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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

B Ch	eck if a	applicable	Please	C Name of organization THE BROOKLYN COLLEGE FOUNDAT	TON INC		D Employer ide	ntification number
┌ Ad	dress cl	hange	use IRS label or				11-190432	
┌ Na	me cha	ange I	print or	Doing Business As			E Telephone nu	mber
┌ Inr	tıal retu		type. See Specific	Number and street (or P O box if r	mail is not delivered to street add	Iross\ Doom/su	(718) 758-8	3124
_	rmınatı	1	Instruc- tions.	2900 BEDFORD AVE-ingersoll hall	nali is not delivered to street add	iless) Room/sui	G Gross receipt	s \$ 22,083,002
	nended		uons.	City or town state or country and	7TD + 4		_	
				City or town, state or country, and BROOKLYN, NY 11210	ZIP + 4			
J Ap	plicatio	n pending						
				me and address of Principal Offi	cer	H(a) Is t	:hıs a group return	
			andrew 2900 E	sillen BEDFORD AVE-ingersoll hall		affı	iates?	ΓYes Γ Nο
				KLYN, NY 11210		H(b) Are	all affiliates include	ed?
I Ta	ıx-exen	npt status	▽ 501(c) (3) ◀ (insert no)	or 527			See instructions)
J W	eb sit	te: ► www	BRO O KL	YNCOLLEGEFOUNDATION OF	RG		oup Exemption Nu	
К Тур	e of or	ganization [Corporat	tion trust association other		L Year of	Formation 1958 M	State of legal domicile NY
Da	rt I	Summ	arv					
FG	1			ie organization's mission or mos	t significant activities			
w	-	TO ASSI	ST BRO	OKLYN COLLEGE BY DEVELOP	_	INCREASING	BASE OF SUPPO	RT FROM ALUMNI
ž		AND FRI	ENDSOF	THE COLLEGE				
Governance								
활	١,	Chaak th	ıa hav 🗀	if the organization discontinued	ita anaratiana ar dianaga	l af mara than	250/ of the projects	
ŝ	2		,	if the organization discontinued				
	3			members of the governing body				40
Activities &	4			ndent voting members of the gov		1b)		40
Ē	5			nployees (Part V , line 2a) .			5 _	15
골	6			olunteers (estimate if necessary	6 _	13		
				ted business revenue from Part	• •	_	0	
	b	Net unrel	ated bus	iness taxable income from Form	990-T, line 34		7b	0
a)							rior Year	Current Year
	8			d grants (Part VIII, line 1h) .	•	11,512,125	4,700,368	
Ě	9	Program	service	revenue (Part VIII, line 2g) .			0	
Revenue	10			me (Part VIII, column (A), lines	•	1,389,019	-609,812	
ш	11		-	art VIII, column (A), lines 5, 6		2,679,179	36,872	
	12	Total re 12)	venue—a	dd lines 8 through 11 (must equ	ıal Part VIII, column (A), l	ine	15,580,323	4,127,428
	13		and simil:	ar amounts paid (Part IX, colum	n (Δ.) lines 1 – 3.)		4,465,514	5,632,193
	14			or for members (Part IX, column			4,403,314	0
	15		•	ompensation, employee benefits	` '' '	. 5_		
\$	15	10)	, other co	ompensation, employee benefits	(i ait ix, column (x), me	, 5-	910,982	957,695
Expenses	16a	Professi	ional fund	iraising fees (Part IX, column (A	(), line 11e)			0
훞	ь	(Total fun	ıdraising ex	penses, Part IX, column (D), line 25 $\frac{1}{2}$	089,572			
Ш	17	•	_	(Part IX, column (A), lines 11a-			1,635,185	1,386,616
	18		-	-add lines 13–17 (must equal P	•	,	7,011,681	7,976,504
	19			penses Subtract line 18 from lii		, <u> </u>	8,568,642	-3,849,076
* o	+		- 1000 011			Regir	ning of Year	End of Year
8 8	30	T ! -	coto (D:	rt V June 15 \		Degii		
¥8.53 19.63	20			rt X, line 16)			79,499,033	67,937,255
Net Assets or Fund Balances	21		·	Part X, line 26)			888,581	764,890
	22			nd balances Subtract line 21 fro	om line 20		78,610,452	67,172,365
Pa	rt II	Signa	ture Bl	ock				
				erjury, I declare that I have examined correct, and complete Declaration of p				
Plea	se	*****		correct, and complete Decidiation of p	reparer (other than officer) is be	1		or has any knowleage
Sigr			ure of office	er			10-05-12 te	
Her		Andrew	v Sillen eva	ecutive director				
			or print nam					
					Date	Check If	Preparer's PTIN (See Gen Inst \
Date:		Preparer's signature	FREDE	ERICK H ROTHMAN	Date	self-	_	occ och moc)
Paid		empolyed • 「						
	arer's O⇔b	Firm's nam	ne (or your ploved),	s LOEB & TROPER LLP	EIN ▶			
Use	Only		nd ZIP + 4	655 THIRD AVENUE 12TH FLOOR		_		
_				NEW YORK, NY 10017			Phone no 🕨 (2	12) 867-4000
May	tha ID	S diechee	thic ratii	urn with the preparer shown above	ua? (Saa instructions)		•	Vas I No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	briefly describe the organization's mis	sion			
See A	Addıtıonal Data Table				
2	Did the organization undertake a the prior Form 990 or 990-EZ?	iny significant program sei	rvices during the year whi	ch were not listed on	┌ Yes ┌ No
	If "Yes," describe these new ser	vices on Schedule O			
3	Did the organization cease cond services?		changes in how it conduct	ts any program	┌ Yes ┌ No
	If "Yes," describe these changes	on Schedule O			
4	Describe the exempt purpose ac Section 501(c)(3) and (4) organ others, the total expenses, and i	ızatıons and 4947(a)(1) tı	rusts are required to repo		
4a	(Code) (Expe	nses \$ 6,318,820	ıncludıng grants of \$	5,632,193) (Revenue \$)
	The organization's three largest service Foundation financed academic scholar College faculty travel and unsponsored construction projects on campus such	ships and awards for 1,250 stud d research stipends as well as Pi	ents during the 2008-2009 aca rofessorship awards Lastly, the	demic year Each year, the Fo	oundation also supports Brooklyn
4b	(Code) (Expe	nses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expe	nses \$	including grants of \$) (Revenue \$)
4d	Other program services (Desc	ribe in Schedule O)			
	(Expenses \$	including grants of	\$) (Revenue \$)
4e	Total program service expense	s \$ 6,318,820) Must equal Part IX, Line	e 25, column (B).	

art IV	Checklist of	Required	Schedules
	CHCCKHSCOL	iic quii c u	Scilcadics

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	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			N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent 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		Νo

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	205			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1 c	Yes	
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	15			
h	If at least one is reported in 2a, did the organization file all required federal employr					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this			
	return?			3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a	Yes	
ь	If "Yes," enter the name of the foreign country ^{CJ}					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	eport o	f Foreign Bank and			
	Financial Accounts.	•	_			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	tv Reaardina Prohibited			
	Tax Shelter Transaction?	•		5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con	trıbut	ion of \$75 or	7a	Yes	
	more?					
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?		•	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	/ prem	niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onalb	enefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8			7g	Yes	
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f		•	, 9		
•	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a					
	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the	spons	oring organization, have			
	year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities					
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources	-				
U	against amounts due or received from them)	11b				
4.2		- 1	- £ F 10.443	4.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	rneuk I	אורסוד Turing 1041' 	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

a bout policie	es not required by the internal Revenue Code.)	
Section A. Governing	g Body and Management	

					Yes	No	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,				
1a	Enter the number of voting members of the governing body	1a	40				
ь	Enter the number of voting members that are independent	1b	40				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		·	2		Νο	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		Νο	
4	Did the organization make any significant changes to its organizational documents stilled?	ince t	he prior Form 990 was	4		Νο	
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νο	
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other persons?	7b		Νο	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the				
а	the governing body?			8a	Yes		
ь	each committee with authority to act on behalf of the governing body?			8Ь	Yes		
9a	Does the organization have local chapters, branches, or affiliates?			9a		No	
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.			9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the		_	10	Yes		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		No	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY, NJ, CT, TN, NH, MN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. In another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

RABIA AZHAR 2900 BEDFORD AVEnue-ingersoll hall Brooklyn, NY 11210 (718) 758-8124

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			1	(tion that a		у)				(E)		(F)				
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	0	Estima imount o compens from t rganizati relati organiza	fother ation he on and ed			
											\pm					
											\pm					
											+					
											\pm					
											\pm					
1h	Total							┝	250,25	1 505,	099		92,977			
2	Total number of individuals (includir compensation from the organization	ng those ın 1						າ \$1	00,000 in reportab	le						
												Yes	No			
3	Did the organization list any former on line 1a? <i>If "Yes," complete Schedu</i>									sated employee	3	Tes	N o			
4							organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such									
											4	ΙΥΔο				
5		eive or accru	· · ue comp	ensa	ition	• fro	· · many	unre	elated organization	for services	4	Yes				
5	Did any person listed on line 1a recordened to the organization? If "Yes									for services	5	Yes	No			
	Did any person listed on line 1a rec	s," complete :								for services		Yes	No			
	Did any person listed on line 1a recovered to the organization? If "Yestection B. Independent Contra	ctors hest comper	Schedule	e J foi	rsuc	h p	ers on	•				Yes	No			
Se	Did any person listed on line 1a recovered to the organization? If "Yestection B. Independent Contra Complete this table for your five hig \$100,000 of compensation from the	ctors hest comper	nsated i	e J foi	rsuc	h p	ers on	•	rs that received mo			Yes (C)			
Se	Did any person listed on line 1a recovered to the organization? If "Yestection B. Independent Contra Complete this table for your five hig \$100,000 of compensation from the	ctors hest compere	nsated i	e J foi	rsuc	h p	ers on	•	rs that received mo	re than		(C)			
Se	Did any person listed on line 1a recovered to the organization? If "Yestection B. Independent Contra Complete this table for your five hig \$100,000 of compensation from the	ctors hest compere	nsated i	e J foi	rsuc	h p	ers on	•	rs that received mo	re than		(C)			
Se	Did any person listed on line 1a recovered to the organization? If "Yestection B. Independent Contra Complete this table for your five hig \$100,000 of compensation from the	ctors hest compere	nsated i	e J foi	rsuc	h p	ers on	•	rs that received mo	re than		(C)			

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
25 25	1a	Federated camp	paigns 1a					314
Contributions, gifts, grants and other similar amounts	ь	Membership du	es . 1b					
°.g	c	Fundraising eve	ents 1 c	104,938				
<u>#</u>	d	Related organiz	ations 1d					
<u>3</u>	e	Government grants	s (contributions) 1e					
tion S	f	All other contribution	ons, gifts, grants, and 1f	4,595,430	İ			
ê₹	g		butions included in					
ξě		lines 1a-1f \$ _		_				
<u>ٽة</u>	h	Total (Add line:	s 1a-1f)		4,700,368			
<u> </u>	_			Business Code				
Ken	2a							
22	Ь							
MCA	C							
Š	d							
Ē	e f	Λ II α+b α · · ·						
Program Service Revenue	'	All otner progra	m service revenue					
<u> </u>	g	Total. Add lines	s 2a-2f	► \$				
	3		ome (including dividen					1 045 55
	١,		nounts)		1,049,952			1,049,952
	4 5		tment of tax-exempt bond	_				
	•	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) itsu	(, 1 0.00				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	16,276,211					
		assets other than inventory						
	ь	Less cost or	17,935,975					
		other basis and sales expenses						
	c	Gain or (loss)	-1,659,764	<u> </u>	-1,659,764			-1,659,764
	d 8a	Gross income fi	s)		-1,039,704			-1,039,704
	"	events (not incl						
٨		¥	, <u>110</u> reported on line 1c)					
ž		See Part IV, lin	e 18					
⊕ >			G if total exceeds a	104.020				
Other Revenue	Ь		penses b	104,938 19,599				
₽	c		loss) from fundraising		26,511			26,511
ō	9a		rom gaming activities					
		See part IV , lin Complete Schedi	e 19 ule G ıf total exceeds					
		\$15,000						
	ь		a					
	"		penses b loss) from gaming activ	vities				
		Gross sales of						
		returns and allo	wances .					
			a h					
	b c		oods sold b loss) from sales of inve	entory 📂				
		Miscellaneous		Business Code				
	11a	miscellaneous		900,099	10,361			10,361
	ь							
	c							
	d	All other revenu	ıe					
	e		11a-11d					
	12	Tate! D	Add lines 45 0 0 1	\$ 10,361	4,127,428	0	0	-572,940
	12	9c, 10c, and 11	Add lines 1h, 2g, 3, 4,	o, oa, /a, &c, ►	7,127,720	0	O	3,2,940

Form 990 (2008) Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
	not include amounts reported on lines 6b, 7b, 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 U.S. See Part IV, line 21	5,632,193	5,632,193		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	779,968			567,332
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	49,229		13,421	35,808
9	Other employee benefits	65,270		19,106	46,164
10	Payroll taxes	63,228		17,237	45,991
11	Fees for services (non-employees)				
а	Management				
ь	Legal	33,754		33,754	
с	Accounting	43,250		43,250	
d	Lobbying			,	
	Professional fundraising See Part IV, line 17				
	Investment management fees	52,077		52,077	
g	Other	290,290		85,000	205,290
12	Advertising and promotion	290,290		83,000	203,290
13	Office expenses	580,015	420.001	41 400	00.605
	•		439,001	41,409	99,605
14	Information technology	14,241		14,241	
	Royalties	0.450	0.460		
16	Occupancy	8,468	8,468	105	
17 18	Payments of travel or entertainment expenses for any Federal,	101,385	96,946	195	4,244
19	state or local public officials	93,385	83,332		10,053
	· -	93,363	65,332		10,033
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	65.765		25.705	22.22
23 24	Other expenses—Itemize expenses not covered above (Expenses	65,786		35,786	30,000
	grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	miscellaneous	93,822	58,880		34,942
ь	purchase and installati	10,143	·		10,143
c					<u> </u>
d					
e					
d					
e				+	
e					
	All other expenses				
	All other expenses Total functional expenses Add lines 1 through 24f	7.076.56	6 242 25	F60 145	4 000 555
25	Total functional expenses. Add lines 1 through 24f	7,976,504	6,318,820	568,112	1,089,572
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	96,996	1	19,455
	2	Savings and temporary cash investments	18,462,081	2	18,212,356
	3	Pledges and grants receivable, net	13,913,363		12,563,216
	4	Accounts receivable, net	, ,	4	, ,
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
ø	9	Prepaid expenses and deferred charges	23,748	9	17,389
ssets	10a	,			·
Ass		Land, buildings, and equipment cost basis			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D		10c	
	11	Investments—publicly traded securities	35,001,792		27,661,318
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D	7,803,598	12	5,407,186
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	4,197,455		4,056,335
		D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15	.,,
	16	Total assets. Add lines 1 through 15 (must equal line 34)	79,499,033	16	67,937,255
	17	Accounts payable and accrued expenses .	177,357	17	112,238
	18	Grants payable		18	
	19	Deferred revenue		19	
100	20	Tax-exempt bond liabilities		20	
<u>ā</u>	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ï		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	711,224	25	652,652
	26	Total liabilities. Add lines 17 through 25	888,581	26	764,890
У		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	7,761,492	27	-1,967,027
<u>ရ</u>	28	Temporarily restricted net assets	28,105,408	28	28,750,231
둳	29	Permanently restricted net assets	42,743,552	29	40,389,161
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	78,610,452	33	67,172,365
Z	34	Total liabilities and net assets/fund balances	79,499,033	34	67,937,255
	•				
Pa	rt XI	Financial Statements and Reporting			

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493132046010

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

гне в	ROOKL	YN COLLEGE FO	OUNDATION INC						. ,		
								11	-1904329	9	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	rganı	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))			
1	Γ	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	Γ	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Г	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)									
4	Г	A medical i	research organi	zation operated in conjuncti	on with a h	hospital de	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the
	·	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	Г	•		or the benefit of a college or	university	v owned o	r operated	l by a gove	rnmental	unit desc	ribed in
	·	=	•	(Complete Part II)		,	•	, 5			
6	Г			overnment or governmental	unıt descr	ibed in Se	ction 170	(b)(1)(A)	(v).		
7	Ţ	•	-	ally receives a substantial p						n the gene	eral public
_	•			o)(1)(A)(vi) (Complete Par			5				
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Pari	tII)				
9	Ţ.		•	ally receives (1) more than			•	ontribution	ıs, membe	rship fees	, and gross
	·			ated to its exempt functions							
		•		stment income and unrelate	-		•	, ,	•		
				on after June 30, 1975 See						,	
10	Г			and operated exclusively to						ee instruc	tions)
11		=	-	and operated exclusively fo	-		•				· ·
	·	one or more	e publicly suppo	orted organizations describe	d in section	on 509(a)	(1) or sec	tıon 509(a	a)(2) See	Section 5	09(a)(3) Check
				type of supporting organiza					_		
	_	·	• •		Type III		-		d		III - Other
e	ı	•	-	rtify that the organization is agers and other than one or			•			•	•
		section 50		agers and other than one or	more publ	icly suppl	orteu orga	ilizations (Jeschbeu	III Section	1309(a)(1)01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,
		check this									Γ
g		following pe		as the organization accepted	d any gift o	or contrib	ution from	any of the	!		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
			·	ng body of the the supported		_				11g	
				erson described in (i) above	_					11g(
			•	ty of a person described in (bove?				11g(
h				nation about the organizatio			supports			[5(
-					9		11				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1-9	_	atıon ın		nızatıon	_	ation in	support?
	O rgar	nızatıon		above or IRC section		listed in		i) of your		rganized	
(See Instructions)) your governing support? in the U.S.?											
		Yes No Yes No							1		
	165 170 165 170										
								-			

Total

Support Schedule for Organizations Described in IRC 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.)

The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11 that exceed 2% of the amount shown on line 11, column () (Public Support subtract line 5 from line 4 Total Support Calendar year (or fiscal year beginning in) 7 A mounts 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) 17 Total Support (Add lines 7 through 10) 18 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 10 10% Facts and Circumstances: Test - 2008. If the organization did not check box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization did not check the box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization did not check the box on line 13, 16a, or 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 kins 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 more, and if the organization did not check the box		Complete only if you clied	ked the box o	11 lille 5, 7, 01	o or Part 1.)				
1. Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2. Tax revenues level for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on the behalf and either paid to or expended on the behalf and the paid to or expended on the behalf and the paid to or expended on the behalf and the paid to expended the paid to expended the paid to expended on the behalf and the paid to expended the paid to expen			() 2004	(1) 2005	() 2006	(D 2 2 2 7		T	/63 T + 1
membership fees received (Op not include any "unusual grants") 2 Tax revenues levide 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 line 1-3 5 The potion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column 6 Public Support subtract line 5 from line 4 Total Support Colemdar year (or fiscal year beginning in) 7 A mounts 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 seals of capital assets (Explain in Part IV) 10 Other income Do not include gain or loss from the seals of capital assets (Explain in Part IV) 11 Total Support (Add lines 7 through 10) 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 501(c)(3) 14 Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 15 Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 16 Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 17 Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 18 Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 19 Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 10 We facts and Circumstances Test - 2008 (line for column line 13, 16a, or 16b and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 10 We Facts and Circumstances Test - 2008 (line for column line 15 is 10% or more, and if the			(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) otal
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf at the value of services or facilities for mins be by a governmental unit to the organization without charge 4 Total, Add line 1-3 5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 I that exceed 2% of the amount shown on line 11, column (f) 6 Public Support subtract line 5 from line 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, person, reverse, reveal on securities loans, person, revist, reysulties and income from similar sources 9 Net income from unrelated business securities, whether or not the business is securities, etc. (See instructions) 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 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 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization 14 Jan 10 Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 15 Public Support Percentage for 2008 (line 6 column (f) divided by 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 15 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 16 Total Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 17 Jan 10% Facts and Circumstances Test - 2009. If the organization	1		3 699 532	9 215 581	15 516 630	11 512 125		4 700 368	44 644 236
2 Tax revenues levide 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 line 1-3 5 The potion of fotal contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (high publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (high publicly supported organization) included on line 11, column (high publicly supported organization) included on line 11, column (high publicly supported organization) included on line 11, column (high publicly supported organization) included on line 11, column (high publicly supported organization) included on line 11, column (high publicly supported organization) included on line 11, column (high publicly supported organization) included on line 11, column (high publicly supported organization) included on line 11, column (high publicly supported organization) included on line 11, column (high publicly supported organization) included on line 11, column (high publicly supported organization) included on line 11, column (high publicly supported organization) included publicly supported organization (high publicly supported organization) in publicly supported organization (high publicly supported organization) in Part 1V how the organization meets the "facts and circumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization or horse, 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, check this box and stop here. Explain in Part IV how 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, check thi			3,033,332	5,215,501	13,310,030	11,512,125		4,700,300	44,044,250
benefit and either paid to or expended on its behalf as a part of the value of services or facilities furnished by a governmental unit to the organization without charge 1 Total, Add line 1-3 5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) 6 Public Support Total Support Calendar year (or fiscal year beginning in) 7 A mounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources 9 Net income from unrelated business activities, whether or not the business is acquirify carried on part of the organization qualifies as a publicly supported organization and fifther organization meets the "facts and circumstances" test, check this box and stop here. The organization meets the "facts and circumstances" test, check this box and stop here. The organization meets the "facts and circumstances" test, check this box and stop here. The organization meets the "facts and circumstances" test, check this box and stop here. The organization meets the "facts and circumstances" test, check this box and stop here. 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstance	2							-	
### She half ### Total. Add line 1-3 ### Total. Add li	2								
Total Value of services or facilities furnished by a governmental unit to the organization without charge 3,699,532 9,215,881 15,516,630 11,512,125 4,700,368 44,644,236 5 1 1 1 1 1 1 1 1 1									
Total Add line 1-3 3,699,532 9,215,581 15,516,630 11,512,125 4,700,368 44,644,236 5,700,369 3,699,532 9,215,581 15,516,630 11,512,125 4,700,368 44,644,236 5,700,369 3,699,532 3,699,532 3,215,581 3,516,630 3,152,125 4,700,368 44,644,236 3,699,532 3,699,532 3,215,581 3,516,630 3,152,125 4,700,368 44,644,236 3,699,532	3								
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Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization THE BROOKLYN COLLEGE FOUNDATION INC 11-1904329 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

following amounts required to be reported under SFAS 116 relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

3,205,320

<u>iclii</u>	Organizations Maintaining Co	liections of Art,	, 1113	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cai i	Cusui	es, or o	tii Ci	<u> </u>	11 7336	is (co	ontinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne fol	lowing	that are	a sıgnıfıca	nt us	e of its o	collection	1	
а	▼ Public exhibition		d	Γ	Loan	orexcha	nge progr	ams				
ь	Scholarly research		e	Г	O the	r						
С	✓ Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n hov	w the	y furth	er the or	ganızatıon	s exe	empt pur	pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					lar	厂	Yes	✓ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						ızatıon aı	ารพ	ered "Ye	es" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribi	utions or	other ass	ets n	ot	Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е				_					
							F			A mou	ınt	
c	Beginning balance						<u> </u>	1c				
d	Additions during the year						—	1d				
e	Distributions during the year						⊢	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	,	21?							Γ	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV				1							
Pai	rt V Endowment Funds. Complete	If the organization (a)Current Year)Prior			orm 990, Years Back				\ Four V	ears Back
1a	Beginning of year balance	43,852,061	(L	PHOL	rear	T (C) I WO	Tears back	(u)	illee reals	s back (e	ji oui i	ears back
ь	Contributions	-1,776,940										
c	Investment earnings or losses	-9,354,190										
d	Grants or scholarships	460,959										
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	32,259,972										
2	Provide the estimated percentage of the yea	r end balance held a	S									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨 100 000 %											
с	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiza	tion	thata	are hel	d and ad	mınıstered	for t	he			
	organization by										Yes	No
	(i) unrelated organizations							•		. 3a(i)		No
ь	(ii) related organizations				 Lula D2					3a(ii)	<u> </u> 	No I
4	Describe in Part XIV the intended uses of th	•				• •		•		30		<u> </u>
	t VI Investments—Land, Buildings					990. Par	t X. line	10.				
						or other	(b)Cost or				T.,,	
	Description of investment					estment)	basis (oth		(c) De	preciation	(a) E	Book value
				\neg							-	
1a	Land											
	Land											
b			· ·									
b c	Buildings	· · · · · · · · · · · · · · · · · · ·	· ·									
b c d	Buildings		· · ·									

investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		·
Closely-held equity interests		
Other limited Partnerships	5,407,186	F
·	, ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	5,407,186	
Total. (Column (b) should equal from 550, Fart X, cor (b) mic 12)	3,407,100	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	.3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		1 (1) 5
(a) Descrip	otion	(b) Book value
ARTWORK AND COLLECTIONS		3,205,320
Beneficial interest in remainder trusts		734,780
beneficial interest in life insurance		114,720
interest receivable		1,515
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		4,056,335
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes	652.652	
ANNUITY OBLIGATIONS	652,652	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	652,652	

_	Total revenue (Form 990, Part VIII, column (A), line 12)		4,127,42
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,976,50
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,849,07
4	Net unrealized gains (losses) on investments	4	-7,431,47
5	Donated services and use of facilities	5	597,32
6	Investment expenses	6	-52,07
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-702,78
9	Total adjustments (net) Add lines 4 - 8	9	-7,589,01
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-11,438,08
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	-2,916,33
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	439,78
3	Subtract line 2e from line 1	3	-3,356,12
4	A mounts 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 52,077		
Ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	7,483,55
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,127,42
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	8,521,75
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
Ь	Prior year adjustments	-	
с	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	1 1	507.00
e	Add lines 2a through 2d	2e	597,32
3	Subtract line 2e from line 1	3	7,924,42
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 52,077	-	
Ь	Other (Describe in Part XIV)	_	F2 07
С -	Add lines 4a and 4b	4c	52,07
_5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,976,50

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	Brooklyn College Foundation's endowment funds are established to provide (i) scholarships, fellowships prizes, and other assistance to students of Brooklyn College, (ii) awards, prizes, and subventions to Brooklyn College faculty and staff or other person's for outstanding achievements or services to the Brooklyn College, (iii) funds for the library, academic departments, and for the administration of Brooklyn College, (iv) support for the establishment, maintenance, building, improvement, operation and support of recreational rooms, places, and buildings of Brooklyn College, and (v) support for the functioning and operation of the curricular and extra-curricular activities of Brooklyn College and its related and associated agencies
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - 6572 change in value of beneficial interest in remainder trust - 150964 use of donated service -545248
Part XII, Line 2d - Other Adjustments		change in value of split-interest agreements -6572 change in value of beneficial interest in remainder trust -150964
Part XII, Line 4b - Other Adjustments		unrealized loss 7431475
		Form 990, Schedule D, part III, line 4 Brooklyn College Foundation holds Artwork and a Boxiana Collection. The Artwork was donated many years ago and contains several important pieces of Artwork. The Boxiana Collection includes approximately two million manuscripts, photographs, programs, journals, news clippings, memorabilia and other materials which provide the most extensive gathering ever assembled of primary research materials for the history of boxing. The organization is still in the process of cataloging all the items in the Boxiana Collection and intends to make the Collection available for education, research and viewing. The primary mission of the Foundation is to generate, encourage and promote the educational purposes of Brooklyn College of the City University of New York and the Collection will be displayed at the College for Educational purposes. Form 990, Schedule D, part V, line 1b (\$1,776,940) consists of \$687,129 of permanently restricted contributions and \$2,464,069 of reclassifications based on donor re-designation of donations as unrestricted funds.

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As Filed Data -

DLN: 93493132046010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Nevenue Service						Thispection
Name of the organization					Employer ider	ntification number
THE BROOKLYN COLLEGE FOU	NDATIONINC				11-1904329	
Part I Fundraising Acti	ivities. Complet	e if the o	rganizat	ion answered "Yes" i	to Form 990 Part IV	 line 17
	·		_		·	, mic 17.
	ization raised funds	through a	ny ortne i			
a Mail solicitations b Email solicitations				•	non-government grants government grants	
c Phone solicitations				g Special fundrais		
d In-person solicitations				g , opecial fallaral.	sing events	
2a Did the organization have a	•		•	` _		
or key employees listed in f	Form 990, Part VII) or entity	ın connec	tion with professional f	undraising activities?	Г Yes Г No
b If "Yes," list the ten highest to be compensated at least						
		(iii)	(iii) Dıd			
		fundrais			(v) A mount paid to	(vi) A mount paid to
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	•	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
or entity (landraiser)		contributions?		Hom activity	col (i)	organization
		Yes No				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Comp more than \$15,000 on Form					report	ed
			(a) Event #1 viewing of west side story	(b) Event #2 wolfe institute event	(c) O ther Events (total number)	(Add co	tal Eve (a) th	
			(event type)	(event type)				
IMA	1	Gross receipts	142,428	8,620			15	1,048
Revenue	2	Less Charitable contributions	101,428	3,510			10	4,938
	3	Gross revenue (line 1 minus line 2)	41,000	5,110			4	5,110
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
cpen	6	Rent/Facility costs		5,128				5,128
ற ப	7	Other direct expenses	13,821	650				4,471
Direct	8	Direct expense summary Add line	es 4 through 7 ın column	(d)	🛌		1 9	9,599
	9	Net income summary Combine lir	nes 3 and 8 ın column (d)		🕨		2	5,511
Par	t III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mo	re thar	1
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) ti		
_	1	Gross revenue						
Seg.	2	Cash prizes						
Expenses	3	Non-cash prizes						
й Б	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌────────────────────────────────────	┌ Yes%			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🕨			
9 a		er the state(s) in which the organiza he organization licensed to operate			 .	· 9a	Yes	No
b	If "N	No," Explain						
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10a		
11 12		es the organization operate gaming a				11		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493132046010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion

Name of the organization	NUNDATION INC					Employer ident	ilication number
THE BROOKLYN COLLEGE FO	OUNDATION INC					11-1904329	
Part I General Infor	mation on Grar	nts and Assistance				·	
 Does the organization mathematical the selection criteria use Describe in Part IV the organization mathematical the selection criteria use Part II Grants and Ot 	ed to award the gran organization's proce	its or assistance? dures for monitoring th	e use of grant funds in the	ne United States			
Form 990, Part Part IV and Sch	IV, line 21 for an edule I-1 if addit	y recipient that rece Ional space is	eived more than \$5,0	00. Check this box	if no one recipient rec	ceived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Brooklyn College2900 Bedford Avenue Brooklyn,NY 11210	13-3893536	city of new york	5,632,193				Scholarships, Professorships, departmental support
2 Enter total number of sec				l	<u> </u>	l	1
organizations 3 Enter total number of oth							•

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

(a)Type of grant or assistance (b)Number of recipients (c)A mount of non-cash assistance (b)Number of cash grant (d)A mount of non-cash assistance (b)Number of cash grant (b)Number of cash grant (c)A mount of non-cash assistance (b)Number of cash grant (c)A mount of non-cash assistance (b)Number of cash grant (c)A mount of non-cash assistance (b)Number of cash grant (c)A mount of non-cash assistance (b)Number of cash grant (c)A mount of non-cash assistance (b)Number of cash grant (c)A mount of non-cash assistance (b)Number of cash grant (c)A mount of non-cash assistance (b)Number of non-cash assistance (c)A mount of non-cash assistance (d)A mou	
	appraisal,

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The BC Foundation maintains all gift agreements describing the purpose and intent of each grant it manages. Any time grant beneficiaries (i.e. scholarships office or academic departments) want to expend money from restricted grants, they must submit a payment request form detailing the purpose of the expenditure for the BC Foundation's review and approval. The beneficiary must also submit original copies of all invoices/receipts associated with the expense. If the expenditure is in line with the purpose of the grant, the BC Foundation will approve payment from the grant account. If the expenditure is not in line with the purpose of the grant, the BC Foundation will not approve payment.

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As Filed Data -

DLN: 93493132046010

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public . Inspection

THE	E BROOKLYN COLLEGE FOUNDATION INC				. ,			
					11-1904329			
Pa	art I Questions Regarding Compensatio	n		·				
							Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II							
	First class or charter travel	Г	_	Housing allowance or residence for				
	Travel for companions	Г	_	Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments	Γ	_	Health or social club dues or initiati	on fees			
	Discretionary spending account	Γ	_	Personal services (e g , maid, chauf	feur, chef)			
Ь	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I		•	, , , , ,	ment or	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive					2		No
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all to Compensation committee							
	Independent compensation consultant	, [7	' '				
	Form 990 of other organizations	Ĺ	-	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990,	Part \	/ I I	, Section A , line 1a				
а	Receive a severance payment or change of control	payme	ent	?		4a		Νo
b	Participate in, or receive payment from, a suppleme	entaln	on	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-b	pased	со	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide	th	e applicable amounts for each item ii	n Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplet	te	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	, line 1	La,	did the organization pay or accrue a	ny			
а	The organization?					5a		Νo
b	Any related organization?					5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1	La,	did the organization pay or accrue ai	пу			
а	The organization?					6a		Νo
b	Any related organization?					6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"			- · · · · · · · · · · · · · · · · · · ·	-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			•				N.a

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
_		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
christoph m kimmich	(I) (II)	72,665 169,551			6,150 14,350		78,815 183,901	
andrew sillen	(I) (II)	126,668 42,223			12,268 4,089	10,384 3,462		
steve little	(I) (II)	17,930 161,371			1,779 16,012	679 6,112	,	
	(ı) (ıı)	32,988 131,954			3,274 13,096	264 1,058	· '	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

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DLN: 93493132046010

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization

THE BROOKLYN COLLEGE FOUNDATION INC 11-1904329

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermın	ııng	
1	Art—Works of art	аррисави		_ - 3				
	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	12	75.117	based on market val	lue		
	Securities—Closely held stock			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation							
	contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at							
	least three years from the date of			not required to be used for a	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif					31		Νο
32a	Does the organization hire or us	•	•	to solicit, process, or sell i	non-cash			
	contributions?					32a		Νo
b	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	roperty for which Column (a	i) IS			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation Method for Determining Number of Part I, Column (b) the organization is reporting the number of contributors who made Contributors stock donations

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization THE BROOKLYN COLLEGE FOUNDATION INC **Employer identification number**

11-1904329

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		the draft copy of 990 was reviewed and discussed by the audit committee the final copy of 990 was distributed to the board prior to its filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		annually the organization requires all board trustees to review the conflict of interest policy, disclose, if applicable, and attest to the veracity of that disclosure with a signature if, after hearing the member's response and after making further investigation as warranted by circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The BCF staff compensation is reviewed, approved and monitored by the board of trustees. The trustees review comparable data from similar institutions before final approval is rendered. The last time the process took place in May 21, 2009. They reviewed the compensation for all employees.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents and conflict of interest policy are made available to the public upon request. Financial documents are regularly posted on the Brooklyn College Foundation website at brooklyncollegefoundation org. (Note: As the Brooklyn College Foundation website undergoes review and "renovations," the governing documents will likely be posted along with the Foundation's Annual Report, IRS 990 and Audited Financial Statement currently posted on the site.)

ldentifier	Return Reference	Explanation
form 990, part xı, lıne 2c		annually, the audit committee meets with the auditors to review the draft of the financial statements the process has not been changed from prior years

Identifier Return Reference		Explanation
form 990, part vı, line 1a	EXECUTIVE COMMITTEE	There shall be an Executive Committee consisting of the Chairman and Vice Chairman of the Board of Trustees and such other persons as may be elected by the Board of Trustees. The Committee shall have all the powers of the Board permitted by law when the Board is not in session.

ldentifier	Return Reference	Explanation
form 990, part vii	allocation of hours	christoph m kimmich 28 hours is allocated to brooklyn college, related organization steven g little 36 hours is allocated to brooklyn college, related organization alan gilbert 32 hours is allocated to brooklyn college, related organization andrew sillen 10 hours is allocated to brooklyn college, related organization

Software ID: Software Version:

EIN: 11-1904329

Name: THE BROOKLYN COLLEGE FOUNDATION INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
		Posit t	(C tion (hat a	chec		I			(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
marge magner , chair	2 00	Х		Х				0	0	0
carol zicklin , vice chair	2 00	Х		Х				0	0	0
bernard h garıl , treasurer	2 00	Х		Х				0	0	0
madelon I rand , secretary	2 00	Х		Х				0	0	0
roy I furman , chair emeritus	2 00	Х		Х				0	0	0
ryan merola , board member	50	Х						0	0	0
barry r feirstein , board member	50	Х						0	0	0
howard wohl , board member	50	Х						0	0	0
martın d sass , board member	50	Х						0	0	0
myron kandel , board member	50	Х						0	0	0
don buchwald , board member	50	Х						0	0	0
samuel e beller , board member	50	Х						0	0	0
edwin h cohen , board member	50	Х						0	0	0
zachary solomon , board member	50	Х						0	0	0
danıel m lyons , board member	50	Х						0	0	0
jules haimovitz , board member	50	Х						0	0	0
ırwın schneiderman , board member	50	Х						0	0	0
frances a hess , board member	50	Х						0	0	0
ırwın federman , board member	50	Х						0	0	0
ılene gold , board member	50	Х						0	0	0
donald kramer , board member	50	Х						0	0	0
mıchael I lynne , board member	50	Х						0	0	0
leonard tow , board member	50	Х						0	0	0
murray koppelman , board member	50	Х						0	0	0
alexander tanger , board member	50	Х						0	0	0
oheneba boachie-adjie , board member	50	Х						0	0	0
florence cohen rosen , board member	50	Х						0	0	0
rıchard a wılpon , board member	50	Х						0	0	0
sol j barer , board member	50	Х						0	0	0
richard f gaccione , board member	50	Х						0	0	0

Form 990, Part VII - Section Aaa

i orini 990, Part VII - Section Aa	9									
(A)	(B) Average hours	(c) Position (check all that apply) Highest employs (Re) Included or Direct						(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other compensation
Name and Title	per week	Individual Trustee or Director	Institutional Trustee	Officei	emplo;ee	t compensated ee	Former	from the organization (W- 2/1099MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
herbert kurz , board member	50	Х						0	0	0
mark steiger , board member	50	Х						0	0	0
jerry della femina , board member	50	Х						0	0	0
james fantacı , board member	50	Х						0	0	0
bertram fields , board member	50	Х						0	0	0
stanley goldstein , board member	50	Х						0	0	0
saul b katz , board member	50	Х						0	0	0
morton topfer , board member	50	Х						0	0	0
hal schaffer , board member	50	Х						0	0	0
christoph m kimmich , president of college/boa	12 00	Х						72,665	169,551	20,500
andrew sillen , executive director	30 00			Х				126,668	42,223	30,203
steve little , cfo, vp of finance & adm	4 00				Х			17,930	161,371	24,582
alan gılbert , coo, asst vp of fın , b	8 00				Х			32,988	131,954	17,692

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

To generate, encourage and promote the educational purposes of Brooklyn College of the City University of New York and the educational welfare of its students in their relations with each other, the Members of the faculty, the alumni and the community, and to these ends, and for no other purposes, to perform any and all of the following: A. To provide scholarships, fellowships, prizes and other assistance to worthy students and graduates of said College for and on account of undergraduate and graduate studies. B. To provide awards and prizes to Brooklyn College students, alumni, faculty members, staff members or other persons for outstanding achievements or services to the College, the community, or to the furtherance of higher education generally. C. To contribute funds for the library, the academic departments, and the administration of said College, the establishment, maintenance, building, improvement, operation and support of recreational rooms, places, and building.