

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2010** calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BROOKLYN COLLEGE FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2900 BEDFORD AVENUE - INGERSOLL HAL City or town, state or country, and ZIP + 4 BROOKLYN, NY 11210	D Employer identification number 11-1904329
	F Name and address of principal officer: BERNARD H. GARIL SAME AS C ABOVE	E Telephone number 718-758-8124
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 29,135,130.
J Website: WWW.BROOKLYNCOLLEGEFOUNDATION.ORG		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶
	L Year of formation: 1958	M State of legal domicile: NY

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		29
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		19
	6 Total number of volunteers (estimate if necessary)	6		0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,578,515.	Prior Year	9,430,130.
	9 Program service revenue (Part VIII, line 2g)	0.	Current Year	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,039,661.		2,552,969.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	230,632.		50,235.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,848,808.		12,033,334.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,584,841.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		840,696.		1,072,534.
16a Professional fundraising fees (Part IX, column (A), line 11e)		197,263.		199,428.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,269,780.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,275,881.		1,321,853.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,898,681.		6,948,619.
19 Revenue less expenses. Subtract line 18 from line 12	6,950,127.		5,084,715.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	77,557,089.	Beginning of Current Year	89,156,205.
	21 Total liabilities (Part X, line 26)	564,135.	End of Year	726,315.
	22 Net assets or fund balances. Subtract line 21 from line 20	76,992,954.		88,429,890.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer BERNARD H. GARIL, TREASURER	Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name FREDERICK H. ROTHMAN	Preparer's signature	Date
	Firm's name ▶ LOEB & TROPER LLP	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address ▶ 655 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017	Firm's EIN ▶	Phone no. (212) 867-4000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,960,867. including grants of \$ 4,354,804.) (Revenue \$)
1. SCHOLARSHIPS: IN FY '11, THE BCF AWARDED TUITION SCHOLARSHIPS TO 1,229 BROOKLYN COLLEGE STUDENTS.
2. FACULTY SUPPORT: IN FY '11, THE BCF AWARDED STIPENDS AND AWARDS TO A TOTAL OF 27 BROOKLYN COLLEGE FACULTY MEMBERS.
3. SUPPORT FOR CAPITAL CONSTRUCTION WAS \$250,000.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,960,867.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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 "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 709.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
			29
1b	Enter the number of voting members included in line 1a, above, who are independent		
			29
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CT, FL, IL, KS, KY, MD, MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BEATRICE GILLING RAYNOR - 718-951-5778**
2900 BEDFORD AVENUE-INGERSOLL HALL, BROOKLYN, NY 11210

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY R. FEIRSTEIN CHAIR	2.00	X		X			0.	0.	0.	
EDWIN COHEN VICE CHAIR	2.00	X		X			0.	0.	0.	
BERNARD H. GARIL TREASURER	2.00	X		X			0.	0.	0.	
EVAN SILVERSTEIN DEPUTY TREASURER	2.00	X		X			0.	0.	0.	
ROY L. FURMAN CHAIR EMERITUS	2.00	X		X			0.	0.	0.	
CAROL ZICKLIN SECRETARY	2.00	X		X			0.	0.	0.	
ALEXANDER TANGER BOARD MEMBER	0.50	X					0.	0.	0.	
SARAH L. BENSON BOARD MEMBER	0.50	X					0.	0.	0.	
DONALD KRAMER BOARD MEMBER	0.50	X					0.	0.	0.	
FLORENCE COHEN ROSEN BOARD MEMBER	1.00	X					0.	0.	0.	
FRANCES A. HESS BOARD MEMBER	0.80	X					0.	0.	0.	
HOWARD KNOHL BOARD MEMBER	0.50	X					0.	0.	0.	
IRWIN FEDERMAN BOARD MEMBER	0.50	X					0.	0.	0.	
IRWIN SCHNEIDERMAN BOARD MEMBER	0.50	X					0.	0.	0.	
JULES HAIMOVITZ BOARD MEMBER	0.50	X					0.	0.	0.	
HERBERT KURZ BOARD MEMBER	0.50	X					0.	0.	0.	
LEONARD TOW BOARD MEMBER	0.50	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK STEIGER BOARD MEMBER	1.00	X					0.	0.	0.	
MARTIN D. SASS BOARD MEMBER	1.00	X					0.	0.	0.	
MARGE MAGNER BOARD MEMBER	1.00	X					0.	0.	0.	
MURRAY KOPPELMAN BOARD MEMBER	1.00	X					0.	0.	0.	
MYRON I. KANDEL BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD A. WILPON BOARD MEMBER	0.50	X					0.	0.	0.	
MICHAEL L. LYNNE BOARD MEMBER	0.50	X					0.	0.	0.	
SAMUEL E. BELLER BOARD MEMBER	1.00	X					0.	0.	0.	
SOL J. BARER BOARD MEMBER	0.50	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							371,950.	0.	102,906.	
d Total (add lines 1b and 1c)							371,950.	0.	102,906.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
S. L. DESIGN, INC. D/B/A STRUCTURAL ENTERPR 350 5TH AVENUE, 59TH FLOOR, NEW YORK, NY 10G	FACILITIES-REMODELIN	261,302.
RUFFALOCODY P.O. BOX 3018, CEDAR RAPIDS, IA 52406-3018	MARKETING	159,428.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	316,686.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	9113444.				
	g	Noncash contributions included in lines 1a-1f: \$	2172715.				
	h	Total. Add lines 1a-1f		9430130.			
	Program Service Revenue	2 a					
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		869,675.		869,675.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)					
		Net gain or (loss)			1683294.		1,683,294.
	8 a	Gross income from fundraising events (not including \$ 316,686. of contributions reported on line 1c). See Part IV, line 18	a		111998.		
		Less: direct expenses	b		68,642.		
		Net income or (loss) from fundraising events			43,356.		43,356.
	9 a	Gross income from gaming activities. See Part IV, line 19	a		6,120.		
Less: direct expenses		b					
Net income or (loss) from gaming activities				6,120.		6,120.	
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	MISCELLANEOUS	900099		759.		759.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			759.			
12	Total revenue. See instructions.			12,033,334.	0.	0.	

Part IX Statement of Functional Expenses

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).

Do 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	4,354,804.	4,354,804.		
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	856,142.		309,797.	546,345.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	52,580.		19,026.	33,554.
9 Other employee benefits	89,507.		32,389.	57,118.
10 Payroll taxes	74,305.		26,887.	47,418.
11 Fees for services (non-employees):				
a Management				
b Legal	52,435.		52,435.	
c Accounting	43,675.		43,675.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	199,428.			199,428.
f Investment management fees	30,212.		30,212.	
g Other	215,493.		88,000.	127,493.
12 Advertising and promotion	6,725.	6,725.		
13 Office expenses	601,108.	375,278.	75,848.	149,982.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	197,180.	162,527.	3,966.	30,687.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	35,737.		35,737.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MISCELLANEOUS	139,288.	61,533.		77,755.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,948,619.	4,960,867.	717,972.	1,269,780.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	111,858.	1	219,583.	
	2 Savings and temporary cash investments	16,771,014.	2	2,740,857.	
	3 Pledges and grants receivable, net	14,294,554.	3	13,109,987.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	17,040.	9	25,842.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b		10c	
	11 Investments - publicly traded securities	39,036,449.	11	58,838,311.	
	12 Investments - other securities. See Part IV, line 11	3,042,801.	12	9,704,296.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	4,283,373.	15	4,517,329.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	77,557,089.	16	89,156,205.		
Liabilities	17 Accounts payable and accrued expenses	102,079.	17	266,036.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	462,056.	25	460,279.	
	26 Total liabilities. Add lines 17 through 25	564,135.	26	726,315.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,351,094.	27	12,757,231.	
	28 Temporarily restricted net assets	41,123,732.	28	45,103,403.	
	29 Permanently restricted net assets	33,518,128.	29	30,569,256.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	76,992,954.	33	88,429,890.	
34 Total liabilities and net assets/fund balances	77,557,089.	34	89,156,205.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,033,334.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,948,619.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,084,715.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	76,992,954.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,352,221.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	88,429,890.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization BROOKLYN COLLEGE FOUNDATION, INC.	Employer identification number 11-1904329
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,516,630.	11,512,125.	4,700,368.	11,578,515.	9,430,130.	52,737,768.
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 lines 1 through 3	15,516,630.	11,512,125.	4,700,368.	11,578,515.	9,430,130.	52,737,768.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,941,153.
6 Public support. Subtract line 5 from line 4.						31,796,615.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	15,516,630.	11,512,125.	4,700,368.	11,578,515.	9,430,130.	52,737,768.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,566,024.	1,389,019.	1,049,952.	974,666.	869,675.	5,849,336.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	382.		56,471.	127,950.	118,877.	303,680.
11 Total support. Add lines 7 through 10						58,890,784.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	53.99	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	65.33	%
16a 33 1/3% support test - 2010. 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 qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a 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. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 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 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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

b 33 1/3% support tests - 2009. 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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

SPECIAL EVENTS

RAFFLE

COPY

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2010

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
MORTON L TOPFER	1,300,000.	122,184.
MARJORIE MAGNER	1,364,933.	187,117.
BARRY R. FERSTEIN	7,687,100.	6,509,284.
LEONARD TOW	11,001,680.	9,823,864.
MURRAY KOPPELMAN	2,500,000.	1,322,184.
BARBARA KAPLAN HAAR	2,941,000.	1,763,184.
JAY NEWMAN	1,435,000.	257,184.
HERBERT KURZ	1,662,600.	484,784.
LAWRENCE RAND	1,503,000.	325,184.
YOLANDA G. JACOBS TRUST	1,324,000.	146,184.
Total Excess Contributions to Schedule A, Part II, Line 5		20,941,153.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

BROOKLYN COLLEGE FOUNDATION, INC.

Employer identification number

11-1904329

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,083,423.	32,259,972.	43,852,061.		
b Contributions	1,488,272.	1,959,800.	-1,776,940.		
c Net investment earnings, gains, and losses	1,859,672.	3,841,364.	-9,354,190.		
d Grants or scholarships			460,959.		
e Other expenditures for facilities and programs	-4,425,163.	8,977,713.			
f Administrative expenses					
g End of year balance	36,856,530.	29,083,423.	32,259,972.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	3,839,262.	END-OF-YEAR MARKET VALUE
(B) INVESTMENT IN REAL ESTATE	5,865,034.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	9,704,296.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ARTWORK AND COLLECTIONS	3,436,220.
(2) BENEFICIAL INTEREST IN REMAINDER TRUSTS	937,575.
(3) BENEFICIAL INTEREST IN LIFE INSURANCE	143,534.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	4,517,329.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	460,279.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	460,279.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,033,334.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,948,619.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,084,715.
4	Net unrealized gains (losses) on investments	4	6,243,901.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	108,320.
9	Total adjustments (net). Add lines 4 through 8	9	6,352,221.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	11,436,936.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	18,968,009.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	6,243,901.
b	Donated services and use of facilities	2b	612,666.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	108,320.
e	Add lines 2a through 2d	2e	6,964,887.
3	Subtract line 2e from line 1	3	12,003,122.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,212.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	30,212.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,033,334.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,531,073.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	612,666.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	612,666.
3	Subtract line 2e from line 1	3	6,918,407.
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	30,212.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	30,212.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,948,619.

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 IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: 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,

Part XIV Supplemental Information (continued)

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 X, LINE 2: THE FOUNDATION HAS DETERMINED THAT THERE IS NO
 MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN
 THE FINANCIAL STATEMENTS. PERIODS ENDING JUNE 30, 2008 AND SUBSEQUENT
 REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-26,417.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST	123,080.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN LIFE INSURANCE	11,657.
TOTAL TO SCHEDULE D, PART XI, LINE 8	108,320.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

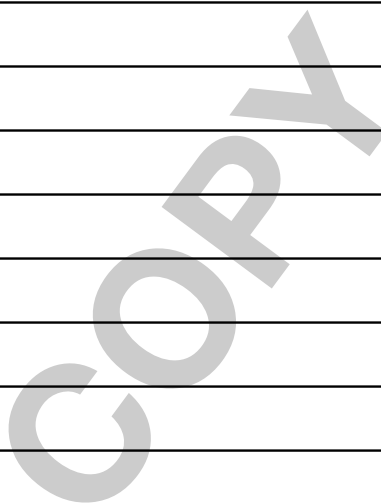
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-26,417.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST	123,080.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN LIFE INSURANCE	11,657.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	108,320.

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

Part XIV Supplemental Information (continued)

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.



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BROOKLYN COLLEGE NIGHT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	428,684.			428,684.
	2 Less: Charitable contributions	316,686.			316,686.
	3 Gross income (line 1 minus line 2)	111,998.			111,998.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	55,165.			55,165.
	8 Entertainment	2,600.			2,600.
	9 Other direct expenses	10,877.			10,877.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(68,642)
	11 Net income summary. Combine line 3, column (d), and line 10				43,356.

Part III Gaming. 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	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			6,120.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7				6,120.	

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter 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? Yes No
- 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 of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RUFFALO CODY

(I) ADDRESS OF FUNDRAISER:

65 KIRKWOOD NORTH ROAD SW, CEDAR RAPIDS, IA 52404

(I) NAME OF FUNDRAISER: DILDAY MEYER & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: P.O. BOX 577, NEW YORK, NY 10030

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **BROOKLYN COLLEGE FOUNDATION, INC.** Employer identification number **11-1904329**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN COLLEGE 2900 BEDFORD AVENUE BROOKLYN, NY 11210	13-3893536	CITY UNIV OF NY	4,354,804.	0.			SCHOLARSHIPS, PROFESSORSHIPS, DEPARTMENTAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations **1.**

3 Enter total number of other organizations

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount 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.

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 AUTHORIZED GRANT MANAGERS (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 GRANT MANAGER 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

Part IV Supplemental Information

LINE WITH THE PURPOSE OF THE GRANT, THE BC FOUNDATION WILL NOT APPROVE
PAYMENT.

COPY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

BROOKLYN COLLEGE FOUNDATION, INC.

Employer identification number

11-1904329

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. KAREN GOULD	(i)	75,395.	0.	0.	0.	24,880.	100,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 STEVEN G. LITTLE	(i)	19,035.	0.	0.	0.	6,282.	25,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ANDREW SILLEN	(i)	138,494.	0.	0.	0.	45,703.	184,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ALAN GILBERT	(i)	34,589.	0.	0.	0.	11,414.	46,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

PART I, LINE 7: STAFF BONUSES ARE BASED ON MEETING SPECIFIED

PERFORMANCE CRITERIA RELATING TO SUCCESS IN FUNDRAISING AGAINST TARGETS.

BONUSES ARE DETERMINED BY A COMPENSATION COMMITTEE COMPOSED OF THE

EXECUTIVE DIRECTOR AND TWO TRUSTEES, ONE OF WHOM IS THE CHAIR OF THE

DEVELOPMENT COMMITTEE OF THE BOARD.

THE FOLLOWING EMPLOYEES OF BROOKLYN COLLEGE, UNRELATED

ORGANIZATION, DONATE THEIR TIME TO THE BROOKLYN COLLEGE FOUNDATION, INC. AS

A RESULT THEIR COMPENSATION IS ALLOCATED:

ANDREW SILLEN, STEVEN LITTLE, ALAN GILBERT AND KAREN GOULD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BROOKLYN COLLEGE FOUNDATION, INC.

Employer identification number
11-1904329

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	<input checked="" type="checkbox"/>	1	213,400.	APPRAISAL
2 Art - Historical treasures	<input type="checkbox"/>			
3 Art - Fractional interests	<input type="checkbox"/>			
4 Books and publications	<input type="checkbox"/>			
5 Clothing and household goods	<input type="checkbox"/>			
6 Cars and other vehicles	<input type="checkbox"/>			
7 Boats and planes	<input type="checkbox"/>			
8 Intellectual property	<input type="checkbox"/>			
9 Securities - Publicly traded	<input type="checkbox"/>			
10 Securities - Closely held stock	<input type="checkbox"/>			
11 Securities - Partnership, LLC, or trust interests	<input type="checkbox"/>			
12 Securities - Miscellaneous	<input type="checkbox"/>			
13 Qualified conservation contribution - Historic structures	<input type="checkbox"/>			
14 Qualified conservation contribution - Other	<input type="checkbox"/>			
15 Real estate - Residential	<input type="checkbox"/>			
16 Real estate - Commercial	<input type="checkbox"/>			
17 Real estate - Other	<input type="checkbox"/>			
18 Collectibles	<input type="checkbox"/>			
19 Food inventory	<input type="checkbox"/>			
20 Drugs and medical supplies	<input type="checkbox"/>			
21 Taxidermy	<input type="checkbox"/>			
22 Historical artifacts	<input type="checkbox"/>			
23 Scientific specimens	<input type="checkbox"/>			
24 Archeological artifacts	<input type="checkbox"/>			
25 Other ▶ (_____)	<input type="checkbox"/>			
26 Other ▶ (_____)	<input type="checkbox"/>			
27 Other ▶ (_____)	<input type="checkbox"/>			
28 Other ▶ (_____)	<input type="checkbox"/>			

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE
NUMBER OF CONTRIBUTORS THAT MADE NONCASH CONTRIBUTIONS.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

BROOKLYN COLLEGE FOUNDATION, INC.

Employer identification number

11-1904329

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ASSIST BROOKLYN COLLEGE BY DEVELOPING AN ONGOING AND INCREASING BASE
OF SUPPORT FROM ALUMNI AND FRIENDS OF THE COLLEGE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION 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.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT COPY OF 990 WAS REVIEWED
AND DISCUSSED WITH AUDITORS BY THE AUDIT COMMITTEE. AUDIT AND FINANCE
COMMITTEE BEARS RESPONSIBILITY FOR REVIEW OF DOCUMENT. A RECOMMENDATION IS
THEN MADE TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL OF THE

Name of the organization BROOKLYN COLLEGE FOUNDATION, INC.	Employer identification number 11-1904329
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DOCUMENT FOR SUBMISSION. THE FINAL COPY OF 990 WAS DISTRIBUTED TO THE BOARD PRIOR TO ITS FILING.

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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CT, FL, IL, KS, KY, MD, MA, MI, MN, NH, NJ, NM, NY, NC, ND, OH, OR, RI, TN, UT
VA, WV, WI

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.)

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	6,243,901.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-26,417.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST	123,080.

Name of the organization
BROOKLYN COLLEGE FOUNDATION, INC.

Employer identification number
11-1904329

CHANGE IN VALUE OF BENEFICIAL INTEREST IN LIFE INSURANCE 11,657.

TOTAL TO FORM 990, PART XI, LINE 5 6,352,221.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

COPY

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 2011

2010

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

BROOKLYN COLLEGE FOUNDATION, INC.

11-1904329

Name and title of officer

**BERNARD H. GARIL
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>12033334</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LOEB & TROPER LLP to enter my PIN 04329
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ******* Date ▶ 04/18/12

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13537817563
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2010
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2010 and ending (mm/dd/yyyy) 06/30/2011			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization BROOKLYN COLLEGE FOUNDATION, INC.		d. Fed. employer ID no. (EIN) 11-1904329
	e. NY State registration no. 01-44-88		
	f. Telephone number 718 951-5778		
	g. Email BRAYMOR@BROOKLYN.CU		
Number and street (or P.O. box if mail not delivered to street address) Room/suite 2900 BEDFORD AVENUE - INGERSOLL			
City or town, state or country and ZIP + 4 BROOKLYN, NY 11210			

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name BERNARD H. GARIL	Title TREASURER
			Date
b. Chief Financial Officer or Treas.	Signature	Printed Name	Title
			Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ...	<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee	\$ <u>25.</u>
b. EPTL filing fee	\$ <u>1,500.</u>
c. Total fee	\$ <u>1,525.</u>
Submit only one check or money order for the total fee, payable to "NYS Department of Law"	

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ▶▶▶

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser

Fund raising counsel

Commercial co-venturer

2. Name of FRP:

RUFFALOCODY, LLC

Number and street (or P.O. box if mail is not delivered to street address):

65 KIRKWOOD NORTH ROAD SW, PO BOX 3018

City or town, state or country and ZIP + 4:

CEDAR RAPIDS, IA 52406-3018

3. FRP telephone number:

319-362-7483

4. Services provided by FRP (provide description):

SEE STATEMENT 1

5. Compensation arrangement with FRP (provide description):

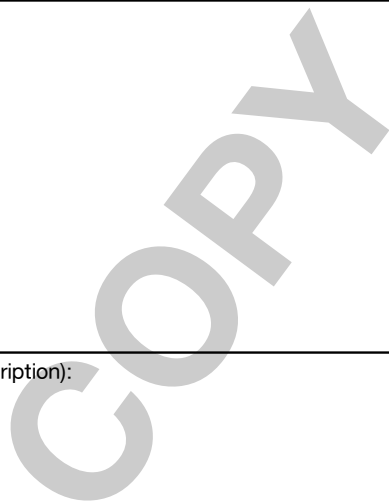
SEE STATEMENT 2

6. Dates of contract 09/08/2010 through 06/30/2011

(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$ 159,428.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the Executive Law?



Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):
- Professional fund raiser
- Fund raising counsel
- Commercial co-venturer

2. Name of FRP:

DILDAY MEYER & ASSOCIATES, LLC

Number and street (or P.O. box if mail is not delivered to street address):

PO BOX 577

City or town, state or country and ZIP + 4:

NEW YORK, NY 10030

3. FRP telephone number:

212-537-6843

4. Services provided by FRP (provide description):

TO ASSIST IN THE PLANNING AN EXECUTION OF AN ANNUAL CAMPAIGN SPRING MAILING AND GALA EVENT.

5. Compensation arrangement with FRP (provide description):

SEE STATEMENT 3

6. Dates of contract 10/26/2010 through 07/01/2011

(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$ 40,000.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the Executive Law?

CAMPAIGN CONSULTATION, DESIGN AND IMPLEMENTATION, DESIGN OF PROJECT-SPECIFIC TRAINING MATERIALS TO PREPARE BCF TEAM OF CALLING REPRESENTATIONS, EFFECTIVE SCRIPT DEVELOPMENT, CREATION OF MAIL AND E-MAIL PIECES, AND ANY REVISIONS MADE DURING THE COURSE OF THE PROGRAM, CALLER TRAINING, DATA RESEARCH, PLEDGE ACKNOWLEDGEMENT LETTERS, TELEMARKETING SERVICES.

COPY

SCH 2 (PFR)

STATEMENT 2

PURCHASE OF TELEMARKETING SERVICES OVER THE TERM AT A RATE OF \$41 PER TELEMARKETING HOUR FOR ALL SEGMENTS EXCEPT FOR THE PLEDGE REMINDER HOURS WHICH WILL BE \$40 PER HOUR. THE TOTAL COST FOR TELEMARKETING SERVICES DEPENDS ON VARIOUS FACTORS, SUCH AS THE NUMBER OF PROSPECTS PROVIDED BY CLIENT AND THE COMPLETION RATE OF TELEMARKETING. AN ESTIMATED COST PER CONTRACT WAS \$161,473.

COPY

PLANNING AND EXECUTION OF AN ANNUAL CAMPAIGN SPRING MAILING IS \$28,000 PER CONTRACT. ADDITIONAL COSTS ARE NOT TO EXCEED \$5,000. PLANNING AND EXECUTION OF AN ANNUAL GALA EVENT IS \$40,000 PER CONTRACT. ADDITIONAL COSTS ARE NOT TO EXCEED \$7,500.

COPY