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Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

2009

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning

, and ending

G Check all that apply:  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>BROWN UNIVERSITY CHARITABLE TRUST</b>		A Employer identification number <b>13-7070437</b>		
	Number and street (or P O box number if mail is not delivered to street address) <b>C/O ROGOFF 355 LEXINGTON AVE</b>		Room/suite <b>6 FL</b>		
City or town, state, and ZIP code <b>NEW YORK, NY 10017-6603</b>		B Telephone number <b>212-557-5666</b>			
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		C If exemption application is pending, check here ► <input type="checkbox"/> D 1 Foreign organizations, check here ► <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	G If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>			
► \$ <b>72,637.</b> (Part I, column (d) must be on cash basis)					
<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income		
Revenue	1 Contributions, gifts, grants, etc., received	<b>593,593.</b>	<b>N/A</b>		
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		<b>0.</b>		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold _____					
c Gross profit or (loss) _____					
11 Other income					
12 Total Add lines 1 through 11	<b>593,593.</b>	<b>0.</b>			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	<b>0.</b>	<b>0.</b>	<b>0.</b>	
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees				
	c Other professional fees				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	<b>STMT 1</b>	<b>46.</b>	<b>0.</b>	<b>0.</b>
	24 Total operating and administrative expenses Add lines 13 through 23		<b>46.</b>	<b>0.</b>	<b>0.</b>
25 Contributions, gifts, grants paid		<b>555,980.</b>		<b>555,980.</b>	
26 Total expenses and disbursements. Add lines 24 and 25		<b>556,026.</b>	<b>0.</b>	<b>555,980.</b>	
27 Subtract line 26 from line 12:		<b>37,567.</b>			
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)			<b>0.</b>		
c Adjusted net income (if negative, enter -0-)				<b>N/A</b>	

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Assets	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year
			(a) Book Value	(b) Book Value
			(c) Fair Market Value	
	1 Cash - non-interest-bearing		35,070.	72,637.
	2 Savings and temporary cash investments			
	3 Accounts receivable ►			
	Less: allowance for doubtful accounts ►			
	4 Pledges receivable ►			
	Less: allowance for doubtful accounts ►			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ►			
	Less: allowance for doubtful accounts ►			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ►			
	Less accumulated depreciation ►			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ►			
	Less accumulated depreciation ►			
	15 Other assets (describe ► )			
	16 Total assets (to be completed by all filers)		35,070.	72,637.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ► )			
	23 Total liabilities (add lines 17 through 22)		0.	0.
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds		16.	16.
	28 Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.
	29 Retained earnings, accumulated income, endowment, or other funds		35,054.	72,621.
	30 Total net assets or fund balances		35,070.	72,637.
	31 Total liabilities and net assets/fund balances		35,070.	72,637.

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	35,070.
2 Enter amount from Part I, line 27a	2	37,567.
3 Other increases not included in line 2 (itemize) ►	3	0.
4 Add lines 1, 2, and 3	4	72,637.
5 Decreases not included in line 2 (itemize) ►	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	72,637.

## Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b	NONE				
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8			3		

## Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	397,547.	38,928.	10.212366
2007	959,375.	83,407.	11.502332
2006	211,000.	26,696.	7.903806
2005	130,466.	13,057.	9.992035
2004	115,352.	9,993.	11.543280
2 Total of line 1, column (d)		2	51.153819
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3	10.230764
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5		4	54,630.
5 Multiply line 4 by line 3		5	558,907.
6 Enter 1% of net investment income (1% of Part I, line 27b)		6	0.
7 Add lines 5 and 6		7	558,907.
8 Enter qualifying distributions from Part XII, line 4		8	555,980.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

## Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here ►  and enter "N/A" on line 1.

Date of ruling or determination letter: \_\_\_\_\_ (attach copy of letter if necessary-see instructions)

b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ►  and enter 1% of Part I, line 27b

c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments:

a 2009 estimated tax payments and 2008 overpayment credited to 2009

6a 15.

b Exempt foreign organizations - tax withheld at source

6b

c Tax paid with application for extension of time to file (Form 8868)

6c

d Backup withholding erroneously withheld

6d

7 Total credits and payments. Add lines 6a through 6d

15.

8 Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached

8

9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed

9

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

10 15.

11 Enter the amount of line 10 to be: Credited to 2010 estimated tax ►

15. | Refunded ►

11 0.

## Part VII-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

Yes

No

1a X

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?

1b X

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities

c Did the foundation file Form 1120-POL for this year?

1c X

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0.

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

2 X

If "Yes," attach a detailed description of the activities.

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

3 X

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4a X

b If "Yes," has it filed a tax return on Form 990-T for this year?

4b

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

5 X

If "Yes," attach the statement required by General Instruction T.

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

6 X

- By language in the governing instrument, or
- By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

7 Did the foundation have at least \$5,000 in assets at any time during the year?

7 X

If "Yes," complete Part II, col. (c), and Part XV.

8a Enter the states to which the foundation reports or with which it is registered (see instructions) ►

RI

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

8b X

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

9 X

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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**Part VII-A Statements Regarding Activities (continued)**

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)

11  

12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?

12  

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

13  Website address ► **N/A**

14 The books are in care of ► **ROGOFF & COMPANY, P.C.** Telephone no. ► **212-557-5666**  
Located at ► **355 LEXINGTON AVE 6 FL, NEW YORK, NY** ZIP+4 ► **10017-6603**

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year

► | 15 | **N/A****Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person?

 Yes  No

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?

 Yes  No

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?

 Yes  No

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?

 Yes  No

(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?

 Yes  No

(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)

 Yes  No

b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?

**N/A**

Organizations relying on a current notice regarding disaster assistance check here

► |  |

c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?

1c  

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):

a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?

 Yes  No

If "Yes," list the years ► \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)

**N/A**

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

2b 

► \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

 Yes  No

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)

**N/A**

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3b 

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a  4b

## Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No
- (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  Yes  No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

► 

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

 Yes  No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

 Yes  No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

 Yes  No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

► 

7b

## Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 3		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

►

0

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**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total number of others receiving over \$50,000 for professional services**


0

**Part IX-A** **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

**1 THE FOUNDATION GIVES DIRECTLY TO BROWN UNIVERSITY AND NO OTHER ORGANIZATIONS.**

0.

2

3

4

**Part IX-B** **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

**1 N/A**

2

All other program-related investments. See instructions.

3

**Total. Add lines 1 through 3**


0.

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	55,462.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	55,462.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	55,462.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	832.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	54,630.
6 Minimum investment return. Enter 5% of line 5	6	2,732.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	2,732.
2a Tax on investment income for 2009 from Part VI, line 5	2a	
b Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	2,732.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	2,732.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,732.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	555,980.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	555,980.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	555,980.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				2,732.
2 Undistributed income, if any, as of the end of 2009			0.	
a Enter amount for 2008 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	114,860.			
b From 2005	129,813.			
c From 2006	209,678.			
d From 2007	955,205.			
e From 2008	395,601.			
f Total of lines 3a through e	1,805,157.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 555,980.			0.	
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount			2,732.	
e Remaining amount distributed out of corpus	553,248.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	2,358,405.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		0.		
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	0.			
d Subtract line 6c from line 6b. Taxable amount - see instructions	0.			
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	114,860.			
9 Excess distributions carryover to 2010 Subtract lines 7 and 8 from line 6a	2,243,545.			
10 Analysis of line 9:				
a Excess from 2005	129,813.			
b Excess from 2006	209,678.			
c Excess from 2007	955,205.			
d Excess from 2008	395,601.			
e Excess from 2009	553,248.			



## Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> BROWN UNIVERSITY BOX 1893 / 110 ELM STREET PROVIDENCE, RI 02912	NONE	SEC. 501(C)(3) ORGANIZATI	EDUCATIONAL	555,980.
<b>Total</b>				► 3a 555,980.
<i>b Approved for future payment</i>				
NONE				
<b>Total</b>				► 3b 0.

923611 02-02-10

Form 990-PF (2009)

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0 .		0 .	0 .
13 Total Add line 12, columns (b), (d), and (e)					0 .

(See worksheet in line 13 instructions to verify calculations.)

## **Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009****Name of the organization****Employer identification number****BROWN UNIVERSITY CHARITABLE TRUST****13-7070437****Organization type (check one).****Filers of:** **Section:**Form 990 or 990-EZ  501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organizationForm 990-PF  501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation**Check if your organization is covered by the General Rule or a Special Rule.****Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II**Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ \_\_\_\_\_**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions  
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

BROWN UNIVERSITY CHARITABLE TRUST

13-7070437

## Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>CHARLES BONAS</u> <u>18 CUNNINGHAM PLACE</u> <u>LONDON NW8 8JT, UNITED KINGDOM</u>	\$ <u>6,129.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
2	<u>CLAUDIA PALMER</u> <u>FLAT A 3 QUEENSBERRY PLACE</u> <u>LONDON SW7 2DL, UNITED KINGDOM ENGLAND</u>	\$ <u>2,134.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
3	<u>DIMITRI BARINSTEIN</u> <u>BRAEMAR MANSIONS #2</u> <u>LONDON SW 7 4AF, UNITED KINGDOM ENGLAND</u>	\$ <u>2,032.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
4	<u>FERDINAND &amp; KAREN GROOS</u> <u>15 THE VALE</u> <u>LONDON SW3 6AG, UNITED KINGDOM ENGLAND</u>	\$ <u>40,588.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
5	<u>GREGORY W. &amp; KAREN F. CONWAY</u> <u>46 LADBROKE SQUARE</u> <u>LONDON W11 3ND LAND</u>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
6	<u>LAURA MOSEDALE</u> <u>5 SYDNEY PLACE</u> <u>LONDON SW7 3NN, UNITED KINGDOM ENGLAND</u>	\$ <u>1,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization

Employer identification number

BROWN UNIVERSITY CHARITABLE TRUST

13-7070437

## Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>MALCOLM E SMITH JR</u>  <u>263 TRINITY ROAD</u> <u>LONDON SW18 3SN, UNITED KINGDOM</u> <u>ENGLAND</u>	\$ 500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>MARK FRANKLIN</u>  <u>42B EATON SQUARE</u> <u>LONDON SW1W 9BD, UNITED KINGDOM</u> <u>ENGLAND</u>	\$ 10,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9	<u>MATTIA R NOCERA</u>  <u>86 ELM PARK ROAD</u>  <u>LONDON SW3 6AU, UNITED KINGDOM</u> <u>ENGLAND</u>	\$ 20,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>NICOLE GILL &amp; JOSEPH DECKOFF</u>  <u>19 CORNWALL GARDENS FLAT 2</u>  <u>LONDON SW7 4AW, UNITED KINGDOM</u> <u>ENGLAND</u>	\$ 29,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11	<u>OLIVIER ROUX</u>  <u>30 LANSDOWNE ROAD</u>  <u>LONDON W11 3LL, UNITED KINGDOM</u> <u>ENGLAND</u>	\$ 5,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12	<u>PERRY &amp; HILARY HOFFMEISTER</u>  <u>41 JONES PARK DRIVE</u>  <u>RIVERSIDE, CT 068782205</u>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

BROWN UNIVERSITY CHARITABLE TRUST

13-7070437

## Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	PETER CIRENZA  26 WILLOUGHBY ROAD HAMPSTEAD VILLAGE  LONDON NW3 1SA, UNITED KINGDOM	\$ 12,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	PETER HANSEN  1 GROSVENOR CRESCENT LONDON SW1X 7EF, UNITED KINGDOM ENGLAND	\$ 4,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	STEPHEN J & JENNIFER HARPER  25 TREGUNTER ROAD LONDON SW10 9LS, UNITED KINGDOM ENGLAND	\$ 50,509.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
16	STEVEN & LESLIE SOLOMON  1016 FIFTH AVENUE  NEW YORK, NY 100280132	\$ 2,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	TODD FISHER  5 PARK SQUARE WEST  LONDON NW1 4LJ, UNITED KINGDOM ENGLAND	\$ 95,178.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
18	JOSEPH GRAUSE  UNIT 4010 355 E. OHIO STREET  CHICAGO, IL 606114511	\$ 3,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

BROWN UNIVERSITY CHARITABLE TRUST

13-7070437

## Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	<u>LAWRENCE SMALL</u>  <u>39 CLAREVILLE GROVE</u> <u>LONDON SW 7 5AU, UNITED KINGDOM</u> <u>ENGLAND</u>	\$ 361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	<u>MARKUS THADANEY</u>  <u>301-1818 BAYVIEW AVENUE</u>  <u>TORONTO, CANADA ONM4G4G6</u>	\$ 1,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	<u>JOSHUA LAWRENCE</u>  <u>HOGART HOUSE FLAT 24 ERASMUS STREET</u>  <u>LONDON SW1P 4HS, UNITED KINGDOM</u>	\$ 812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	<u>JESSICA ASHOOH</u>  <u>62 WOODSTOCK RD</u>  <u>OXFORD OX2 6JF, UNITED KINGDOM</u>	\$ 25.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	<u>ALLA BASHENKO</u>  <u>FLAT 46 CHELSEA VISTA IMPERIAL WHARF</u>  <u>LONDON SW6 2 SD, UNITED KINGDOM</u>	\$ 500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	<u>ELIZABETH DEMARRAIS</u>  <u>9 GEORGE STREET</u>  <u>CAMBRIDGE CB4 1AL, UNITED KINGDOM</u>	\$ 81.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROWN UNIVERSITY CHARITABLE TRUST

13-7070437

## Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	<u>ED GIBERTI</u>  <u>19 TURMORE DALE</u> <u>WELWYN GARDEN CITY AL8 6HT, UNITED KINGDOM</u>	\$ 1,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	<u>DONALD NADEL</u>  <u>15 SANDY LODGE WAY</u> <u>NORTHWOOD HA6 2AR, UNITED KINGDOM</u>	\$ 406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	<u>LOUIS TANNER</u> <u>16 RICHMOND MANSIONS, 25 OLD BROMPTON RD</u>  <u>LONDON SW5 9HN, UNITED KINGDOM</u>	\$ 812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	<u>SAMANTHA HAMMER</u>  <u>26 SEARLES RD</u>  <u>DARIEN, CT 0682062222</u>	\$ 983.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	<u>ERIC KOLODNER AND LAURA VASATURO</u>  <u>52B WARRINGTON CRESCENT</u>  <u>LONDON W9 1EP, UNITED KINGDOM</u>	\$ 2,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	<u>ROGER ORF</u>  <u>1 PELHAM CRESCENT</u>  <u>LONDON SW7 2NP, UNITED KINGDOM ENGLAND</u>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROWN UNIVERSITY CHARITABLE TRUST

13-7070437

## Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	<u>BROWN CLUB OF UK</u>  <u>C/O MIKUS KINS 27 DEVONSHIRE PL MEWS</u>  <u>LONDON W1G 6DA, UNITED KINGDOM ENGLAND</u>	\$ 1,238.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	<u>ELI LEDERMAN</u>  <u>25 DUNCAN TERRACE</u>  <u>LONDON N1 8BS, UNITED KINGDOM ENGLAND</u>	\$ 19,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	<u>KONSTANTIN VON UNGER</u>  <u>45 HOLLAND PARK</u>  <u>LONDON W11 3RP, UNITED KINGDOM ENGLAND</u>	\$ 325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
34	<u>KAREN EDWARDS, DR</u>  <u>8 PARK ROAD</u>  <u>EXETER EX1 2HP, UNITED KINGDOM ENGLAND</u>	\$ 41.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
35	<u>TUGBA EREM</u>  <u>9 RUE DE LA TOUR</u>  <u>PARIS, FRANCE 75016</u>	\$ 281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
36	<u>RUDOLF STAHELIN</u>  <u>15 CHEMIN DES RANNAUX</u>  <u>FOUNEX, SWITZERLAND 1297</u>	\$ 101,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

BROWN UNIVERSITY CHARITABLE TRUST

13-7070437

## Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	FRANCIS CAIRNCROSS 6 CANONBURY LANE LONDON N1 2 AP, UNITED KINGDOM ENGLAND	\$ 159.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
38	FAIT ACCOMPLI 212 THE PLAZA, 535 KINGS RD LONDON SW10 0SZ, UNITED KINGDOM ENGLAND	\$ 15,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
39	MARKUS LANGNER BAHNHOFSTRASSE 22 ZUG, SWITZERLAND 6301	\$ 1,284.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
40	RICHARD TRAINOR 45 MITRE RD GLASGOW G14 9 LE, UNITED KINGDOM	\$ 41.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>

Name of organization

Employer identification number

BROWN UNIVERSITY CHARITABLE TRUST

13-7070437

## Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____

Name of organization

Employer identification number

**BROWN UNIVERSITY CHARITABLE TRUST****13-7070437**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions ) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF

OTHER EXPENSES

STATEMENT

1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	46.	0.		0.
TO FORM 990-PF, PG 1, LN 23	46.	0.		0.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

STATEMENT

2

NAME OF CONTRIBUTOR	ADDRESS
OLIVIER ROUX	30 LANSDOWNE ROAD LONDON W11 3LL, UNITED KINGDOM ENGLAND
GREGORY W. & KAREN F. CONWAY	46 LADBROKE SQUARE LONDON W ND, UNITED KINGDOM ENGLAND
STEPHEN J. HARPER	25 TREGUNTER ROAD LONDON SW LS, UNITED KINGDOM ENGLAND
MARK FRANKLIN	42B EATON SQUARE LONDON SWW BD, UNITED KINGDOM ENGLAND
PETER CIRENZA	26 WILLOUGHBY ROAD HAMPSTEAD VILLAGE LONDON NW SA ENGLAND, UNITED KINGDOM ENGLAND
TODD FISHER	5 PARK SQUARE WEST LONDON NW LJ ENGLAND, UNITED KINGDOM ENGLAND
MATTIA R NOCERA	86 ELM PARK ROAD LONDON SW AU, UNITED KINGDOM ENGLAND
STEPHEN & LESLIE SOLOMON	1016 FIFTH AVENUE NEW YORK, NY 100280132
DIMITRI BARINSTEIN	CORNWALL GARDENS LONDON SW AF, UNITED KINGDOM ENGLAND
CHARLES BONAS	18 CUNNINGHAM PLACE LONDON NW JT, UNITED KINGDOM ENGLAND
HENRIK FREYE	12 BRAMHAM GARDENS #5 LONDON SW JJ ENGLAND, UNITED KINGDOM ENGLAND

FRED &amp; KAREN GROOS

15 THE VALE  
LONDON SW14 ENGLAND, UNITED KINGDOM  
ENGLAND

PERRY &amp; HILARY HOFFMEISTER

42 MARLBOROUGH PLACE  
LONDON NW1 PL ENGLAND, UNITED KINGDOM  
ENGLAND

GARY F. WEISS

FLAT 12, 49 DRAYTON GARDENS  
LONDON SW10 9RX, UNITED KINGDOM ENGLAND

PETER HANSEN

1 GROSVENOR CRESCENT  
LONDON SW1X 7EF, UNITED KINGDOM ENGLAND

NICOLE GILL &amp; JOSH DECKOFF

19 CORNWALL GARDENS FLAT 2  
LONDON SW7 4AW, UNITED KINGDOM ENGLAND

ROGER ORF

1 PELHAM CRESCENT  
LONDON SW7 2NP, UNITED KINGDOM ENGLAND

ELI LEDERMAN

25 DUNCAN TERRACE  
LONDON N1 8BS, UNITED KINGDOM ENGLAND

RUDOLF STAHELIN

15 CHEMIN DES RANNAUX  
FOUNEX, SWITZERLAND 1297

FAIT ACCOMPLI

212 THE PLAZA, 535 KINGS RD  
LONDON SW10 0SZ, UNITED KINGDOM ENGLAND

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GEORGE ALEXANDER NEWELL 3 ST. JAMES'S GARDENS LONDON W RB ENGLAND, UNITED KINGDOM	TRUSTEE 0.20	0.	0.	0.
RONALD DALE MARGOLIN 200 KINGSTOWN ROAD NARRAGANSETT , RI 02882	TRUSTEE 0.20	0.	0.	0.
TODD A. FISHER 5 PARK SQUARE WEST LONDON NW1 4LJ ENGLAND, UNITED KINGDO	TRUSTEE & CHAIRMAN 0.20	0.	0.	0.
JOSHUA E. TAUB 388 SOUTH MAIN ST, APT 46 PROVIDENCE, RI 02903	TRUSTEE 0.20	0.	0.	0.
PETER C. HANSEN 1 GROSVENOR CRESCENT LONDON SW1X 7EF ENGLAND, UNITED KINGD	TRUSTEE 0.20	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print	Name of Exempt Organization <b>BROWN UNIVERSITY CHARITABLE TRUST</b>	Employer identification number <b>13-7070437</b>
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>C/O ROGOFF 355 LEXINGTON AVE, NO. 6 FL</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NEW YORK, NY 10017-6603</b>	

Check type of return to be filed (File a separate application for each return).

- |                                      |                                                 |                                                                   |                                      |                                    |                                    |
|--------------------------------------|-------------------------------------------------|-------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 6069 |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**ROGOFF & COMPANY, P.C.**

- The books are in the care of ► **355 LEXINGTON AVE 6 FL - NEW YORK, NY 10017-6603**

Telephone No ► **212-557-5666** FAX No ► **212-557-9330**

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension

**MISSING THIRD PARTY INFORMATION NEEDED TO COMPLETE AN ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$ <b>10.</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$ <b>15.</b>
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ <b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **ACCOUNTANT**

Date ►

Form 8868 (Rev. 4-2009)