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

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Open to Public Inspection

R Che	eck if a	pplicable	, ni	C Name of organization	-		D Employer id	entification number		
☐ Add			Please use IRS	THE BROOKLYN COLLEGE FOUN	11-1904329					
┌ _{Nar}	me cha	inge	label or print or	Doing Business As	E Telephone number					
┌ Init		_	type. See Specific		11- / .	(718) 758-	8124			
┌ Ter			Instruc- tions.	Number and street (or P O box 2900 BEDFORD AVE-Ingersoll ha	If mail is not delivered to street address.	ess) Room/suite	G Gross receip	ots \$ 22,083,002		
			tions.	City and the control of the control						
☐ Am				City or town, state or country, a BROOKLYN, NY 11210	ind ZIP + 4					
I App	olication	n pending								
			F Nan andrew	ne and address of Principal C	fficer		s a group returi	n for		
				BEDFORD AVE-ingersoll hall		affilia	tes?	ΓYes Γ Nο		
				KLYN,NY 11210		H(b) Are al	l affiliates includ	led?		
I Ta	x-exen	npt status	У 501(c)) (3) ◀ (Insert no)	(1) or 527	(If"N	o," attach a list	t See instructions)		
J W	eb sit	e: 🕨 www	BROOKL	YNCOLLEGEFOUNDATION	ORG	H(c) Grou	p Exemption Nu	umber 🟲		
			-			<u> </u>				
К Тур	e of or	ganization	I ✓ Corporat	ion trust association othe	r ►	L Year of Fo	rmation 1958 M	State of legal domicile NY		
Pa	rt I	Sumn	narv							
	1			e organization's mission or m	nost significant activities					
					OPING AN ONGOING AND IN	CREASING B	ASE OF SUPP	ORT FROM ALUMNI		
ဦ		AND FR	IENDS OF	THE COLLEGE						
፼										
<u>ā</u>										
Governance	2		•		ied its operations or disposed (
	3				dy (Part VI, line 1a)			40		
<u>କ</u>	4			-	governing body (Part VI, line 1	b)	. 4	40		
Activities &	5			nployees (Part V , line 2a) .			5 .	15		
្ន	6			lunteers (estimate if necess		6 . -	13			
		_		ted business revenue from P ness taxable income from Fo			0			
	Ь	Net unre	erated busi	7b	0					
					Pric	or Year	Current Year			
₽	8			d grants (Part VIII, line 1h)		11,512,125	4,700,368			
ē	-	_		revenue (Part VIII, line 2g)		•	1,389,019	600.813		
Reveni	10 11			art VIII, column (A), lines 5	nes 3, 4, and 7d)		2,679,179	-609,812 36,872		
	12				equal Part VIII, column (A), lır	ie ——	2,073,173	30,072		
		12)					15,580,323	4,127,428		
	13	Grants	and simila	ar amounts paid (Part IX, col	umn (A), lines 1–3)		4,465,514	5,632,193		
	14			r for members (Part IX, colu			0			
Ø	15	Salarıe 10)	s, other co	ompensation, employee bene	910,982	957,695				
Expenses	16a	•	sional fund	raising fees (Part IX, column	310,302	0				
Φ Ω	ь			penses, Part IX, column (D), line 25	, ,,		+			
Δ	17	•		(Part IX, column (A), lines 11	·		1,635,185	1,386,616		
	18				l Part IX, line 25, column (A))		7,011,681	7,976,504		
	19			penses Subtract line 18 from			8,568,642	-3,849,076		
<u>የ</u>	<u> </u>					Beainni	ng of Year	End of Year		
9 .c.	20	Totala	ssets (Par	rt X, line 16)			79,499,033	67,937,255		
4 C	21		·	Part X, line 26)			888,581	764,890		
Net Assets or Fund Balances	22		,	d balances Subtract line 21	from line 20		78,610,452	67,172,365		
	22 1300		ature Blo		78,010,452	07,172,303				
Га	. 11	_			ed this return, including accompanying	schedules and s	tatements and to	the hest of my knowledge		
					of preparer (other than officer) is base					
Plea		****					-05-12			
Sign		Signa	ture of office	er		Date				
				ecutive director						
		Туре	or print nam	e and title						
		Preparer's		RICK H ROTHMAN	Date	Check If self-	Preparer's PTIN	(See Gen Inst)		
Paid		signature	T IKEDE	ALCA II NOTHUMN		empolyed •				
•	arer's		me (or yours	LOEB & TROPER LLP			EIN Þ			
Use (Only	ıf self-em address, a	iployed), and ZIP + 4	655 THIRD AVENUE 12TH FLO	OR					
				NEW YORK, NY 10017			Phone no 🕨 (212) 867-4000		
Mayt	the IR	S discus:	s this retu	·	oove? (See instructions)			✓ Yes No		

Form 990 (2008)

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organi	zation's mission			
see A	ddıtıonal Data Table				
2	Did the organization un the prior Form 990 or 9		ogram services during the year which	ch were not listed on	es 🔽 No
	If "Yes," describe these	e new services on Schedu	e O		
3	Did the organization ce services?	ase conducting or make s	ignificant changes in how it conduc	ts any program	es 🔽 No
	If "Yes," describe these	e changes on Schedule O			
4	Section 501(c)(3) and	(4) organizations and 494	each of the organization's three larg 7 (a)(1) trusts are required to repor or each program service reported		
4a	(Code) (Expenses \$	5,318,820 including grants of \$	5,632,193) (Revenue \$)
	Foundation financed acade College faculty travel and t	mic scholarships and awards fo insponsored research stipends a	are student scholarships, faculty support and r 1,250 students during the 2008-2009 acad as well as Professorship awards Lastly, the on a new Performing Arts Center	lemic year Each year, the Foundati	on also supports Brooklyn
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program service	es (Describe in Schedule	0)		
	(Expenses \$	•	•	(Revenue \$)
4e	Total program service	expenses \$ f	5.318.820 Must equal Part IX. Line	25 column (B)	

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		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 U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νo
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
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		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> " <i>Yes,"</i> complete Schedule R, Part I	33		Νo
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		Νo
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		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	205			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable					
		1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	4	V	
2-	gaming (gambling) winnings to prize winners?	i ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this					
	return	2a	15			
ь	If at least one is reported in 2a, did the organization file all required federal employ					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file th			2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during return?	ng the	year covered by this	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	nedule i		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
Tu	over, a financial account in a foreign country (such as a bank account, securities as					
	account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country CJ					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, R	eport o	f Foreign Bank and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur		·	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	ot Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement t	hat su	ch contributions or gifts	6b		
7	were not tax deductible?			OD		
			af #7 [an	7-	V	
а	Did the organization provide goods or services in exchange for any quid pro quo coi more?	ntribut	10 11 5 7 5 Or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services ;	provide	:d?	7b	Yes	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	erty for	which it was required to			
	file Form 8282?		·	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pa benefit contract?	y prem	niums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form			7g	Yes	
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization		•	, 9	103	
••	required?			7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds	and se	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a	spons	oring organization, have			
	excess business holdings at any time during the			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
,	facilities		l			
11	Section F01/cV12) organizations. Enter					
11		1	I			
а	Gross income from members or shareholders	11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 i	n lızır	of Form 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			-La		
b	year	12b				

8

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,
а	Enter the number of voting members of the governing body	1a	40
b	Enter the number of voting members that are independent	1b	40

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any
	other officer, director, trustee, or key employee?
}	Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors of trustees, or key employees to a management company of other person?	•
Did the organization make any significant changes to its organizational documents since the prior Form 990	was
filed?	

	med		
5	Did the organization become aware during the year of a material diversion of the organization's assets?		
6	Does the organization have members or stockholders?		

J																										
Does the organiza	atıo	n ha	ve	men	nber	s,	stoc	kho	lder	s, c	or oth	ner	pers	sons	who	o ma	у е	elect	one	or	mo	ore	mer	nbe	rs of	the
governing body?				•																						

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	he
	year by the following	

	year by the following		 	,	 	 		. 5 -	 	 	 	 	 	 9	_
а	the governing body?														

b	each committee with authority to act on behalf of the governing body?	•	•	•	•	•	•	•	•	•	•	•	٠
	Does the organization have local chapters, branches, or affiliates? .		•										

b	If "Yes," does the organization have written policies and procedures governing the activities of such	ıch	пар	ter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization? $$.				

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	эt
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed $\,$ NY $\,$, NJ $\,$, CT $\,$, TN $\,$, NH $\,$, MN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. In another's website. In 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 organization RABIA AZHAR

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

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

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

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee or key employee											
		(C) Position (check all that apply)								(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
				-							

Part VII Continued

				(i ition that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	org	Estima nount of ompens from t janizati relate rganiza	other ation ne on and d
_													
1b	Total							►	250,251	505,09	9		92,977
2	Total number of individuals (includicompensation from the organization		a) who	recei	ved	moi	re thar	1 \$1	00,000 ın reportabl	е			
3													
	Did the organization list any forme on line 1a? If "Yes," complete Schede									ated employee	3	Yes	No
4	on line 1a? If "Yes," complete Sched For any individual listed online 1a, i organization and related organization	ule J for such s the sum of	<i>individu</i> reporta	<i>ial</i> . ble c	omp	ens	ation	• and	other compensation	n from the	3		No No
	on line 1a? If "Yes," complete Schede For any individual listed online 1a, organization and related organization individual	ule J for such s the sum of ons greater th	reporta nan \$15	ble c 0,00	omp 0? i	ens	ation /es," co	and ompi	other compensation lete Schedule J for su	n from the	3 4	Yes	
4 5	on line 1a? If "Yes," complete Sched For any individual listed online 1a, i organization and related organization	ule J for such s the sum of ons greater th eive or accru	reportanan \$15	ble c 0,00	omp 0? i	ens f "Y •	ation /es," co • • m any	and ompi	other compensation lete Schedule J for su	from the			
5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, i organization and related organization individual	ule J for such s the sum of ons greater th enve or accrus," complete	reportanan \$15	ble c 0,00	omp 0? i	ens f "Y •	ation /es," co • • m any	and ompi	other compensation lete Schedule J for su	from the	4		No
5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, i organization and related organizatio individual	s the sum of ons greater the sum of ons greater the sum of one sum of the sum	reportanan \$15 ue comp	ble c 0,00 eensa	omp 0? i	ens f "Y fro	ation /es," co many erson	and ompi e unre	other compensation lete Schedule J for su 	from the	4		No
5 Se	on line 1a? If "Yes," complete Schede For any individual listed online 1a, i organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of one sum of the sum	reportanan \$15	ble c 0,00 eensa	omp 0? i	ens f "Y fro	ation /es," co many erson	and ompi e unre	other compensation lete Schedule J for su	from the	4		N o
5 Se	on line 1a? If "Yes," complete Schede For any individual listed online 1a, i organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of ons greater the sum of the su	reportanan \$15	ble c 0,00 eensa	omp 0? i	ens f "Y fro	ation /es," co many erson	and ompi e unre	other compensation lete Schedule J for su	from the sch	4	Yes (C	N o
5 Se	on line 1a? If "Yes," complete Schede For any individual listed online 1a, organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of ons greater the sum of the su	reportanan \$15	ble c 0,00 eensa	omp 0? i	ens f "Y fro	ation /es," co many erson	and ompi e unre	other compensation lete Schedule J for su	from the sch	4	Yes (C	N o

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
nts ots	1a	Federated camp	paigns 1a					
our our	ь	Membership du	es					
s, ç am	c	Fundraising eve	ents 1c	104,938				
# <u>a</u> #	d	Related organiz	atıons 1d					
E, è	e	Government grants	(contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	sımılar amounts no		4,595,430				
ii To⊤	g		butions included in 75,117					
Sor	h		s 1a-1f)		4,700,368			
				Business Code				
nue	2a							
9. A.	ь							
е Н	c							
Program Serwoe Revenue	d							
33	e							
ra E	f f	All other progra	m service revenue					
ৈত্	-							
	g	Total. Add lines	2a-2f	*				
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			nounts)		1,049,952			1,049,952
	4		tment of tax-exempt bond					
	5	Royalties	() D					
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	-	expenses						
	°	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
	_	Constant	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	16,276,211					
	ь	than inventory Less cost or other basis and	17,935,975					
	_c	sales expenses Gain or (loss)	-1,659,764					
	d		s)		-1,659,764			-1,659,764
Other Revenue	8a	of contributions See Part IV, lin	uding .110 reported on line 1c)					
ě			a	104,938				
بر ا	ь	Less direct exp	penses b	19,599				
ф	С	Net income or (loss) from fundraising	events 📂	26,511			26,511
•	9a	See part IV, lin	rom gaming activities e 19 ule G if total exceeds a					
	ь	Less directex	penses b					
	c		loss) from gamıng actı	vities				
	10a	Gross sales of i						
	b c	Net income or (a pods sold b loss) from sales of inv					
	1.	Miscellaneous	s kevenue	Business Code 900,099	10,361			10,361
	11a	miscellaneous		900,099	10,301			10,301
	Ь							
	C							
	d	All other revenu	ıe					
	e	Total. Add lines	11a-11d					
	12		Add lines 1h, 2g, 3, 4,	\$ 10,361 5,6d,7d,8c, ▶	4,127,428	0	0	-572,940

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,632,193	5,632,193		·				
2	Grants and other assistance to individuals in the U S See Part IV, line 22								
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	779,968			567,332				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	49,229		13,421	35,808				
9	Other employee benefits	65,270		19,106	46,164				
10	Payroll taxes	63,228		17,237	45,991				
11	Fees for services (non-employees)								
а	Management				_				
ь	Legal	33,754		33,754					
с	Accounting	43,250		43,250					
d	Lobbying	·							
	Professional fundraising See Part IV, line 17								
	Investment management fees	52,077		52,077					
g g	Other	290,290		85,000	205,290				
12	Advertising and promotion	230,230		03,000	203,230				
13	Office expenses	580,015	439,001	41,409	99,605				
14		14,241	439,001	· •	99,003				
	Information technology	14,241		14,241					
15	Royalties	0.460	0.460						
16	Occupancy	8,468	8,468	105					
17 18	Payments of travel or entertainment expenses for any Federal, state or local public officials	101,385	96,946	195	4,244				
19	Conferences, conventions and meetings	93,385	83,332		10,053				
20	Interest	33,303	03,332		10,033				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	65,786		35,786	30,000				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	03,780		35,780	30,000				
	total expenses shown on line 25 below)								
а	miscellaneous	93,822	58,880		34,942				
b	purchase and installati	10,143			10,143				
c									
d									
е									
d									
е									
e									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	7,976,504	6,318,820	568,112	1,089,572				
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	.,,,,,,,,,,	2,220,020		-,57,672				

	l	
Dart Y	Ralance	Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	96.996	1	19,455
	2	Savings and temporary cash investments	18,462,081	2	18,212,356
	3	Pledges and grants receivable, net	13,913,363	3	12,563,216
	4	Accounts receivable, net	10,010,000	4	12,000,210
	5	Receivables from current and former officers, directors, trustees, key employees or		•	
		other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
\$	9	Prepaid expenses and deferred charges	23,748	9	17,389
Assets	10a	Land, buildings, and equipment cost basis			
₫		10a			
	ь	Less accumulated depreciation Complete Part VI of Schedule D		10c	
	11	Investments—publicly traded securities	35,001,792		27,661,318
	12	·	7,803,598		5,407,186
	12	Investments—other securities See Part IV , line 11 <i>Complete Part VII of Schedule D</i>	7,003,390	12	5,407,100
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D \cdot		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	4,197,455	15	4,056,335
	16	Total assets. Add lines 1 through 15 (must equal line 34)	79,499,033	16	67,937,255
	17	Accounts payable and accrued expenses .	177,357	17	112,238
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
eS.	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.e</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	711,224	25	652,652
	26	Total liabilities. Add lines 17 through 25	888,581	26	764,890
		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27			
У		through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	7,761,492	27	-1,967,027
Balance	28	Temporarily restricted net assets	28,105,408	28	28,750,231
돧	29	Permanently restricted net assets	42,743,552	29	40,389,161
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
S O.	30	Capital stock or trust principal, or current funds		30	
šet	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	78,610,452	33	67,172,365
Ż	34	Total liabilities and net assets/fund balances	79,499,033		67,937,255
	I				
Pa	rt XI	Financial Statements and Reporting			

Deat VI	=:	C1-1	
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 lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493132046010

Employer identification number

OMB No 1545-0047

OMB No 1545-0047

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

2008

Open to Public Inspection

гне ві	ROOKLY	YN COLLEGE FO	OUNDATION INC						. ,			
								11	-1904329	9		
	rt I			harity Status (to be co					Instruct	ions)		
The c	rganı			ation because it is (Please								
1		A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).			
2		A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Г	A hospital	or a cooperative	e hospital service organizati	on describ	bed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Г	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital de	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Г	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	state, or local go	overnment or governmental	unıt descr	ibed in Se	ction 170	(b)(1)(A)	(v).			
7	✓	Anorganiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral publi	С
		described i	n Section 170(b))(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	iplete Pari	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	oss
		receipts fro	om activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	x) from bu	sinesses	;
	_	acquired by	the organization	on after June 30, 1975 See	Sect ion 5	09(a)(2).	(Complete	e Part III)			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	Г	_	=	and operated exclusively fo					•	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3)	. Check
					Type III				ď	Гтуре	III - Ot	her
e	\sqcap	By checkin	g this box, I ce	rtıfy that the organızatıon ıs	not contro	olled direc	tly or ındı	rectly by o	ne or mor	re disquali	fied pers	ons
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (described	ın sectior	509(a)	(1) or
f		section 50		d a written determination fro	m the IDC	: that it is	a Tuna I	Tung II o	r Tuna III	cupportur	a oranni	zation
ı		check this		d a written determination iro	om the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organi	
g				as the organization accepted	d any gift	or contribi	utıon from	any of the	!			•
		following pe										
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)		Yes	No
			· -	ng body of the the supported	=	tion?				11g		
			•	erson described in (i) above						11g(_	
_				ty of a person described in (11g(iii)	
h		Provide the	following inform	mation about the organizatio	ns the org	janization	supports					
	/:> N.		(::) FIN	(:::) T 6	(:) T	- 41	(-) D.J.		(-:\ T		/=:\	
	. ,	ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) I	s the ation in		ou notify nization		s the ation in	1 '	nount of port?
		nization		above or IRC section		listed in) of your	_	rganized	Jup	5010
	-			(See Instructions))	yourgo	verning	supp		ın the	ŪS?		
						ment?				1	1	
					Yes	No	Yes	No	Yes	No		
						1	1	1		1		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

from the sale of capital assets (Explain in Part IV) 1 Total Support (Add lines 7 through 10) 12 Gross receipts from related activities, etc (See instructions) 13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Computation of Public Support Percentage Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 14 68.960 % 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f 16 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization dualifies as a publicly supported organization 17 a 10% Facts and Circumstances Test - 2008. If the organization did not check the box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "f		Complete only if you clied	ked the box o	11 lille 5, 7, 01	o or Part 1.)				
1. Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2. Tax revenues level for the organization's benefit and either paid to or expended on its behalf of the value of services or facilities from the by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge and the person (other than a government unit or publicly supported organization) included on line 1.1 stock than a government unit or publicly supported organization included on line 1.1 stock than a government unit or public years and the services of the amount shown on line 11, column (f) 6. Public Support Cleinday ever (or fiscal year beginning in) 7. Amounts from line 4 8. Gross income from interest, dividends, payments received on securities loans, person, sources 9. Net income from unrelated business activities, whether or not the business is regularly carried on unrelated business activities, whether or not the business is regularly carried on a government or loss of the second or securities of the second or sec			() 2004	(1) 2005	() 2006	(D 2 2 2 7		T	/63 T + 1
membership fees received (Op not include any "unusual grants") 2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add line 1-3 5 The value of services or facilities furnished by a governmental unit or be organization without charge 4 Total. Add line 1-3 5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column 6 Public Support subtract line 5 from line 4 Total Support Calendar year (or fiscal year beginning in) 7 A mounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources activities, whether or not the business is requisitive common from the selection of the business is requisitive common from the selection of the business is requisitive common from the from the business is requisitive common from the from the business is			(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) otal
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and its beha	1		3 699 532	9 215 581	15 516 630	11 512 125		4 700 368	44 644 236
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add line 1-3 5 The portion of fotal contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column in			3,033,332	3,213,301	13,310,030	11,512,125		4,700,300	44,044,250
benefit and either paid to or expended on its behalf as a contract of the value of services or facilities furnished by a governmental unit to the organization without charge 1 Total, Add line 1-3 5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) 6 Public Support 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalbes and income from similar sources 9 Net income from unrelated business as excitivities, whether or not the business is regularly carried on 0 their income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 10 Gross receipts from related activities, etc. (See instructions) 11 June 26 12 Computation of Public Support Percentage 12 Public Support Percentage for 2008. [fine 6 column (f) divided by line 11 column (f)) 13 First Five Years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501 (c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization where were a sublicly supported organization of the organization meets the "facts and circumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. The organization meets the "facts and circumstances" test, check this box and stop here. The organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization me	2							-	
### She half ### ST The value of services or facilities furnished by a governmental unit to the organization without charge ### A Total, Add line 1-3 ### The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (n) ### A Total Support **Celendar year (or fiscal year beginning in) ### A Mounts from line 4 ### Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ### Other income from unrelated business activities, whether or not the business is regularly carried on ### Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ### Total Support (Add lines 7 through 10) ### Total Support (Add lines 7 through 10) ### Total Support (Add lines 7 through 10) ### Steps or the Support Percentage ### Computation of Public Support Percentage ### Public Support Percentage for 2008 (fine 6 column (f) divided by line 11 column (f)) ### Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) ### Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) ### Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) ### Total Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) ### Total Support Percentage for 2008 (line 6 column (f) divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization #### Total Support Percentage for 2007 Schedule A, Part IV -A, line 26f #### Total Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) #### Total Support Percentage for 2008 (line 6 column (f) divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization #### Total Support Percentage for 2008 (line 6 column (f	2								
Total Value of services or facilities									
### Total Add line 1-3 Total Add line 1-3 Total Support Total Support	3								
Total Add line 1 - 3 3,699,532 9,215,581 15,516,630 11,512,125 4,700,368 44,644,236	_	furnished by a governmental unit to the							
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		instructions	not check the be	,, on the 15, 10	, 100, 17001.	L. D, CHECK LIIIS	20 A GI		▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support	keu tile box o	ii iiile 9,01,Pai	(1.)			
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	(a) 2004	(6) 2003	(0) 2000	(4) 2007	(e) 2000	(I) I Otal
-	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 purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
_	section 513 Tax revenues levied for the						
4	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit to the						
	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from line 6)						
То	tal Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	(4) 2004	(6) 2003	(6) 2000	(4) 2007	(6) 2000	(i) i otai
10a	Gross income from interest, dividends,						
IUa	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
13	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						► □
	munication of Dublic Comment Des						
15	Public Support Percentage for 2008 (line		dad by line 12 a	olumn (fi)		145	
		• •	•	Orallili (1))		15	
16	Public Support Percentage for 2007 Sche	aule A, Part IV -	A, line 2/g			16	
		D					
	mputation of Investment Income			40 1 20		 	
17	Investment Income Percentage for 2008 ())	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

torriar	The vertice			Inopedation		
	ne of the organization BROOKLYN COLLEGE FOUNDATION INC		Employer identificat	ion number		
Pa	rt I Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		11-1904329 unds or Accounts.	Complete If the		
	organization anomered res to rorm 33	(a) Donor advised funds	(b) Funds and ot	her accounts		
L	Total number at end of year					
2	Aggregate Contributions to (during year)					
;	Aggregate Grants from (during year)					
ļ	Aggregate value at end of year					
;	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	<u> </u>	or advised	┌ Yes		
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		•	┌ Yes		
Par	t II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV,	line 7.		
L 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of ce	historically importantl rtified historic structur	e		
	on the last day of the tax year					
				he End of the Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement		2Ь			
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organization d	urıng		
	the taxable year 🕨					
ļ	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and	┌ Yes		
•	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►			
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$			
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion	┌ Yes		
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial				
ar	Complete if the organization answered '		or Other Similar A	ssets.		
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of pub			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1		F \$			
	(ii) Assets included in Form 990, Part X		► \$	3,205,320		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide	e the		
а	Revenues included in Form 990, Part VIII, line 1		- \$			
b	Assets included in Form 990, Part X		► \$			

	Organizations Maintaining Co	HECHOIIS OF ALL,	ПІЗ	tui i	cai ileasui	es, or other	Sillilla	A33C	LS (CC	ntinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that are	a sıgnıfıcant us	se of its co	llection		
а	Public exhibition		d	Γ	Loan or excha	nge programs				
b	Scholarly research		e	Γ	Other					
С	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how	the'	v further the ord	anızatıon's ex	empt purp	ose in		
	Part XIV				,	,				
5	During the year, did the organization solicit of			•			ılar		_	<u></u>
Do.	assets to be sold to raise funds rather than t						arad !!\/ac			V No
Pal	Trust, Escrow and Custodial A Part It Inc. Inc. 9 or reg orted an an					ization answe	ereu res	10 FO	פ וווו	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				•	other assets n	iot	Гу	'es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9							
								A mour	nt	
С	Beginning balance					1 c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					┌ Y	'es	☐ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete									
		(a)Current Year	(b) Prior	Year (c)Two	Years Back (d)	Three Years I	Back (e)	Four Ye	ears Back
1a	Beginning of year balance	43,852,061								
Ь	Contributions	-1,776,940								
c	Investment earnings or losses	-9,354,190								
d	Grants or scholarships	460,959								
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	32,259,972								
2	Provide the estimated percentage of the yea	r end balance held as	5							
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 organiza	tion t	:hat a	are held and adı	ministered for t	the			
	organization by							[Yes	No
	(i) unrelated organizations			•				3a(i)		No
	(ii) related organizations							3a(ii)		N o
L	Tf V a a to 2 a / u \ a u a th a u a		on S	cned	ule R?			3b		i
	If "Yes" to 3a(II), are the related organizatio	•			nde					<u> </u>
4	Describe in Part XIV the intended uses of th	e organization's endo	owme	nt fu		t X line 10				<u> </u>
4		e organization's endo	owme	ent fu ee F	orm 990, Par	·				
4	Describe in Part XIV the intended uses of th	e organization's endo	owme	ent fu		t X, line 10. (b)Cost or other basis (other)	(c) Depre	eciation	(d) B	ook value
4 Par	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings	e organization's endo	owme	ent fu	orm 990, Par a) Cost or other	(b)Cost or other	(c) Depr	eciation	(d) B	ook value
4 Par 1a	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings Description of investment	e organization's endo	owme	ent fu	orm 990, Par a) Cost or other	(b)Cost or other	(c) Depr	eciation	(d) B	look value
4 Par 1a b	Describe in Part XIV the intended uses of the table of tabl	e organization's endo	owme	ent fu	orm 990, Par a) Cost or other	(b)Cost or other	(c) Depre	eciation	(d) B	l look value
Par Par 1a b c	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings Description of investment Land	e organization's endo	owme	ent fu	orm 990, Par a) Cost or other	(b)Cost or other	(c) Depre	eciation	(d) B	look value
Par 1a b c	Describe in Part XIV the intended uses of the table of	e organization's endo	owme	ent fu	orm 990, Par a) Cost or other	(b)Cost or other	(c) Depr	eciation	(d) B	iook value

investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		·
Closely-held equity interests		
Other limited Partnerships	5,407,186	F
·	, ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	5,407,186	
Total. (Column (b) Should equal Form 990, Part X, Col (b) line 12)	5,407,180	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descrip	ption	(b) Book value
ARTWORK AND COLLECTIONS		3,205,320
Beneficial interest in remainder trusts		734,780
beneficial interest in life insurance		114,720
interest receivable		1,515
Total. (Column (b) should equal Form 990, Part X, col.(B) line is	5.)	4,056,335
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
ANNUITY OBLIGATIONS	652,652	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	652,652	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,127,428
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,976,504
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,849,076
4	Net unrealized gains (losses) on investments	4	-7,431,475
5	Donated services and use of facilities	5	597,325
6	Investment expenses	6	-52,077
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-702,784
9	Total adjustments (net) Add lines 4 - 8	9	-7,589,011
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-11,438,087
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	-2,916,335
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 597,325		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	439,789
3	Subtract line 2e from line 1	3	-3,356,124
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 52,077		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	7,483,552
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,127,428
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	8,521,752
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	-	
Ь	Prior year adjustments	-	
С	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	4	
е	Add lines 2a through 2d	2e	597,325
3	Subtract line 2e from line 1	3	7,924,427
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 52,077	4	
b	Other (Describe in Part XIV)	4	
C	Add lines 4a and 4b	4c	52,077
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,976,504

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V. line 4. Part X. Part XI. line 8. Part XII. lines 2d and 4b, and Part XIII. lines 2d and 4b

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

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As Filed Data -

DLN: 93493132046010

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Revenue Service	lines 17, 18, or 19, and l	oy organizati	ions that en	ter more than \$15,000 on Fo	m 990-EZ, line 6a.	Inspection
Name of the organization THE BROOKLYN COLLE						ntification number
					11-1904329	
Part I Fundraisir	ng Activities. Complete	ıf the oı	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
 Indicate whether the a	ons	through ar	ny of the	e Solicitation of r	non-government grants government grants	
or key employees li b If "Yes," list the ten	n have a written or oral agree sted in Form 990, Part VII) i highest paid individuals or at least \$5,000 by the orga	or entity entities (f	ın connec undraise	ction with professional f rs) pursuant to agreeme	undraising activities? ents under which the fui	
(i) Name of individu or entity (fundraise	I (III) A CTIVITA	(iii) fundrais custo contr contribu	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
		-				
		1				
		-				
Tatal		1	<u> </u>			
Total						

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

	Pai	t II	Fundraising Events. Comp more than \$15,000 on Form	olete if the organization 990-EZ, line 6a. List e	on answered "Yes" to events with gross rece	Form 990, Part IV, lir	ne 18, c	r repor	ted
1 Gross receipts 142,428 8,620 153,044 2 Less Chantable 101,428 3,510 104,931 3 Gross revenue (line 1 41,000 5,110 46,110 4 Cash Prizes 5 Non-cash Prizes 5 Non-cash Prizes 5 Non-cash Prizes 5 Non-cash Prizes 13,821 650 14,477 7 Other direct expenses 13,821 650 14,477 8 Direct expenses summary Add lines 4 through 7 in column (d) 19,599 8 Brect expense summary Combine lines 3 and 8 in column (d) 26,511 9 Nat income summary Combine lines 3 and 8 in column (d) 26,511 9 Nat income summary Combine lines 3 and 8 in column (d) 26,511 1 Gross revenue (a) Bingo (b) Pull tabs/linstant bingo/progressive bingo (d) Total quaning (Add and (e)) Hiddings and (f) Hiddings and (f) Hiddings and (f) 1 Gross revenue 7 Direct expenses summary Add lines 2 through 7 in column (d) No No No No No No No N				(a) Event #1	(b) Event #2		(d) (A dd c	ol (a) th	nrough
1 Gross receipts 142,428 0,620 151,040 164,030 164,0				story	event	(total number)	1	col (c))	
3 Gross revenue (line 1	Φ.	1			1 1 1			15	1,048
3 Gross revenue (line 1	еле н	2	Less Charitable	101,428	3,510			10	4,938
Source Non-cash Prizes Source S	~	3	Gross revenue (line 1	41,000	5,110			4	6,110
Seming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo 1 Gross revenue (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo 2 Cash prizes (b) A Rent/facility costs (b) Pull tabs/Instant bingo/progressive bingo 4 Rent/facility costs (c) A Rent/facility costs (c) Other gaming (b) Pull tabs/Instant bingo/progressive bingo 5 Other direct expenses (c) Other gaming (b) Pull tabs/Instant bingo/progressive bingo 6 Volunteer labor (c) Pres (c) P		4	Cash Prizes						
Seming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo 1 Gross revenue (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo 2 Cash prizes (b) A Rent/facility costs (b) Pull tabs/Instant bingo/progressive bingo 4 Rent/facility costs (c) A Rent/facility costs (c) Other gaming (b) Pull tabs/Instant bingo/progressive bingo 5 Other direct expenses (c) Other gaming (b) Pull tabs/Instant bingo/progressive bingo 6 Volunteer labor (c) Pres (c) P	ses Ses	5	Non-cash Prizes						
Seming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo 1 Gross revenue (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo 2 Cash prizes (b) A Rent/facility costs (b) Pull tabs/Instant bingo/progressive bingo 4 Rent/facility costs (c) A Rent/facility costs (c) Other gaming (b) Pull tabs/Instant bingo/progressive bingo 5 Other direct expenses (c) Other gaming (b) Pull tabs/Instant bingo/progressive bingo 6 Volunteer labor (c) Pres (c) P	pen	6	Rent/Facility costs		5,128				5,128
9 Net income summary Combine lines 3 and 8 in column (d). 26,517 Part III	ă к	7	Other direct expenses	13,821	650			1	.4,471
Seming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo 1 Gross revenue (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo 2 Cash prizes (b) A Rent/facility costs (b) Pull tabs/Instant bingo/progressive bingo 4 Rent/facility costs (c) A Rent/facility costs (c) Other gaming (b) Pull tabs/Instant bingo/progressive bingo 5 Other direct expenses (c) Other gaming (b) Pull tabs/Instant bingo/progressive bingo 6 Volunteer labor (c) Pres (c) P	ğ	8	Direct expense summary Add line	es 4 through 7 in column	(d)	🛌		1	.9,599
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add on (a) through of (c)) 1 Gross revenue		9	Net income summary Combine lir	nes 3 and 8 ın column (d)				2	6,511
bingo/progressive bingo 1 Gross revenue	Par	t III			Yes" to Form 990, Pa	rt IV, line 19, or repo	rted m	ore tha	n
The property of the organization licensed to operate gaming activities in each of these states? I Gross revenue	evenue.			(a) Bingo	bingo/progressive	(c) O ther gaming	(d) To col (a)	tal gamıng through c	g (Add ol (c))
3 Non-cash prizes	ш.	1	Gross revenue				1		
6 Volunteer labor	se Se	2	Cash prizes						
6 Volunteer labor	sueda	3	Non-cash prizes						
6 Volunteer labor	<u>ភ</u> ប្	4	Rent/facility costs						
7 Direct expense summary Add lines 2 through 5 in column (d)	百	5	Other direct expenses						
8 Net gaming income summary Combine lines 1 and 7 in column (d)		6	Volunteer labor	<u>'_</u>	'_ · · · ·	<u> </u>			
Penter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?		7	Direct expense summary Add lines	s 2 through 5 in column (d)				
9 Enter the state(s) in which the organization operates gaming activities		8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)				
b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers?	а	Ist	he organization licensed to operate				. 9		No
<u> </u>				censes revoked, suspen	ded or terminated during	the tax year?	10	a	
			, , ,				<u> </u>	<u>ı</u>	

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name •			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided 🟲			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year			

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DLN: 93493132046010 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspection

Name of the organization	NUMBATION INC					Employer ident	ification number
THE BROOKLYN COLLEGE FO	DUNDATION INC					11-1904329	
Part I General Infor	mation on Grai	nts and Assistance				·	
 Does the organization mathematics believed the selection criteria use Describe in Part IV the organization 	ed to award the gran	nts or assistance?					. Yes
Form 990, Part Part IV and Sch	IV, line 21 for ar iedule I-1 if addit	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of if no one recipient rec	ceived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Brooklyn College2900 Bedford Avenue Brooklyn, NY 11210	13-3893536	city of new york	5,632,193				Scholarships, Professorships, departmental support
2 Enter total number of sec		government					1
organizations 3 Enter total number of oth							<u> </u>
					_	_	

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

See Additional Data Table

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

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As Filed Data -

DLN: 93493132046010

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
THE BROOKLYN COLLEGE FOUNDATION INC

Employer identification number

11-1904329

Рa	Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	\vdash	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		,	2		Νο
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		ly			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>				
	Form 990 of other organizations	ı	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		Νo
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	·			NI -

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

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

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

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

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132046010

OMB No 1545-0047

Inspection

Non-Cash Contributions

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

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

					11-1904329			
Pa	rt I Types of Property			<u>.</u>				
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	12	/5,11/	based on market va	lue		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	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	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
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		Yes	No
	hold for at least three years from the date o				ı			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme							
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	e third parti	ies or related organizations	to solicit, process, or sell	non-cash	32a		Νo
ь	If "Yes", describe in Part II							
33		revenues i	n Column (c) for a type of p	roperty for which Column (a	a)ıs			

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

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

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

11-1904329

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

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

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

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

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

ldentifier	Return Reference	Explanation
, , ,	COMMITTEE	nere shall be an Executive Committee consisting of the Chairman and Vice Chairman of the Board of rustees and such other persons as may be elected by the Board of Trustees. The Committee shall have all e powers of the Board permitted by law when the Board is not in session.

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

Software ID: Software Version:

EIN: 11-1904329

Name: THE BROOKLYN COLLEGE FOUNDATION INC

Form 990, Part VII - Section Aaa

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

Form 990, Part VII - Section Aaa

orm 550, rate vii Section Add										
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
herbert kurz , board member	50	Х						0	0	0
mark steiger , board member	50	Х						0	0	0
jerry della femina , board member	50	Х						0	0	0
james fantacı , board member	50	Х						0	0	0
bertram fields , board member	50	Х						0	0	0
stanley goldsteın , board member	50	Х						0	0	0
saul b katz , board member	50	Х						0	0	0
morton topfer , board member	50	Х						0	0	0
hal schaffer , board member	50	Х						0	0	0
christoph m kimmich , president of college/boa	12 00	Х						72,665	169,551	20,500
andrew sillen , executive director	30 00			Х				126,668	42,223	30,203
steve little , cfo, vp of finance & adm	4 00				Х			17,930	161,371	24,582
alan gılbert , coo, asst vp of fın , b	8 00				Х			32,988	131,954	17,692

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

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