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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public Inspection

A Fo	r the	2009 ca	lendar yea	r, or tax year beginning 07-0	1-2009 and ending 06-30-2	010	- B.F!	
		pplicable	Please	C Name of organization John Jay College Foundation Ir	С		1 ' '	entification number
_	dress ch		use IRS label or	Doing Business As			13-368367 E Telephone n	
∏ Na	me cha	nge	print or type. See	Doing Ducinicos / is				
Ini	tıal retu	ırn	Specific Instruc-		of mail is not delivered to street add	dress) Room/suit	(212) 237 - e G Gross receipts	
Te	mınate	ed	tions.	555 West 57th Street			d Gloss receipts	7 7 2,040,432
☐ Am	ended	return		City or town, state or country,	and ZIP + 4	<u> </u>	1	
Г Ар	plication	n pending		New York, NY 10019				
				ne and address of principal o	fficer	H(a) Is t	:hıs a group retur	n for
				n pignatello est 57th Street		affi	ıates?	┌ Yes 🔽 No
				rk,NY 10019		H(b) Are	all affiliates includ	ded?
						1		(see instructions)
I Ta	x-exem	npt status	✓ 501(c)	(3) ◀ (insert no))(1) or 527	H(c) Gr	oup exemption ni	umber 🟲
J W	ebsit e	e: 🟲 N/A						
K For	m of or	ganızatıon	✓ Corporat	ion Trust Association Otl	ner 🕨	L Year of	formation 1987	M State of legal domicile NY
Pa	rt I	Sumn	nary			<u>'</u>	•	
	1			e organization's mission or r	_		Sallana and de	
w			and social		nd-raising activities in suppor	rt of John Jay C	.onege and its va	irious educational,
ě								
Governance								
8	2	Check tl	hıs box ►F	if the organization discont	nued its operations or dispos	ed of more tha	n 25% of its net	assets
భ *ర	3		,		dy (Part VI, line 1a)			18
<u>ه</u>	4		_		governing body (Part VI, line			18
Ě	5			nployees (Part V, line 2a)		•	5	
Activities	6			lunteers (estimate if necess			ϵ	. 0
•	7a	Total gr	oss unrela	ted business revenue from F	art VIII, column (C), line 12		7	a 0
	ь	Net unre	lated busi	ness taxable income from F	orm 990-T, line 34		7	b 0
						Pr	ior Year	Current Year
a.	8			grants (Part VIII, line 1h)			972,832	1,070,102
anue	9			revenue (Part VIII, line 2g)		•	105,389	60,111
Raveni	10				nes 3, 4, and 7d)	•	71,891	60,951
	11 12		•	art VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e) equal Part VIII, column (A),	luna	48,732	356,337
	12			• •	equal Part VIII, column (A),		1,198,844	1,547,501
	13	Grants	and simila	r amounts paid (Part IX, co	umn (A), lines 1–3)		420,999	321,255
	14	Benefit	s paid to o	r for members (Part IX, colu	mn (A), line 4)			0
ø	15		s, other co	mpensation, employee bene	fits (Part IX, column (A), line	s 5-	188,492	305,092
Expenses	16a	10)	cional fund	raising fees (Part IV colum	n (A), line 11e)		134,677	25,000
æ	ь			enses (Part IX, column (D), line 2			134,077	23,000
Ω	17				1a-11d, 11f-24f)	-	546,205	950,395
	18				I Part IX, column (A), line 25		1,290,373	1,601,742
	19				n line 12		-91,529	-54,241
<u>%</u> 중			<u> </u>				ng of Current	End of Year
Not Assets or Fund Balances		_					Year	
Ass Ba	20			t X, line 16)			3,172,070	3,328,849
¥ #	21		-		from line 20		118,904	195,906
	22 11 11		ature Blo	d balances Subtract line 21	from line 20	•	3,053,166	3,132,943
					ned this return, including accompany	ing schedules and	statements, and to	the best of my knowledge
		and belie	ef, it is true, o	correct, and complete Declaration	of preparer (other than officer) is ba	ased on all inform	ation of which prepa	rer has any knowledge
Sigr	1	****	**			201	1-05-12	
Here			ture of office	r		Dat		
		rober	t m pignatell	o board member				
			or print nam					
		Preparer's			Date	Check If	Preparer's ident	
Paid		signature	FREDE	RICK H ROTHMAN		self- empolyed 🕨	(see instructions	s)
	arer's		me (or yours	LOEB & TROPER LLP				
Use	Only	ıf self-em address,	ployed), and ZIP + 4	655 THIRD AVENUE 12TH FLO	OOR		- EIN ▶	
		1		NEW YORK, NY 10017			Phone no 🕨 (3	212) 867-4000
May	the IR	S discus	s this retu	·	bove? (see instructions) .			✓ Yes

Cat No 11282Y

Part III Statement of Program Service Accomplishments

1 E	Briefly	describe	the	organization's	mission
-----	---------	----------	-----	----------------	---------

The John Jay College Foundation, Inc , a non-profit organization, conducts fundraising activities to support educational, cultural and social activities of John Jay College of Criminal Justice

 Did the organization undertake any significant program services during the year the prior Form 990 or 990-EZ?		
Did the organization cease conducting, or make significant changes in how it conservices? If "Yes," describe these changes on Schedule O		
services?		
4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Describe the exempt purpose achievements for each of the organization's three Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts allocations to others, the total expenses, and revenue, if any, for each program	are required to report the amount of grants an	d
4a (Code) (Expenses \$ 1,494,279 including grants of \$	321,255) (Revenue \$ 60,111	1)
The Foundation conducts fundraising activities to benefit the John Jay College educational, cult money and provided support towards the College's student scholarship, fellowship and grant at College's Criminal Justice Research and Evaluation Center expended \$400,542 during fiscal year Corrections at Rikers Island Support was derived mainly from a pledge of \$1m in fiscal year 20	wards, as well as support for the college's research activi ar on its joint research efforts with the New York City De	ities The partment of
4b (Code) (Expenses \$ including grants of \$) (Revenue \$	1
_		
	\ (Dayanya d	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$	ſ
4c (Code) (Expenses \$ including grants of \$) (Revenue \$	
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4c (Code) (Expenses \$ including grants of \$) (Revenue \$	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$	
) (Revenue \$	
4d Other program services (Describe in Schedule O)		
) (Revenue \$)	

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Part IV	Checklist	of Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
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 similar funds or 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? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
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? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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	Section 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

555 West 57th Street New York, NY 10019 (212) 237-8485

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

Se	ection A. Governing Body and Management			
			Yes	No
_				
1a b	Enter the number of voting members of the governing body 1a 18 Enter the number of voting members that are independent 1b 18			
ъ 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
2	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		-	-
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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?			
	The organization's CEO, Executive Director, or top management official	15a		Νo
Ь	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►NY			
18	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. Another's website. Upon request			
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	ne orga	nızatıor	n ⊫ -
	Helen Cedeno	_		

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

Check this box if the organization did i		sate any	/ curi	rent	or fo	rmer o	ffice	r, director, trustee	or key employee						
(A) Name and Title	(B) A verage hours per	(C) ge Position (check all			Position (check all			Position (check all					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations					
See add'l data															

For	n 990 (2009)			Page 8			
1b	Total	0		0			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0						
			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employed on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	ee 3		No			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	. 4		No			
5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person						
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization						
	(A) (B) Name and business address Description of service	es .	(C Comper				
PO E	he Angeletti Group LLC O Box 188 17 Village Road fundraising Consultant lew Vernon, NJ 07976						
$\overline{}$	Total number of independent contractors (including but not limited to those listed above) who received more than	n					

\$100,000 in compensation from the organization 🗗

Form **990** (2009)

Form 9								Page 9
Part \	<u>/##</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ £	1a	Federated camp	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es					
s, g	c	Fundraising eve	ents 1c	7,530				
#£	d	Related organiz	ations 1d					
<u>3,E</u>	e	Government grants	s (contributions) 1e					
tíon ar sá	f	All other contribution	ons, gifts, grants, and 1f	1,062,572		į		j
έξ	g	Noncash contri	butions included in					
풀풀		lines 1a-1f\$ _		_				
<u>ة ٽ</u>	h	Total. Add lines	s 1a-1f	•	1,070,102			
e E				Business Code				
Program Serwce Revenue	2a	Educational activitie	es ————————————————————————————————————	541,900	60,111	60,111		
	Ь							
MCA	°							
Ser	d							
Ē	e	0 II abban na ana						
Ş	f	All other progra	ım service revenue					
	g	Total. Add lines	32a-2f		60,111			
	3		ome (including dividend		61,012			61,012
	۱,		ar amounts) tment of tax-exempt bond p		61,012			61,012
	4 5			· · · · · · · · · · · · · · · · · · ·	20,465			20,465
		Royalties	(ı) Real	(II) Personal	ŕ			,
	6a	Gross Rents	31,650	(,				
	ь	Less rental expenses	28,633					
	c	Rental income	3,017					
	d	or (loss) Net rental incor	ll me or (loss)		3,017			3,017
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	855,802					
	ь	Less cost or other basis and	855,863					
		sales expenses Gain or (loss)	-61					
	d		s)		-61			-61
	8a	Gross income f						
Other Revenue		events (not incl \$7	luding ,530 reported on line 1c)					
<u>.</u>			a	549,310				
Ě	b		penses b	216,455 vents . ►	332,855			332,855
•	9a			vents r	332,633			332,033
	b c		a penses b loss) from gaming activ	uties				
	10a	Gross sales of returns and allo	inventory, less					
	b c		oods sold b [loss) from sales of inve	ntory 🍽				
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	C							
	d	All other revenu	ue					
	е	Total. Add lines	s 11a-11d					
	12	Total revenue	See Instructions	. ▶				
	1			I	1,547,501	60,111	0	417,288

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	Section 501(c)(3) and 501(c)(4) organizations mu			(D)	
	ll other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	145,196	145,196		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	176,059	176,059		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	27.67683	110,003		
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	277,390	277,390		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	8,922	8,922		
10	Payroll taxes	18,780	18,780		_
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	17,925		17,925	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	25,000			25,000
f	Investment management fees				_
g	Other	379,338	372,787	6,551	
12	Advertising and promotion	525	525		
13	Office expenses	237,792	215,832	465	21,495
14	Information technology				
15	Royalties				
16	Occupancy	44,906	32,400	12,506	
17	Travel	148,984	148,537	215	232
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,476		8,476	
23	Insurance	3,909	2,372	1,537	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Miscellaneous	108,540	95,479	2,795	10,266
Ь			, -	, -	·
c					
d					-
e					_
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,601,742	1,494,279	50,470	56,993
26	Joint costs. Check here ► ☐ If following SOP 98-2			33,	-5,555
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 60.458 155.116 1 1 Cash—non-interest-bearing 1.508.900 2 1.670.969 2 282,972 37,463 3 3 4 6.682 4 33,460 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 Notes and loans receivable, net 7 8 Inventories for sale or use 42.529 9 6,205 Prepaid expenses and deferred charges 176.275 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10b 146.721 29.554 b Less accumulated depreciation 7,557 10c 1,262,972 11 1.396.082 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 3,172,070 16 3,328,849 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 93.904 17 195.906 17 Accounts payable and accrued expenses 18 18 25,000 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 118,904 26 195,906 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 452,562 719,940 27 Unrestricted net assets 27 28 2.500.604 28 2.313.003 Temporarily restricted net assets Fund 100.000 100.000 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 33 3,053,166 33 3,132,943 34 Total liabilities and net assets/fund balances 3.172.070 3,328,849 34

Part XI Financial 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

John Jay College Foundation Inc

Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Employer identification number

									13-3683676	5	
Pa	rt I	Reas	on for Pul	olic Charity Stat	us (All orga	anızatıons ı	must compl	ete this par	t.) See inst	ructions	
he	organız	zation is	not a private	foundation because	ıtıs (Forlır	nes 1 throug	h 11, check c	only one box)		
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of d	hurches se	ction 170(b)((1)(A)(i).			
2	\sqcap	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedul	e E)				
3	\sqcap	A hospi	tal or a coop	erative hospital serv	vice organiza	ition describ	ed in section	170(b)(1)(A)(iii).		
4	Γ		cal research I's name, cıt	organization operate y, and state	ed in conjunc	tion with a h	ospital descr	ıbed ın sectio	on 170(b)(1)((A)(iii). En	ter the
5	Г	An orga	nızatıon ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	overnmental	unıt descrı	 bed in
		section	170(b)(1)(A	A)(iv). (Complete Pa	rt II)						
6	Γ	A feder	al, state, or l	ocal government or	governmenta	ıl unıt descrı	bed ın sectio ı	n 170(b)(1) (A)(v).		
7	▽	describ	ed ın	t normally receives a		part of its s	upport from a	government	al unit or fron	n the gener	al public
8	\vdash			described in section)(vi) (Comr	olete Part II)				
9	Ĭ,	An orga receipts its supp	inization that s from activitions from gro	t normally receives ties related to its ex ss investment incom anization after June 3	(1) more tha empt function ne and unrela	n 331/3% of ns—subject ited busines	its support fr to certain exc s taxable inco	rom contribut ceptions, and ome (less se	(2) no more ction 511 tax	than 331/3	% of
10					•			•	•		
11	Γ	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III - Other									
e	Γ	other th	-	x, I certify that the con managers and oth	-		•	•	•	•	•
f				eceived a written de	termınatıon f	rom the IRS	that it is a Ty	ype I, Type I	I or Type III	supporting	organizatio <u>n,</u>
g				006, has the organiz	ation accept	ed any gift o	r contributior	n from any of	the		l
				ectly or indirectly co	ntrols, eithei	r alone or too	ether with pe	ersons descr	ıbed ın (ıı)		Yes No
				overning body of the	•					11g(i	
		(ii) a fa	mily membe	r of a person describ	ed in (i) abov	/e?				11g(ii	
		• •	•	ed entity of a person	٠,		ove?			11g(ii	
h				g information about t							
	(i) Name suppor organiza	of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
				instructions))	Yes	No	Yes	No	Yes	No	
											+
											+
			1	i	1	1	1	1	1		1

Total

Part II 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.)

	ection A. Public Support	ou checked the	box on line 5, A	, or 8 or Part I	.)			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	641,85	6 752,091	1,770,186	972,832	1,	070,102	5,207,067
2	Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
-	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions	641,85	6 752,091	1,770,186	972,832	1,	070,102	5,207,067
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							558,748
6	(f) Public Support. Subtract line 5 from	1						4,648,319
S	ection B. Total Support							
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	beginning in) A mounts from line 4	641,856	67,318	1,770,186	972,832	1,0	070,102	5,207,067
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	52,189	67,318	79,536	121,089	:	113,127	433,259
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	43,110	60,251	25,400	9,740	ţ	549,310	687,811
11	Total support (Add lines 7 through 10)							6,328,137
12	Gross receipts from related activities				01.	12		<u>.</u>
13	First Five Years If the Form 990 is to check this box and stop here			tnira, fourth, or fi	πn tax year as a	501(c)(3	organiz	eation, ▶☐
<u>S</u> 14	ection C. Computation of Pub Public Support Percentage for 2009			11 column (fi)		10		73 450 %
15	Public Support Percentage for 2008	-		II column (1))		14		64 890 %
	33 1/3% support test—2009. If the			on line 13, and l	ine 14 is 33 1/3%		check t	
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organiza- in Part IV how the organization mee	alifies as a public organization did n qualifies as a p — 2009. If the org tion meets the "f	ly supported orga not check the box ublicly supported anization did not c facts and circumst	nization k on line 13 or 16 organization :heck a box on lin :ances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b k this box and st	33 1/3% o and line op here. E	or more, o 14 Explain	check this
Ь	organization 10%-facts-and-circumstances test-	—2008. If the org	anization did not c	:heck a box on lin	e 13, 16a, 16b, o	r 17a and	d line	►
	15 is 10% or more, and if the organ Explain in Part IV how the organization	nization meets th tion meets the "f	e "facts and cırcu ācts and cırcumst	mstances" test, c ances" test The	heck this box and organization qual	d stop hei ifies as a	r e. publicly	▶ ┌
18	Private Foundation If the organizat instructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and s	ee	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A , Part II , Line 10 , Explanation of Other Income $\,$ miscellaneous special event

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493133008031

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** John Jay College Foundation Inc 13-3683676

Par	organizations Maintaining Donor A		unds	or Accounts.	Complete if the
	organización answered res to rorm y	(a) Donor advised funds	(b) Funds and ot	her accounts
1	Total number at end of year		<u> </u>	,	
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor adv	lears in writing that the assets held in don	or advi	sad	
	funds are the organization's property, subject to the	organization's exclusive legal control?			☐ Yes ☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	nefit of the donor or donor advisor, or for a	ny othe	r purpose	┌ Yes ┌ No
Par	t II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	າ 990, Part IV	<u>, lıne 7.</u>
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	rion or pleasure) Preservation of an Preservation of a G	certifie	d historic struct	
	casement on the last ady of the tax year			Held at the	End of the Year
а	Total number of conservation easements		2a	Tield de tile	Lind of the real
b	Total acreage restricted by conservation easement	5	2b		
	Number of conservation easements on a certified hi		2c		
_	Number of conservation easements included in (c) a	` ,	2d		
	Number of conservation easements modified, transf the taxable year ►	errea, reieasea, extinguisnea, or terminate	ed by th	e organization o	iuring
4	Number of states where property subject to conserv	ation easement is located 🛌			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of	violations, and	┌ Yes ┌ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents d	uring the year 🕨	
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easement	s during	g the year ► \$ _	
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion		┌ Yes
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial ments	staten	nents that desc	rıbes
Part	Organizations Maintaining Collection Complete if the organization answered		or Otl	her Similar <i>I</i>	\ssets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets help provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch ın fu		
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i			•
	(i) Revenues included in Form 990, Part VIII, line	1			
	(ii) Assets included in Form 990, Part X			► \$	
	If the organization received or held works of art, his following amounts required to be reported under SFA		or finan		
а	Revenues included in Form 990, Part VIII, line 1			► \$	
Ь	Assets included in Form 990 Part Y			b ¢	

Part	Organizations Maintaining Co	liections of Art	, HIS	tori	<u>cai ir</u>	<u>easur</u>	res, or c	tnei	Simila	r Asse	ts (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	lowing t	hat are	a significa	ant us	se of its c	ollection	ו	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	r the or	rganızatıor	ı's ex	empt pur	ose in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Par	Part IV, line 9, or reported an am						answere	d "Ye	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribut	ions o	rotherass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г			A		
_							-	4.		A mou	Int	
q	Beginning balance						-	1c				
d	Additions during the year							1d				
e f	Distributions during the year							1e				
f	Ending balance									_		
2a	Did the organization include an amount on Fo		e 21?								Yes	│ No
	If "Yes," explain the arrangement in Part XIV				1 115 -	n			T1	4.0		
Par	t V Endowment Funds. Complete	f the organization (a)Current Year		were)Prior			orm 990, o Years Back		TIV, line		\ Four V	ears Back
1a	Beginning of year balance	100,000	(0	JEHOL	100,000		O TEATS DACK	(4)	illee rears	Dack (e	ji Oui Ti	cais back
b	Contributions	255,530			-, 200							
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	100,000			100,000							
2	Provide the estimated percentage of the yea	r end balance held a	as			I				l		
а	Board designated or quasi-endowment											
ь	Permanent endowment - 100.000 %											
c	Term endowment ►											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	and ac	dministere	d for t	:he			
	organization by							• •			Yes	No
	(i) unrelated organizations									3a(i)		Νo
_	(ii) related organizations									3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization	•						•		3b		<u> </u>
4 Date	Describe in Part XIV the intended uses of the Investments—Land, Buildings					ח חר	rt V line	10				
Pdli	Tilvestillents—Land, buildings	o, anu Equipme	11 t. 5				<u> </u>		(5) 5-			
	Description of investment				ı) Cost or sıs (ınves		(b)Cost or basis (oth		(c) Accu depre	mulated ciation	(d) B	ook value
	and		•									
	Buildings		•			1	1					1
	easehold improvements		•									
	Equipment		•				17	6,274		146,721		29,553
	Other											
	. Add lines 1a-1e (Column (d) should equal Fo								▶			29,554

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,547,501
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,601,742
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-54,241
4	Net unrealized gains (losses) on investments	4	134,018
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	134,018
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	79,777
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	2,039,609
2	A mounts 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 2b 358,090		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	492,108
3	Subtract line 2e from line 1	3	1,547,501
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,547,501
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	₁	1,959,832
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	┝┋┼	
- а	Donated services and use of facilities		
ь	Prior year adjustments	1	
с	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	358,090
3	Subtract line 2e from line 1	3	1,601,742
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,601,742
Par	t 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 IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Ret urn Reference	Explanation
•	Endowment Funds	To support the Annual Law Day Lecture on the Law and the Legal Profession at John Jay College sponsored by the Pre-Law Institute The lecture will be named in the honor of Samuel and Anna Jacobs To the extent funds are available each year in excess of the lecture costs, the excess will be used for scholarships to enable John Jay students to take a preparatory course for the LSAT

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury

NΥ

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

Open to Public Inspection

Internal Revenue Service	Attach	to Form 990	or Form 99	O-EZ.	See separate instructi	ions.	Inspection			
Name of the organization John Jay College Foundation	. Inc		-			Employer iden	tification number			
	TITIC					13-3683676				
	Activities. Complete filers are not required					to Form 990, Part IV	, line 17.			
1 Indicate whether the o	rganization raised funds	through a	any of the	follo	wing activities Che	eck all that apply				
a 🔽 Mail solicitations			e	~	Solicitation of non	n-government grants				
b 🔽 Internet and e-mai	b 🔽 Internet and e-mail solicitations				Solicitation of gov	ernment grants				
c 🔽 Phone solicitations				굣	Special fundraisin	g events				
d 🔽 In-person solicitat	tions		_		·					
(i) Name of individual or entity (fundraiser)	least \$5,000 by the orga	(iii) fundrais custo	Dıd er have dy or	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)			
or entity (lundraiser)		control of contributions?		ITOTH activity	nom activity	col (i)	organization			
		Yes	No							
angelettı group llc	fundraising counsel		Νο		0	25,000	-25,000			
Total			•			25,000	-25,000			
3 List all states in which licensing	th the organization is reg	ıstered o	r lıcensed	to s	olicit funds or has b	been notified it is exemp	ot from registration or			

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List	on answered "Yes" to events with gross rece	Form 990, Part IV, line ipts greater than \$5,0	e 18, or reported 000.
			(a) Event #1 Educating for justice-GALA (event type)	(b) Event #2 Lou DeMartino Dinner (event type)	(c) O ther Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
暑	1	Gross receipts	542,625	10,155	4,060	556,840
Revenue	2	Less Charitable contributions		7,530		7,530
	3	Gross income (line 1 minus line 2)	542,625	2,625	4,060	549,310
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	11,578			11,578
	7	Food and beverages	38,541		2,236	40,777
Direct	8	Entertainment				
Δ	9	Other direct expenses .	164,100			164,100
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	🛌	216,455
	11	Net income summary Combine lin	nes 3, column d, and line	10		332,855
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
8 8 8	2	Cash prizes				
xpenses	3	Non-cash prizes				
Direct Ex	4	Rent/facility costs				
Ē	5	Other direct expenses				
	6	Volunteer labor	∀es% No	∀es% No	│ Yes% │ No	
	7	Direct expense summary Add lines	2 through 5 in column (d)		
	8	Net gaming income summary Comb	oine lines 1, column d, ar	nd line 7	<u> </u>	l was l Na
9 a b	Is ti	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a No
10a b		re any of the organization's gaming li	censes revoked, suspen	ded or terminated during	the tax year?	10a
11 12	Is t	es the organization operate gaming a he organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	ip or other entity	11 12
					Schedule G (Form 9	90 or 990-EZ) 2009

		Y	es	No
.3	Indicate the percentage of gaming activity operated in		İ	
а	The organization's facility			
b	An outside facility			
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🟲			
	A ddress •			
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	5a		
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the			
	amount of gaming revenue retained by the third party 🟲 \$			
С	If "Yes," enter name and address			
	Name 🟲			
	A ddress ►			
6	Gaming manager information			
	Name 🕨			
	Gaming manager compensation 🟲 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
,	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	7a		
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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General Information on Grants and Assistance

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

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990 OMB No 1545-0047

2009

DLN: 93493133008031

Open to Public Inspection

Schedule I (Form 990) 2009

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization
John Jay College Foundation Inc

Employer identification number

13-3683676

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed									
a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance		
C Office of the Chief edical Examinerc/o rbara Butcher 520 First enue w York, NY 10016	136400434	New York City	124,140				researchTo support the JJC LibraryTo support the JJC Library		

Cat No 50055P

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
scholarship for students	39	119,375			
faculty award	1	1,000			
student housing	7	32,000			
faculty research	10	14,184			
student hardship	1	6,500			
faculty research	1	3,000			

Part IV Suppl	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.								
Ident if ier	Return Reference	Explanation							
Other Information	Part IV	Student scholarships are issued based on certain stipulations obtained from donors and/or certain criteria developed by the John Jay College of Crimnal Justice Scholarships' Committee The faculty award is based on stipulations receievd from the donor Grants are based on stipulations obtained from donors							

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Employer identification number Name of the organization John Jay College Foundation Inc 13-3683676 Part I Types of Property

		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of dete revenue	_	
	Art—Works of art	applicable		1 g			
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .	Х	3	30,863	sale price donated pro	pe	
10	Securities—Closely held stock .			·			
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic						
	structures						
14	Qualified 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	Taxidermy						
	Historical artifacts						-
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
	·						
	Other ►()						
28	Other ► ()						
29	Number of Forms 8283 received for which the organization compl				29		
						Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		
	must hold for at least three year	s from the o	late of the initial contribution	on, and which is not required	d to be used		
	for exempt purposes for the enti	re holdıng p	erıod?		3	0a	No
b	If "Yes," describe the arrangeme	ent in Part I	I				
31	Does the organization have a gif	tacceptand	e policy that requires the r	eview of any non-standard	contributions?	1	No_
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell r		2a	N o
ь	If "Yes," describe in Part II				۲		T
	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked.		
_	describe in Part II		, ,, -, F	. ,	, ",		
For P	rivacy Act and Paperwork Reduction	Act Notice,	see the Instructions for Forr	n 990. Cat No 51227J	Schedule M	 (Form 99	0) 2009

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.

Ident if ier	Return Reference	Explanation
Method for Determining Number of	Part I, Column (b)	the organization is reporting the number of items received
Contributors		

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 13-3683676

Name: John Jay College Foundation Inc

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DLN: 93493133008031

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

Name of the organization John Jay College Foundation Inc Employer identification number

13-3683676

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section B, line 11		Final review of the Form 990 is performed by the Foundation's Audit Committee. To coordinate its final review, the Audit Committee requests a meeting with the Foundation's independent auditor. When review of the Form 990 is completed, the Audit Committee approves it, and a copy is distributed to the Foundation's board before it is signed, and e-filed with the IRS.					

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy. The Foundation's trustees are asked to sign the documents once a year. The statements are reviewed by a committee and if conflict exists a determination will be made by the committee whether John Jay College Foundation can proceed with a transaction based on the underlying facts and circumstances.				

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy and financial statement available to the public upon a written request

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		The organization has a committee that assumes responsibility for oversight of the audit, financial statement and selection of an independent accountant. The process has not changed from prior year

Software ID: Software Version:

EIN: 13-3683676

Name: John Jay College Foundation Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Jules B Kroll chairman	50	Х		x				0	0	0
Arthur J Mirante		.,								
vice chairman	50	Х		X				0	0	0
rıchard gırgentı treasurer	50	Х		x				0	0	0
bettina P Murray Secretary	50	Х		х				0	0	0
Jeremy Travıs Board Member	50	Х						0	0	0
robert pignatello board Member	2 00	Х						0	0	0
George Friedman Board Member	1 00	Х						0	0	0
Robert L Goecks Board Member	50	Х						0	0	0
Zachary W Carter Board Member	50	Х						0	0	0
David N Lawrence Board Member	50	Х						0	0	0
Mıchael F McCann Board Member	50	Х						0	0	0
Jack Rudin Board Member	50	Х						0	0	0
Andrew A Shiva PhD Board Member	50	Х						0	0	0
Richard J Tarlow Board Member	50	Х						0	0	0
luis miranda Board Member	50	Х						0	0	0
vivien hoexter board Member	2 00	Х						0	0	0
alan siegel board Member	50	Х						0	0	0
phil suarez board Member	50	х						0	0	0