribution	i nom a	ly of the	1011010111	9 001001	10.		Yes	No
		(i) A pe	erson who di	rectly or indirectly cor	trols, either alone or toge	ether with	n person	s descril	bed in (ii) and (iii))		100	
		belo	ow, the gove	rning body of the supp	oorted organization?		••••			· · · ·		. 11 g (i)		
		• •	•		d in (i) above?							. 11 g (ii)	<u> </u>	
		(iii) A 3	5% controlle	d entity of a person de	escribed in (i) or (ii) above	e?						. 11 g (iii)		
h		Provide th	e following i	nformation about the	supported organization(s).		1						
		(i) Name of s organiz	supported ation	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your qo	s the ation in i) listed in overning ment?	the organ	rou notify nization in n (i) of upport?	(vi) Is organiza colun organiza U.S	ation in nn (i) ed in the	(vii) Amour	nt of sup	port
						Yes	No	Yes	No	Yes	No			
(A)														
<u>. 7</u>						1								
(B)														
<i>、 </i>														
(C)														
(-/														
(D)														
. /						1								
(E)														
Total														
BAA	For	Paperwo	rk Reductio	n Act Notice, see the	Instructions for Form	990 or 9	90-F7			Schedu	le A (Fo	rm 990 or 9	90-F7) 2011

Part II	Support S	chedule 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	tion A. Public Support	1	1	-	-		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
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	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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	1	1	1	1		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	ies, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s						
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 201						%
15	Public support percentage from 20	010 Schedule A, Pa	art II, line 14 · · ·			15	%
16 a	a 33-1/3% support test – 2011. If t and stop here. The organization of						
k	33-1/3% support test – 2010. If t and stop here. The organization of	he organization dio qualifies as a public	d not check a box o cly supported organ	on line 13 or 16a, a nization • • • • •	and line 15 is 33-1/	3% or more, check	this box ►
17 a	10%-facts-and-circumstances te or more, and if the organization methe organization meets the 'facts-a	eets the 'facts-and	-circumstances' tes	st, check this box a	and stop here. Exp	blain in Part IV how	_
t	10%-facts-and-circumstances te or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and	-circumstances' tes	st, check this box a	and stop here. Exp	olain in Part IV how	the
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or 7			
BAA					5	Schedule A (Form 9	990 or 990-EZ) 2011

 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, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include	10 010	22 264		24 202	22 140	104 540
2	any 'unusùal grants.') Gross receipts from admis-	18,810.	23,364.	25,953.	24,282.	32,140.	124,549.
2	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5	18,810.	23,364.	25,953.	24,282.	32,140.	124,549.
7 8	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.				0.
k	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year	0.	0.				0.
	Add lines 7a and 7b	0.	0.				0.
8	Public support (Subtract line	0.	0.				0.
	7c from line 6.)						124,549.
Sec	tion B. Total Support						
Caler	dar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	18,810.	23,364.	25,953.	24,282.	32,140.	124,549.
10 a	 Gross income from interest, dividends, payments received 						
	on securities loans, rents,						
	royalties and income from						
ł	similar sources						
-	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12.)	18,810.	23,364.	25,953.	24,282.	32,140.	124,549.
14	First five years. If the Form 990 is organization, check this box and s	s for the organizatio	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
	tion C. Computation of Pul						
15				, column (f))		15	100.00 %
16	Public support percentage from 20						100.00 %
-	tion D. Computation of Inv						
17	Investment income percentage for		<u> </u>)	17	00
18	Investment income percentage fro	•	., .	.,			00
19 a	33-1/3% support tests – 2011. If is not more than 33-1/3%, check th	the organization dinis box and stop	d not check the bo ere. The organizat	ox on line 14, and li ion qualifies as a p	ine 15 is more than publicly supported	n 33-1/3%, and line	17 ► X
k	33-1/3% support tests – 2010. If line 18 is not more than 33-1/3%, o	-	-		• • • •	•	
	Private foundation. If the organiz						

 Schedule A (Form 990 or 990-EZ) 2011
 Richard M. Brodsky Foundation
 47-0941830

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

(See instructions).

Page 4

SCHE	EDUL	EL
(Form	990 oi	r 990-EZ

(8) (9) (10)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service	► Attach t			0-EZ, Part V, line 38a or Form 990-EZ. ► See se		ictions.					o Publicection	ic
Name of the organization						Em	ployer ic	lentifica	ition nu	mber		
	dsky Foundation					47	-094	183	0			
Part I Excess Complete i	Benefit Transactions f the organization answered	s (sect d 'Yes' d	tion 501	l (c)(3) and section 5 990, Part IV, line 25a or 2	01(c)(4) or 5b, or Form 9	ganizatio 990-EZ, Pa	ons o art V, li	nly). ne 40t	э.			
	(a) Name of disqualified person				b) Description of	transaction					(c) Corr	rected?
1	(a) Name of disqualined person			(b) Description of	liansaction					Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
2 Enter the amount section 4958	of tax imposed on the orga	nizatior	n manage	ers or disqualified persons	during the y	ear under		▶\$				
3 Enter the amount	of tax, if any, on line 2, abo	ove, reir	nbursed	by the organization				►\$				
Part II Loans to	o and/or From Interes	sted F	Person	s.								
Complete i	if the organization answere	d 'Yes'	on Form	n 990, Part IV, line 26 or	Form 990-EZ	Z, Part V, li	ne 38a	a .				
	ted person and purpose	(b) Loar	to or from anization?	(c) Original principal amount	(d) Balan		(e) In d		(f) App by boa comm	ard or	(g) W agreer	/ritten ment?
		То	From				Yes	No	Yes	No	Yes	No
(1) Richard Brodsk	y Fund Foundation	Х		26,166.	1	5,317.		Х	Х		Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total				\$	1	5,317.						
Part III Grants of	or Assistance Benefi	ting l	nterest	ed Persons.								
Complete i	if the organization answere	ed 'Yes'	on Form	n 990, Part IV, line 27.								
(a) Name of i	interested person		(b) Relatior	nship between interested person a the organization	nd	(c) Amoun	t and typ	e of ass	sistance		
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

Schedule L (Form 990 or 990-EZ) 2011

(d) Description of transaction

Page 2

(e) Sharing of organization's revenues?

Yes No

Part IV	Business Transactions Invo	Iving Interested Per	sons.	
	Complete if the organization answere	ed 'Yes' on Form 990, Par	t IV, line 28a, 28b, or 28d	С.
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	1
(1)				
(2)				

(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	Cumplemental Information				
Part v	Supplemental Information Complete this part to provide additional	information for response	s to questions on Sched	ula L (soo instructions)	
	Complete this part to provide additional		s to questions on Scheu		
				· 	
				· - -	

SCHEDULE O Supplemental Information to Form 990 or 990-EZ		F7	OMB No. 1545-0047		
(Form 990 or 990-EZ)			2011		
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	on -	Open to Public Inspection		
Name of the organization		Employer identificat			
Richard M. Brodsky	/ Foundation	47-0941830	1		

TEEA4901 07/14/11

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Advertising	1,095.
Bank Service Charges	332.
Books, Subscriptions, Reference	0.
Charitable Contributions	2,698.
Computer Services & Supplies	630.
Dues & Subscriptions	420.
Equipment Rental	1,347.
Finance Charges	2,608.
Fundraising Expenses	2,653.
Insurance - Liability, D & O	0.
Meals & Entertainment	425.
Merchant Service Fees	297.
Miscellaneous	3,964.
Office Expenses	798.
Permit Fees	0.
Registration & Filing Fees	0.
Supplies	1,917.
Telephone	0.
Travel & Meetings	1,220.
Total	20,404.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
American Express Credit Card	1,912.	2,673.
Chase Credit Card #2040	10,296.	15,153.
Chase Credit Card #3803	601.	3,135.
Visa Credit Card	2,187.	-1,100.
Richard Brodsky	15,778.	15,317.
Cash in Bank		
Total	30,774.	35,178.