



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

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

For calendar year 2011, or tax year beginning 01-01-2011, and ending 12-31-2011

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

Name of foundation: COBBLE HILL FOUNDATION INC. Employer identification number: 11-3122301. Telephone number: (718) 855-6789. City: BROOKLYN, NY 11201. Accounting method: Accrual. Fair market value: \$2,357,181.

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12), Operating and Administrative Expenses (13-26), and Summary (27-29).

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

Part II Balance Sheets		Beginning of year			End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	172,193	247,283	247,283			
	2 Savings and temporary cash investments	119,614	43,356	43,356			
	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 (attach schedule) (see page 15 of the instructions)						
	7 Other notes and loans receivable (attach schedule) ▶ _____ 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 (attach schedule)	509,477 <input checked="" type="checkbox"/>	548,476	548,476			
	b Investments—corporate stock (attach schedule)	878,575 <input checked="" type="checkbox"/>	807,302	807,301			
	c Investments—corporate bonds (attach schedule)	673,365 <input checked="" type="checkbox"/>	696,788	696,788			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____						
	12 Investments—mortgage loans						
	13 Investments—other (attach schedule)						
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____						
15 Other assets (describe ▶ _____)	<input checked="" type="checkbox"/> 14,494	<input checked="" type="checkbox"/> 13,977	<input checked="" type="checkbox"/> 13,977				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,367,718	2,357,182	2,357,181				
Liabilities	17 Accounts payable and accrued expenses	5,925	14,211				
	18 Grants payable						
	19 Deferred revenue						
	20 Loans from officers, directors, trustees, and other disqualified persons						
	21 Mortgages and other notes payable (attach schedule)						
	22 Other liabilities (describe ▶ _____)	<input checked="" type="checkbox"/> 157,140	<input checked="" type="checkbox"/> 126,482				
23 Total liabilities (add lines 17 through 22)	163,065	140,693					
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24 Unrestricted	2,204,653	2,216,489				
	25 Temporarily restricted						
	26 Permanently restricted						
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.						
	27 Capital stock, trust principal, or current funds						
	28 Paid-in or capital surplus, or land, bldg, and equipment fund						
29 Retained earnings, accumulated income, endowment, or other funds							
30 Total net assets or fund balances (see page 17 of the instructions)	2,204,653	2,216,489					
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	2,367,718	2,357,182					

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	2,204,653
2	Enter amount from Part I, line 27a	2	83,879
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	2,288,532
5	Decreases not included in line 2 (itemize) ▶ _____ <input checked="" type="checkbox"/>	5	72,043
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	2,216,489

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)
1 a	SALE OF INVESTMENTS	P		
b				
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 1,396,997		1,373,549	23,448	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a			23,448	
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 23,448
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) (see pages 13 and 17 of the instructions) 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 page 18 of the 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))
2010	144,885	2,075,843	0.069796
2009	115,193	1,955,370	0.058911
2008	100,600	2,188,439	0.045969
2007	114,683	2,186,780	0.052444
2006	109,128	2,082,487	0.052403

2	Total of line 1, column (d).	2	0.279523
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	0.055905
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5.	4	2,326,142
5	Multiply line 4 by line 3.	5	130,043
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	941
7	Add lines 5 and 6.	7	130,984
8	Enter qualifying distributions from Part XII, line 4.	8	140,191

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 on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	941
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-)	2	0
3	Add lines 1 and 2.	3	941
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	941
6	Credits/Payments		
a	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	1,200
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.	7	1,200
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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	259
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 65 Refunded ▶	11	194

Part VII-A Statements Regarding Activities

	Yes	No
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?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>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.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ <u>0</u> (2) On foundation managers ▶ \$ <u>0</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ <u>0</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
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? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ● 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?		No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ NY _____		
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? <i>If "No," attach explanation .</i>	Yes	
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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		No

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 page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW COBBLEHILL ORG	13	Yes	
14	The books are in care of ALAN GROSS CFO Telephone no (718) 855-6789 Located at 380 HENRY STREET BROOKLYN NY ZIP+4 11201			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No

See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country

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.			Yes	No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
1b	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)? Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
1c	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 2011?	1c		No
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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years 20____, 20____, 20____, 20____			
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 page 20 of the instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2011 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 2011.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2011?	4b		No

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

<p>5a During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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)? (see page 22 of the instructions). . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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 page 22 of the instructions)? 5b</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/></p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945–5(d).</p> <p>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b No If "Yes" to 6b, file Form 8870.</p> <p>7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b</p>		
---	--	--

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 (see page 22 of the instructions).

(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 Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). 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**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). 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	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
3 All other program-related investments. See page 24 of the instructions	

Total. Add lines 1 through 3. **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	2,154,715
b	Average of monthly cash balances.	1b	206,850
c	Fair market value of all other assets (see page 24 of the instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,361,565
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	2,361,565
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	35,423
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,326,142
6	Minimum investment return. Enter 5% of line 5.	6	116,307

Part XI Distributable Amount (see page 25 of the 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	116,307
2a	Tax on investment income for 2011 from Part VI, line 5.	2a	941
b	Income tax for 2011 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	941
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	115,366
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	115,366
6	Deduction from distributable amount (see page 25 of the instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	115,366

Part XII Qualifying Distributions (see page 25 of the 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	140,191
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	140,191
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 (see page 26 of the instructions).	5	941
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	139,250

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 page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				115,366
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only.			51,939	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2011				
a From 2006.				
b From 2007.				
c From 2008.				
d From 2009.				
e From 2010.				145,906
f Total of lines 3a through e.	145,906			
4 Qualifying distributions for 2011 from Part XII, line 4 \$ <u>140,191</u>				
a Applied to 2010, but not more than line 2a			51,939	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions).	88,252			
d Applied to 2011 distributable amount.				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2011 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>	115,366			115,366
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	118,792			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
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 page 27 of the instructions.		0		
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions.			0	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions).	0			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see page 27 of the instructions).	0			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a.	118,792			
10 Analysis of line 9				
a Excess from 2007.				
b Excess from 2008.				
c Excess from 2009.				
d Excess from 2010.				30,540
e Excess from 2011.				88,252

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2011, (b) 2010, (c) 2009, (d) 2008, (e) Total. Rows include: 2a Enter the lesser of the adjusted net income...; b 85% of line 2a; c Qualifying distributions from Part XII...; d Amounts included in line 2c not used directly...; e Qualifying distributions made directly...; 3 Complete 3a, b, or c for the alternative test relied upon; a "Assets" alternative test; b "Endowment" alternative test; c "Support" alternative test.

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	13,136
b <i>Approved for future payment</i> COBBLE HILL HEALTH CENTER 380 HENRY STREET BROOKLYN, NY 11201		PUBLIC	GENERAL FUND	111,000
Total			3b	111,000

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

Schedule of Contributors

OMB No 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

Name of organization
COBBLE HILL FOUNDATION INC

Employer identification number
11-3122301

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 organization

Form 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 33¹/₃% 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 in the heading 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).

Name of organization COBBLE HILL FOUNDATION INC	Employer identification number 11-3122301
---	---

Part I Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____ _____ _____	See Additional Data Table _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization COBBLE HILL FOUNDATION INC	Employer identification number 11-3122301
---	---

Part II **Noncash Property** (see Instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization
 COBBLE HILL FOUNDATION INC

Employer identification number
 11-3122301

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) ▶ \$
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
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
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

Additional Data

Software ID:
Software Version:
EIN: 11-3122301
Name: COBBLE HILL FOUNDATION INC

Form 990 Schedule B, Part 1 - Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EMPLOYEE BENEFIT SOLUTIONS INC 235 MAIN STREET WHITE PLAINS, NY 10601	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	HSCB FOUNDATION INC 450 CLARKSON AVE BROOKLYN, NY 11203	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	WANK ADAMS SLAVIN ASSOCIATES LLP 740 BROADWAY NEWYORK, NY 10003	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	C MURRAY LUCY ADAMS 185 AMITY STREET BROOKLYN, NY 11201	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	JUDITH ANN FRANCIS 140 PACIFIC STREET BROOKLYN, NY 11201	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	COBBLE HILL HEALTH CENTER INC 380 HENRY STREET BROOKLYN, NY 11201	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part 1 - Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SHEIL MEDICAL LABORATORY BROOKLYN NAVY YARD BUILDING 292 63 BROOKLYN, NY 11205 	\$ <u>6,000</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	1199SEIU UNITED HEALTHCARE WORKERS PO BOX 2612 NEWYORK, NY 10108 	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9	UNITEX 161 SOUTH MACQUESTON PKWY MOUNT VERNON, NY 10550 	\$ <u>6,000</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10	CLARK PATTERSON LEE DESIGN PROFESSI 205 ST PAUL STREET SUITE 500 ROCHESTER, NY 14604 	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11	PIER 41 ASSOCIATES 204 VAN DYKE STREET BROOKLYN, NY 11231 	\$ <u>20,000</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Additional Data

Software ID:

Software Version:

EIN: 11-3122301

Name: COBBLE HILL FOUNDATION INC

Form 990PF - Special Condition Description:

Special Condition Description

Form 990PF Part VIII Line 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
DEMETRA POLIMEROS 380 HENRY STREET BROOKLYN, NY 11201	PRESIDENT 0 25	0	0	0
MURRY ADAMS 380 HENRY STREET BROOKLYN, NY 11201	BOARD MEMBER 0 25	0	0	0
PATRICK OWEN BURNS 380 HENRY STREET BROOKLYN, NY 11201	BOARD MEMBER 0 25	0	0	0
THOMAS SPATH 380 HENRY STREET BROOKLYN, NY 11201	BOARD MEMBER 0 25	0	0	0
DR CIRIL GODEC 380 HENRY STREET BROOKLYN, NY 11201	BOARD MEMBER 0 25	0	0	0
PAUL SAYEGH 380 HENRY STREET BROOKLYN, NY 11201	BOARD MEMBER 0 25	0	0	0
JOSEPH BROADWIN 380 HENRY STREET BROOKLYN, NY 11201	BOARD MEMBER 0 25	0	0	0
CHARLIE CARAMES 380 HENRY STREET BROOKLYN, NY 11201	BOARD MEMBER 0 25	0	0	0
GREG O' CONNELL 380 HENRY STREET BROOKLYN, NY 11201	BOARD MEMBER 0 25	0	0	0
MARK DONOVAN 380 HENRY STREET BROOKLYN, NY 11201	BOARD MEMBER 0 25	0	0	0
FRANCES MCPARTLAND 380 HENRY STREET BROOKLYN, NY 11201	BOARD MEMBER 0 25	0	0	0
JUDITH FRANCES 380 HENRY STREET BROOKLYN, NY 11201	BOARD MEMBER 0 25	0	0	0
ANTHONY LEWIS 380 HENRY STREET BROOKLYN, NY 11201	ADMINISTRATOR 0 50	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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	
Name and address (home or business)					
a <i>Paid during the year</i>					
BROOKLYN CHAMBER25 ELM PLACE BROOKLYN, NY 11201					300
GLAMOURGALS FOUNDATION INC PO BOX 1284 COMMACK, NY 11725					4,000
HEIGHTS & HILLS160 MONTAGUE STREET BROOKLYN, NY 11201					200
JOYCE JED544 8TH STREET BROOKLYN, NY 11215					1,589
LOWE'S BUSINESS ACCOUNTPO BOX 530970 ATLANTA, GA 30353					1,215
NYC HEALTH & HOSPITAL346 BROADWAY NEW YORK, NY 10013					300
SPANISH SPEAKING ELDERS460 ATLANTIC AVENUE BROOKLYN, NY 11217					3,000
SUSAN BRAVERMAN309 EAST 5TH STREET BROOKLYN, NY 11218					1,032
THE BROOKLYN HOSPITAL355 LEXINGTON AVENUE NEW YORK, NY 10017					1,500
Total				13,136	

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
b <i>Approved for future payment</i>				
COBBLE HILL HEALTH CENTER380 HENRY STREET BROOKLYN, NY 11201			GENERAL FUND	111,000
Total				111,000

TY 2011 Accounting Fees Schedule

Name: COBBLE HILL FOUNDATION INC

EIN: 11-3122301

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEE	7,750	0		7,750

TY 2011 Distribution from Corpus Election

Name: COBBLE HILL FOUNDATION INC

EIN: 11-3122301

Election: PURSUANT TO CODE SEC. 4942(H)(2) AND REG. SEC. 53.4942(A)-3 (D)(2), TAXPAYER ELECTS TO TREAT \$88,252 OF CURRENT YEAR QUALIFYING DISTRIBUTIONS AS COMING FROM CORPUS.

OFFICER AUTHORIZED

TY 2011 Investments Corporate Bonds Schedule

Name: COBBLE HILL FOUNDATION INC

EIN: 11-3122301

Name of Bond	End of Year Book Value	End of Year Fair Market Value
ARCELORMITTAL SA LUXEMBOURG	9,081	9,081
ATMOS ENERGY CORP	13,214	13,214
BNP PARIBAS/BNP PARIBAS US	9,380	9,380
BP CAPITAL MARKETS PLC	16,017	16,017
BRANDYWINE OPER PARTNERSHIP	21,931	21,931
CAPITAL ONE FINL CORP	10,405	10,405
CHICAGO ILL BRD ED	10,226	10,226
CITIGROUP INC	5,141	5,141
CNA FINL CORP	10,537	10,537
CREDIT SUISSE NEW YORK BRH	14,793	14,793
CVS CAREMARK CORP	17,503	17,503
DEUTSCHE BK AG	15,333	15,333
DIAGEO CAP PLC	17,601	17,601
DOMINION RES INC DEL	10,335	10,335
DU PONTE I DE NEMOURS & CO	3,129	3,129
ELECTRONIC DATA SYSTEMS CORP	5,300	5,300
GENERAL ELEC CAP CORP	5,175	5,175
GENERAL ELEC CAP CORP	5,075	5,075
GENERAL ELEC CAP CORP	11,003	11,003
GLAXOMITHKLINE CAP	12,036	12,036
GNMA POOL #186982 DTD	292	292
GOLDMAN SACHS GROUP INC	10,170	10,170
GOLDMAN SACHS GROUP INC	5,160	5,160
HEALTH CARE PPTY	5,486	5,486
HESS CORP	12,837	12,837
HEWLETT PACKARD CO	15,481	15,481
HOME DEPOT INC	16,289	16,289
JOHNSON CTLS INC	11,189	11,189
JP MORGAN CHASE & CO	5,106	5,106
JP MORGAN CHASE COML MTG	16,464	16,464

Name of Bond	End of Year Book Value	End of Year Fair Market Value
JP MORGAN CHASE COML MTG	11,062	11,062
KEYCORP SR	10,580	10,580
KEYCORP SR	10,385	10,385
KRAFT FOODS INC	11,539	11,539
LINCOLN NATL CORP IND	18,245	18,245
LLOYDS TSB BK PLC	19,492	19,492
METLIFE INC	16,341	16,341
METROPOLITAN TRANSN AUTH NY	16,641	16,641
MORGAN STANLEY DEAN WITTER & CO	5,042	5,042
NATIONAL CITY CORP	5,619	5,619
NISSAN AUTO LEASE TR	25,059	25,059
NOVARTIS CAP CORP	10,196	10,196
ONCOR ELECT DELIVERY	5,082	5,082
PNC FDG CORP	15,756	15,756
PRINCIPLE LIFE INCOME FUNDINGS	10,492	10,492
PROCTOR & GAMBLE CO	11,096	11,096
PRUDENTIAL FINL	15,536	15,536
ROHM & HAAS CO	17,055	17,055
SEMPRA ENERGY	10,127	10,127
TELEFONICA EMISIONES S A U	9,615	9,615
TIME WARNER INC	16,434	16,434
UNION PAC CORP	19,790	19,790
UNITED MEXICAN STS	10,825	10,825
VERIZON COMMUNICATIONS INC	10,472	10,472
VERIZON COMMUNICATIONS INC	12,014	12,014
WALMART STORES	24,517	24,517
WASTE MGMT INC	10,454	10,454
WESTPAC BKG CORP	15,633	15,633

**TY 2011 Investments Corporate
Stock Schedule****Name:** COBBLE HILL FOUNDATION INC**EIN:** 11-3122301

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBOTT LABS	4,217	4,217
ACCENTURE PLC	2,662	2,662
ALLERGAN INC	2,194	2,194
ANADARKO PETE CORP	3,817	3,817
APACHE CORP	4,529	4,529
APPLE INC	18,225	18,225
ARTIO GLOBAL HIGH INCOME FUND	27,679	27,679
AVAGO TECHNOLOGIES LTD	2,886	2,886
BIOGEN IDEC INC	5,503	5,503
CELANESE CORP DEL	3,763	3,763
CHEVRON CORP	15,960	15,960
CIGNA CORP	5,250	5,250
CITIGROUP INC	4,683	4,683
COLUMBIA ACORN INTERNATIONAL	25,086	25,086
COLUMBIA MID CAP GROWTH FUND	45,132	45,132
COLUMBIA MID CAP VALUE FUND	33,276	33,276
COLUMBIA SMALL CAP GROWTH FUND	30,937	30,937
COLUMBIA SMALL CAP VALUE FUND	20,200	20,200
COMCAST CORP	6,520	6,520
CONTINENTAL RES INC	3,336	3,336
COVIDIEN PLC	5,626	5,626
DARDEN RESTAURANTS INC	3,419	3,419
DISH NETWORK CORP	4,272	4,272
DOVER CORP	2,903	2,903
DR PEPPER SNAPPLE INC	2,961	2,961
EBAY INC	6,824	6,824
EMC CORP	7,970	7,970
EXELON CORP	6,506	6,506
EXPEDIA IN DEL	1,814	1,814
FIFTH THIRD BANCORP	4,452	4,452

Name of Stock	End of Year Book Value	End of Year Fair Market Value
FRANKLIN RES INC	4,323	4,323
FREEPORT- MCMORAN COOPER & GOLD	1,840	1,840
GENERAL ELEC CO	8,507	8,507
GOLDMAN SACHS GROUP INC	2,261	2,261
GOOGLE INC	9,689	9,689
HALLIBURTON CO	4,314	4,314
HARTFORD FINL SVCS GROUP INC	1,625	1,625
HERSHEY CO	4,634	4,634
HUMANA INC	2,190	2,190
HUNT JB TRANS SVCS INC	3,380	3,380
INTEL CORP	6,669	6,669
INTERCONTINENTAL EXCHANGE INC	3,014	3,014
INTERNATIONAL BUSINESS MACHS	9,194	9,194
INTUIT	3,944	3,944
JOHNSON & JOHNSON	4,919	4,919
JP MORGAN CHASE & CO	8,479	8,479
KBR INC	2,787	2,787
KIMBERLY CLARK CORP	7,356	7,356
KRAFT FOODS INC	4,670	4,670
LIBERTY INTERACTIVE CORP	6,081	6,081
LIMITED BRANDS INC	4,237	4,237
LORILLARD INC	5,700	5,700
MACYS INC	6,436	6,436
MARVEL TECHNOLOGY GROUP LTD	3,116	3,116
MEAD JOHNSON NUTRITION CO	1,718	1,718
MEDCO HLTH SOLUTIONS INC	4,193	4,193
MERCK & CO INC	10,368	10,368
NATIONAL OILWELL VARCO INC	5,099	5,099
NATIXIS FDS TR IV AEW REAL ESTATE FD CL Y COM	49,897	49,897
NCR CORP NEW	2,881	2,881

Name of Stock	End of Year Book Value	End of Year Fair Market Value
NOVELLUS SYS INC	4,129	4,129
OCCIDENTAL PETE CORP DEL	5,622	5,622
PARKER HANNIFIN CORP	3,813	3,813
PEPSICO INC	6,635	6,635
PFIZER INC	8,115	8,115
PHILIP MORRIS INTL INC	8,240	8,240
PIMCO COMMODITY REAL RETURN STRATEGY FUND	26,371	26,371
PNC FINL SVCS GROUP INC	4,037	4,037
POTASH CORP SASK INC	2,064	2,064
PPG INDS INC	4,175	4,175
PRICE T ROWE GROUP INC	2,563	2,563
PUBLIC SVC INTERPRISE GROUP	4,126	4,126
QUALCOMM INC	6,838	6,838
ROYAL DUTCH SHELL PLC	7,309	7,309
SEMPRA ENERGY	5,500	5,500
ST. JUDE MED INC	1,715	1,715
THORNBURG INTL VALUE FUND	91,527	91,527
TRIPADVISOR INC	1,576	1,576
TYCO ELECTRONICS LTD	5,839	5,839
UNION PAC CORP	5,297	5,297
UNITED TECHNOLOGIES CORP	4,020	4,020
VANGUARD MSCI EMERGING MKTS ETF	56,360	56,360
VERIZON COMMUNICATIONS INC	12,036	12,036
VISA INC	7,615	7,615
WELLS FARGO & CO	11,713	11,713
XL GROUP PLC	3,944	3,943

**TY 2011 Investments Government
Obligations Schedule**

Name: COBBLE HILL FOUNDATION INC

EIN: 11-3122301

**US Government Securities - End of
Year Book Value:** 548,476

**US Government Securities - End of
Year Fair Market Value:** 548,476

**State & Local Government
Securities - End of Year Book
Value:** 0

**State & Local Government
Securities - End of Year Fair
Market Value:** 0

TY 2011 Other Assets Schedule

Name: COBBLE HILL FOUNDATION INC

EIN: 11-3122301

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST RECEIVABLE	14,494	13,977	13,977

TY 2011 Other Decreases Schedule

Name: COBBLE HILL FOUNDATION INC

EIN: 11-3122301

Description	Amount
UNREALIZED LOSS	72,043

TY 2011 Other Expenses Schedule

Name: COBBLE HILL FOUNDATION INC

EIN: 11-3122301

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSES	4,383	0		4,383
POSTAGE	498	0		498
EVENT CATERING AND RENTAL	50,118	0		50,118
INVESTMENT FEES	9,374	9,374		0
VIDEO AND PHOTOGRAPHY	950	0		950
BANK FEES	321	321		0

TY 2011 Other Income Schedule

Name: COBBLE HILL FOUNDATION INC

EIN: 11-3122301

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	42,000		42,000

TY 2011 Other Liabilities Schedule

Name: COBBLE HILL FOUNDATION INC

EIN: 11-3122301

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO COBBLE HILL HEALTH CENTER	157,140	126,482

TY 2011 Other Professional Fees Schedule

Name: COBBLE HILL FOUNDATION INC

EIN: 11-3122301

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	45,000	0		45,000

TY 2011 Taxes Schedule

Name: COBBLE HILL FOUNDATION INC

EIN: 11-3122301

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	1,450	0		1,450