

Return of Organization Exempt From Income Tax

2009

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 2009 calendar year, or tax year beginning 10/01, 2009, and ending 09/30, 2010

Header section containing organization name (AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC), address (ONE BATTERY PARK PLAZA, NEW YORK, NY), and identification numbers.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include mission statement, revenue (Total: 46,362,892), expenses (Total: 42,086,072), and net assets (Total: 410,502,959).

Part II Signature Block

Signature block containing a declaration of accuracy, a signature line for the preparer, and identifying information for GRANT THORNTON LLP.

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\* Form 990 (2009)

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:

ATTACHMENT 3

**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  No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**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 \$ 31,943,700. including grants of \$ 31,943,700. ) (Revenue \$ 0. )

THE AMERICAN FRIENDS OF HEBREW UNIVERSITY'S (AFHU) PRIMARY EXEMPT PURPOSE IS TO SUPPORT HEBREW UNIVERSITY AND OTHER EDUCATIONAL INSTITUTIONS IN ISRAEL AND THE UNITED STATES. AFHU ACCOMPLISHES THIS BY MAKING GRANTS TO THESE ORGANIZATIONS TO PROMOTE AND ENCOURAGE HIGHER EDUCATION, RESEARCH AND TRAINING IN ALL DISCIPLINES.

**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** ▶ 31,943,700.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24 a</b> 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 question 25</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</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
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes/No checkboxes, and numerical answers. Includes questions about Form 1096, Form W-2G, Form W-3, foreign country (ISRAEL), and various tax shelter and contribution rules.

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (64), 1b Enter the number of voting members that are independent (64), 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 organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material 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: a The governing body? (X), b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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?, 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A 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? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X), 15a 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 ATTACHMENT 4
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. [X] Own website [ ] Another's website [X] 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: JANE KAMPTON, CONTROLLER ONE BATTERY PARK PLAZA 25TH FL NEW YORK, NY 10004 212-607-8569

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
MARTIN E KARLINSKY PRESIDENT	10.00	X		X				0.	0.	0.
GEORGE A SCHIEREN CHAIRMAN	5.00	X		X				0.	0.	0.
MICHAEL A LOBEL TREASURER	5.00	X		X				0.	0.	0.
JOSHUA M OLSHIN ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
RITA BOGEN SECRETARY	1.00	X		X				0.	0.	0.
ERNEST BOGEN VICE PRESIDENT	1.00	X		X				0.	0.	0.
AMBASSADOR WILLIAM A BROWN VICE PRESIDENT	1.00	X		X				0.	0.	0.
CHARLES H GOODMAN VICE PRESIDENT	1.00	X		X				0.	0.	0.
MICHAEL JESSELSON VICE PRESIDENT	1.00	X		X				0.	0.	0.
TODD S LUNDY VICE PRESIDENT	1.00	X		X				0.	0.	0.
KENNETH L STEIN ESQ VICE PRESIDENT	1.00	X		X				0.	0.	0.
RONALD M ZIMMERMAN VICE PRESIDENT	1.00	X		X				0.	0.	0.
JOHN H BAUMAN DIRECTOR	1.00	X						0.	0.	0.
DIANE BELFER DIRECTOR	1.00	X						0.	0.	0.
STANLEY M BOGEN DIRECTOR	1.00	X						0.	0.	0.
JOYCE BRANDMAN DIRECTOR	1.00	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	(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			
SCOTT BURG DIRECTOR	1.00	X					0.	0.	0.	
LEONARD D CORDES DIRECTOR	1.00	X					0.	0.	0.	
ROBERT A DENSEN DIRECTOR	1.00	X					0.	0.	0.	
PAMELA EMMERICH ASSISTANT SECRETARY	1.00	X		X			0.	0.	0.	
ALAN FISKE DIRECTOR	1.00	X					0.	0.	0.	
RUTH FLINKMAN DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL J FOLEY DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL J FREED DIRECTOR	1.00	X					0.	0.	0.	
PATRICIA L GLASER DIRECTOR	1.00	X					0.	0.	0.	
LAWRENCE E GLICK DIRECTOR	1.00	X		X			0.	0.	0.	
JOHN A GOLIEB DIRECTOR	1.00	X					0.	0.	0.	
STEVEN GOOD DIRECTOR	1.00	X					0.	0.	0.	
MARK R GORDON DIRECTOR	1.00	X		X			0.	0.	0.	
<b>1b Total</b> CONTINUED AT SCHEDULE J-2							1,855,213.	0.	138,970.	

**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 **21**

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 5		

**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**

**Part VIII Statement of Revenue**

13-1568923

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	1,133,788.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	132,103.			
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	259,000.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	33,875,270.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		331,670.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		35,400,161.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,917,477.		36,934.	8,880,543.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶		0.			
	<b>5</b>	Royalties . . . . . ▶		0.			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶			0.		
			(i) Securities	(ii) Other			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	171,801,646.	300,000.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	169,503,379.	256,764.			
	<b>c</b>	Gain or (loss) . . . . .	2,298,267.	43,236.			
	<b>d</b>	Net gain or (loss) . . . . . ▶			2,341,503.		2,341,503.
	<b>8a</b>	Gross income from fundraising events (not including \$ <u>1,133,788.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>		587,830.			
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>		915,130.			
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶			-327,300.		-327,300.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶			0.			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶			0.			
Miscellaneous Revenue				<b>Business Code</b>			
<b>11a</b>	MANAGEMENT FEE	900099		26,403.			26,403.
<b>b</b>	REFUNDED UBI TAXES	900099		4,648.			4,648.
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			31,051.			
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . . ▶			46,362,892.		36,934.	10,925,797.

**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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	215,928.	215,928.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	3,000.	3,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	31,724,772.	31,724,772.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	944,194.		716,229.	227,965.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . .	0.			
7 Other salaries and wages . . . . .	4,415,920.		1,087,599.	3,328,321.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . .	27,056.		12,529.	14,527.
9 Other employee benefits . . . . .	776,515.		293,726.	482,789.
10 Payroll taxes . . . . .	354,366.		119,929.	234,437.
11 Fees for services (non-employees):				
a Management . . . . .	36,563.		6,892.	29,671.
b Legal . . . . .	122,059.		60,021.	62,038.
c Accounting . . . . .	60,711.		60,711.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	149,577.			149,577.
f Investment management fees . . . . .	290,576.		290,576.	
g Other . . . . .	150,344.		56,604.	93,740.
12 Advertising and promotion . . . . .	182,324.		184.	182,140.
13 Office expenses . . . . .	295,854.		68,339.	227,515.
14 Information technology . . . . .	20,706.		10,672.	10,034.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	625,354.		202,399.	422,955.
17 Travel . . . . .	313,940.		77,317.	236,623.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	33,946.			33,946.
19 Conferences, conventions, and meetings . . . .	76,594.		10,802.	65,792.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . .	196,220.		101,514.	94,706.
23 Insurance . . . . .	95,008.		34,125.	60,883.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>EVENTS</u> . . . . .	508,195.			508,195.
b <u>DIRECT MAIL</u> . . . . .	281,813.			281,813.
c <u>PRINTING AND LETTERSHOP</u> . . . . .	140,881.		4,858.	136,023.
d <u>MISCELLANEOUS</u> . . . . .	43,656.		16,753.	26,903.
e -----				
f All other expenses -----				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	42,086,072.	31,943,700.	3,231,779.	6,910,593.
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	44,870.	<b>1</b>	94,827.
	<b>2</b> Savings and temporary cash investments . . . . .	8,176,366.	<b>2</b>	10,368,345.
	<b>3</b> Pledges and grants receivable, net . . . . .	23,645,891.	<b>3</b>	27,143,600.
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 6,336,954.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,606,694.	4,130,507.	<b>10c</b> 3,730,260.
	<b>11</b> Investments - publicly traded securities . . . . .	363,412,237.	<b>11</b>	384,269,287.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	32,523,301.	<b>12</b>	41,028,480.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	14,298,468.	<b>15</b>	15,268,113.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	446,231,640.	<b>16</b>	481,902,912.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,989,934.	<b>17</b>	1,603,855.
	<b>18</b> Grants payable . . . . .	27,278,410.	<b>18</b>	25,957,934.
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	6,460,337.	<b>25</b>	7,551,383.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	35,728,681.	<b>26</b>	35,113,172.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-47,176.	<b>27</b>	5,092,560.
	<b>28</b> Temporarily restricted net assets . . . . .	123,977,319.	<b>28</b>	152,635,789.
	<b>29</b> Permanently restricted net assets . . . . .	286,572,816.	<b>29</b>	289,061,391.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	410,502,959.	<b>33</b>	446,789,740.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	446,231,640.	<b>34</b>	481,902,912.

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- c** 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and 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? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2009)



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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 68.74%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 74.98%; 16a 33 1/3% support test - 2009. 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 [X]; 16b 33 1/3% support test - 2008. 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 [ ]; 17a 10%-facts-and-circumstances test - 2009. 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 [ ]; 17b 10%-facts-and-circumstances test - 2008. 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 [ ]; 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 [ ].

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
FUNDRAISING EVENTS	282,327.	625,625.	512,232.	399,251.	587,830.	2,407,265.
MANAGEMENT FEE	0.	0.	0.	11,942.	26,403.	38,345.
TOTALS	<u>282,327.</u>	<u>625,625.</u>	<u>512,232.</u>	<u>411,193.</u>	<u>614,233.</u>	<u>2,445,610.</u>

**Schedule of Contributors**

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

**2009**

<b>Name of the organization</b> AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC	<b>Employer identification number</b> 13-1568923
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(<sup>3</sup> ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number  
13-1568923**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT H. SMITH FAMILY FOUNDATION 2345 CRYSTAL DRIVE ARLINGTON, VA 22202	\$ 5,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MANDEL FOUNDATION 1750 EUCLID AVENUE CLEVELAND, OH 44115	\$ 1,767,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ESTATE OF GISELA GROSS, C/O F. HARVEY 260 MADISON AVENUE, 17TH FLOOR NEW YORK, NY 10016	\$ 980,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ESTATE OF SEYMOUR ALPERT, WEST&FEINBERG 4550 MONTGOMERY AVE. SUITE 775N BETHESDA, MD 20814	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	GOLDIE ANNA CHARITABLE TRUST 600 THIRD AVENUE, 11TH FLOOR NEW YORK, NY 10016	\$ 1,006,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ESTATE OF ELOZOR WEISS C/O ABRAHAM BROUDY, 8070 SHADY SAND RD SAN DIEGO, CA 92065	\$ 937,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC	<b>Employer identification number</b> 13-1568923
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE SAUL BRANDMAN FOUNDATION  9595 WILSHIRE BLVD. SUITE 200  BEVERLY HILLS, CA 90210	\$ 8,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Supplemental Financial Statements

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and two Yes/No questions regarding donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' (2a-2d), and several numbered questions (3-9) regarding monitoring, expenses, and reporting.

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. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements for art and historical treasures.

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:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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 organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Balance, Contributions, Net investment earnings, Grants, Other expenditures, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment 77.2100 %
c Term endowment 22.7900 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b.

- (i) unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.



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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (46,362,892). Line 2: Total expenses (42,086,072). Line 3: Excess or (deficit) for the year (4,276,820). Line 4: Net unrealized gains (31,772,578). Line 5: Donated services and use of facilities. Line 6: Investment expenses. Line 7: Prior period adjustments. Line 8: Other (237,384). Line 9: Total adjustments (net) (32,009,962). Line 10: Excess or (deficit) for the year per audited financial statements (36,286,782).

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

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue (78,403,629). Line 2: Amounts included on line 1 but not on Form 990. Sub-rows 2a-2d: Net unrealized gains (31,772,578), Donated services, Recoveries, Other (564,684). Line 2e: Add lines 2a-2d (32,337,262). Line 3: Subtract line 2e from line 1 (46,066,367). Line 4: Amounts included on Form 990 but not on line 1. Sub-rows 4a-4b: Investment expenses (290,576), Other (5,949). Line 4c: Add lines 4a and 4b (296,525). Line 5: Total revenue (46,362,892).

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

Table with 5 main rows for expense reconciliation. Line 1: Total expenses (42,116,847). Line 2: Amounts included on line 1 but not on Form 990. Sub-rows 2a-2d: Donated services, Prior year adjustments, Other losses, Other (327,300). Line 2e: Add lines 2a-2d (327,300). Line 3: Subtract line 2e from line 1 (41,789,547). Line 4: Amounts included on Form 990 but not on line 1. Sub-rows 4a-4b: Investment expenses (290,576), Other (5,949). Line 4c: Add lines 4a and 4b (296,525). Line 5: Total expenses (42,086,072).

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.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

## ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V

IN SEPTEMBER 2010, NEW YORK STATE PASSED ITS OWN VERSION OF UPMIFA ("NYPMIFA") THAT APPLIES TO AFHU'S FISCAL 2010 FINANCIAL STATEMENTS. ACCORDINGLY, CERTAIN AMOUNTS IN THE 2009 FINANCIAL STATEMENTS AND FOOTNOTE DISCLOSURES WITH RESPECT TO THE ORGANIZATION'S ENDOWMENT HAVE BEEN RECLASSIFIED TO CONFORM WITH THE 2010 FINANCIAL STATEMENT PRESENTATION. AFHU HAS ADJUSTED ITS SCHEDULE D, PART V ENDOWMENT DISCLOSURE TO CONFORM TO THE AUDITED FINANCIAL STATEMENT PRESENTATION.

LINE 1B - INCLUDED IN CONTRIBUTIONS IS APPROXIMATELY \$3.5 MILLION OF RE-DESIGNATIONS. ACTUAL CONTRIBUTIONS IS CLOSE TO \$4.9 MILLION.

## RECONCILIATION OF CHANGE IN NET ASSETS

FORM 990, SCHEDULE D, PART XI

LINE 8:

CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS	247,998
PENSION RELATED EXPENSES	(10,614)
TOTAL	237,384

=====

**Part XIV** Supplemental Information (continued)

## RECONCILIATION OF REVENUE

FORM 990, SCHEDULE D, PART XII

LINE 2D - OTHER REVENUE ON BOOKS NOT ON RETURN:

CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS	247,998
PENSION RELATED EXPENSES	(10,614)
NET EXPENSES FROM FUNDRAISING ACTIVITIES RECLASSIFIED TO PART VIII	327,300
	-----
TOTAL	564,684
	=====

LINE 4B:

RECLASS LEGAL EXPENSES	5,949
	-----
TOTAL	5,949
	=====

## RECONCILIATION OF EXPENSES

FORM 990, SCHEDULE D, PART XIII

LINE 2D - OTHER EXPENSES ON BOOKS NOT ON RETURN:

NET EXPENSES FROM FUNDRAISING ACTIVITIES RECLASSIFIED TO PART VIII	(327,300)
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LINE 4B:

**Part XIV** Supplemental Information (continued)

RECLASS OF LEGAL EXPENSES FROM REVENUE 5,949

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## INCOME TAXES

FORM 990, SCHEDULE D, PART X, LINE 2

THE INCOME TAXES TOPIC NUMBER 740, "INCOME TAXES" OF THE FASB ACCOUNTING STANDARDS CODIFICATION ("CODIFICATION") ESTABLISHES CRITERION THAT AN INDIVIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. ON INITIAL APPLICATION, THIS CRITERION WILL BE APPLIED TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN. ONLY TAX POSITIONS THAT MEET THE "MORE-LIKELY-THAN-NOT" RECOGNITION THRESHOLD AT THE ADOPTION DATE WILL BE RECOGNIZED OR CONTINUE TO BE RECOGNIZED. THE EFFECTIVENESS FOR APPLYING THIS CRITERION WAS ADOPTED BY THE ORGANIZATION ON OCTOBER 1, 2009, AND HAD NO MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE TAX YEARS ENDED 2007, 2008, AND 2009 ARE STILL OPEN TO AUDIT. THE ORGANIZATION HAS PROCESSES CURRENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO REVIEW OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

**Part XIV** Supplemental Information (continued)

DONOR ADVISED FUNDS

FORM 990, SCHEDULE D, PART I

AFHU'S PRIOR YEAR DONOR ADVISED FUNDS DISCLOSURE IN SCHEDULE D INADVERTENTLY OMITTED ONE FUND. ACCORDINGLY, THE ORGANIZATION HAS INCLUDED THE OMITTED FUND THIS YEAR AND ADJUSTED ITS OPENING BALANCE TO \$911,058.

CONSOLIDATED FINANCIAL STATEMENTS

SCHEDULE D, PARTS XI, XII & XIII

AMERICAN FRIENDS OF HEBREW UNIVERSITY RECEIVES CONSOLIDATED FINANCIAL STATEMENTS THAT INCLUDE THE ACTIVITIES OF A RELATED ORGANIZATION, AMERICAN FRIENDS OF HEBREW UNIVERSITY CHARITABLE COMMON FUND. THE AMERICAN FRIENDS OF HEBREW UNIVERSITY HAS COMPLETED SCHEDULE D, PARTS XI, XII & XIII, WHICH PROVIDE A RECONCILIATION FROM THE AUDITED FINANCIAL STATEMENTS TO THE FORM 990, REPORTING ITS SEPARATE ACTIVITY.

SCHEDULE D, PART I

AFHU IS PROVIDING ADDITIONAL DETAIL ON ITS DONOR ADVISED FUNDS SINCE THE IRS PROVIDED SCHEDULE DOES NOT ACCURATELY REFLECT THE TRANSACTIONS IN THE CURRENT YEAR (WHICH ARE REPORTED ON LINE 3).

GIFTS TO OTHER CHARITABLE INSTITUTIONS	-\$33,450
GIFTS TO OTHER EDUCATIONAL INSTITUTIONS	-\$1,000
MANAGEMENT FEES	-\$14,400
UNREALIZED GAINS	\$15,313
DIVIDENDS	\$18,051

**Part XIV** Supplemental Information *(continued)*

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TOTAL -15,486

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.
- ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** 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 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	GRANT MAKING	31,724,772.
EAST ASIA AND THE PACIFIC			INVESTMENTS		
<b>Totals</b> . . . . . ▶	0	0			31,724,772.

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

Schedule F (Form 990) 2009





**Part IV** Supplemental Information

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

ACTIVITIES OUTSIDE THE UNITED STATES

FORM 990, SCHEDULE F, PART I, LINE 2

THE AMERICAN FRIENDS OF THE HEBREW UNIVERSITY EMPLOYS THE SERVICES OF A  
CPA FIRM TO VERIFY THAT GRANTS TO THE HEBREW UNIVERSITY ARE SPENT FOR THE  
PURPOSES FOR WHICH THE DONOR INTENDED.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		AWARD DINNER	L. A. GALA	21	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts . . . . .	390,500.	323,625.	1,007,493.	1,721,618.
	2	Less: Charitable contributions . . . . .	308,180.	237,875.	587,733.	1,133,788.
	3	Gross income (line 1 minus line 2) . . . . .	82,320.	85,750.	419,760.	587,830.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .	98,605.	63,153.	458,878.	620,636.
	8	Entertainment . . . . .		11,600.	26,584.	38,184.
	9	Other direct expenses . . . . .	33,529.	50,542.	172,239.	256,310.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
11	Net income summary. Combine line 3, column (d), and line 10 . . . . .					-327,300.

**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))	
		Yes	No	Yes	No	Yes	No		
Revenue	1	Gross revenue . . . . .							
Direct Expenses	2	Cash prizes . . . . .							
	3	Noncash prizes . . . . .							
	4	Rent/facility costs . . . . .							
	5	Other direct expenses . . . . .							
	6	Volunteer labor . . . . .	Yes _____ %	No	Yes _____ %	No	Yes _____ %	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 . . . . .								

	Yes	No
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? . . . . .	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
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? . . . . .	12	

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility . . . . . 

<b>13a</b>		%
<b>13b</b>		%
- b** An outside facility . . . . . 

<b>13b</b>		%
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**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? . . . . . **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c** If "Yes," enter name and address 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? . . . . . **17a**
- 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 ► \$ \_\_\_\_\_

	Yes	No



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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.

GRANT MONITORING PROCEDURES

SCHEDULE I, PART I, LINE 2

GRANTS MADE WITHIN THE UNITED STATES ARE LIMITED TO 501(C)(3)

ORGANIZATIONS THAT ARE ACTIVE IN FULFILLING THE CHARITABLE PURPOSES OF

THE AMERICAN FRIENDS OF HEBREW UNIVERSITY. SINCE GRANTS ARE ONLY MADE TO

SELECT CHARITIES NO ADDITIONAL MONITORING PROCEDURES ARE IN PLACE.

**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

**2009**

**Open to Public Inspection**

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

**Part I Questions Regarding Compensation**

**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"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a is 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 . . . . .

**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? . . . . .

**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 checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" 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? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

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? . . . . .
- b** Any related organization? . . . . .

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? . . . . .
- b** Any related organization? . . . . .

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 . . . . .

**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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 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				
PETER WILLNER	(i)	430,028.	0.	16,656.	4,240.	18,394.	469,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES L ROTHKOPF	(i)	275,598.	0.	0.	2,120.	18,528.	296,246.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JANE KAMPTON	(i)	171,383.	0.	0.	1,497.	18,394.	191,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BETH MCCOY	(i)	245,689.	0.	0.	2,917.	19,138.	267,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JACQUELINE GLODSTEIN	(i)	192,425.	0.	0.	1,688.	18,915.	213,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JILL MOSKOWITZ	(i)	181,960.	0.	0.	1,543.	2,593.	186,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MATTHEW ROSS	(i)	176,935.	0.	0.	1,499.	18,240.	196,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BETH KYMAN	(i)	164,539.	0.	0.	1,355.	7,909.	173,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

COMPENSATION

FORM 990, SCHEDULE J, PART I, LINE 1

THE SPOUSE OF THE EXECUTIVE DIRECTOR PERIODICALLY TRAVELS WITH HIM ON

BUSINESS TRIPS. THE AMERICAN FRIENDS OF HEBREW UNIVERSITY TREATS THESE

PAYMENTS AS TAXABLE COMPENSATION, THE AMOUNTS OF WHICH ARE INCLUDED ON

HIS FORM W-2 AND DISCLOSED ON THIS RETURN AS OTHER REPORTABLE

COMPENSATION.

**Continuation Sheet for Form 990**

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(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			
ALEX HALBERSTEIN DIRECTOR	1.00	X						0.	0.	0.
NANCY HAMBURGER DIRECTOR	1.00	X						0.	0.	0.
WILLIAM H ISACOFF DIRECTOR	1.00	X						0.	0.	0.
RENAE JACOBS-ANSON DIRECTOR	1.00	X						0.	0.	0.
EMMA JOELS DIRECTOR	1.00	X						0.	0.	0.
MARVIN JUBAS DIRECTOR	1.00	X						0.	0.	0.
CLIVE KABATZNIK DIRECTOR	1.00	X						0.	0.	0.
AMBASSADOR MAX M KAMPELMAN DIRECTOR	1.00	X						0.	0.	0.
BRAD S KARP DIRECTOR	1.00	X						0.	0.	0.
A SIDNEY KATZ ESQ DIRECTOR	1.00	X						0.	0.	0.
FRANCES KATZ DIRECTOR	1.00	X		X				0.	0.	0.
HARVEY M KRUEGER DIRECTOR	1.00	X						0.	0.	0.
MICHAEL S KURTZ DIRECTOR	1.00	X		X				0.	0.	0.
FRED S LAFER DIRECTOR	1.00	X						0.	0.	0.
SENATOR FRANK LAUTENBERG DIRECTOR	1.00	X						0.	0.	0.
MARLA LERNER TANENBAUM DIRECTOR	1.00	X						0.	0.	0.
BARRY LIPPMAN DIRECTOR	1.00	X						0.	0.	0.
HAROLD MAGID DIRECTOR	1.00	X						0.	0.	0.
BARBARA A MANDEL DIRECTOR	1.00	X						0.	0.	0.
JAMES E MATANKY DIRECTOR	1.00	X						0.	0.	0.
MARK A RATNER DIRECTOR	1.00	X						0.	0.	0.

**Continuation Sheet for Form 990**

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(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-MSC)	(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			
LEONA Z ROSENBERG DIRECTOR	1.00	X						0.	0.	0.
KEITH L SACHS DIRECTOR	1.00	X						0.	0.	0.
DANIEL I SCHLESSINGER DIRECTOR	1.00	X						0.	0.	0.
DANIEL SCHULTZ DIRECTOR	1.00	X						0.	0.	0.
DAVID BRUCE SMITH DIRECTOR	1.00	X						0.	0.	0.
SAMUEL H SOLOMON DIRECTOR	1.00	X						0.	0.	0.
MR. JEROLD S. SOLOVY DIRECTOR	1.00	X						0.	0.	0.
IRA LEE SORKIN DIRECTOR	1.00	X						0.	0.	0.
ERIC STEIN DIRECTOR	1.00	X						0.	0.	0.
MARY ANN TUFT DIRECTOR	1.00	X						0.	0.	0.
MR. MARK VIDERGAUZ DIRECTOR	1.00	X						0.	0.	0.
RICHARD D WEINBERG ESQ ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
MARTIN ZELMAN DIRECTOR	1.00	X						0.	0.	0.
RICHARD S ZIMAN DIRECTOR	1.00	X		X				0.	0.	0.
PETER WILLNER NATIONAL EXECUTIVE DIRECTOR	50.00			X				446,684.	0.	22,634.
JAMES L ROTHKOPF CHIEF FINANCIAL OFFICER	50.00			X				275,598.	0.	20,648.
JANE KAMPTON CONTROLLER	50.00				X			171,383.	0.	19,891.
BETH MCCOY NATIONAL DIRECTOR OF DEVELOP.	40.00					X		245,689.	0.	22,055.
JACQUELINE GLODSTEIN EXECUTIVE DIRECTOR	40.00					X		192,425.	0.	20,603.
JILL MOSKOWITZ EXECUTIVE DIRECTOR	40.00					X		181,960.	0.	4,136.
MATTHEW ROSS EXECUTIVE DIRECTOR	40.00					X		176,935.	0.	19,739.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	31	331,670.	COST OR SALE PRICE
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution-Historic structures . . . . .				
14 Qualified conservation contribution-Other . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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** 0

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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	
32 a 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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

JSA



Supplemental Information to Form 990

2009

Open to Public  
Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

ATTACHMENT 2

FORM 990, PART VI, LINE 2

ERNEST BOGEN, VICE PRESIDENT, AND RITA BOGEN, SECRETARY, HAVE A FAMILY  
RELATIONSHIP.

ERNEST BOGEN, VICE PRESIDENT, AND STANLEY M BOGEN, DIRECTOR, HAVE A  
FAMILY RELATIONSHIP.

KEN STEIN, VICE PRESIDENT, AND ERIC STEIN, PRESIDENT OF THE SAN FRANCISCO  
REGIONAL BOARD, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, LINE 4

DURING THE BOARD OF DIRECTORS MEETING THAT WAS HELD ON TUESDAY SEPTEMBER  
21, 2010, THE FOLLOWING MOTIONS WERE APPROVED:

1. A RESOLUTION THAT ARTICLE V. SECTION 2 VI (AUDIT COMMITTEE) OF THE  
BY-LAWS WERE AMENDED TO ADD A CONCLUDING SENTENCE THAT READS: THE AUDIT  
COMMITTEE SHALL HAVE THE RESPONSIBILITY TO PERFORM A FORM 990 REVIEW AT  
THE CONCLUSION OF EACH FISCAL YEAR.

2. ARTICLE VI, OFFICERS - SECTION 1. NUMBER AND QUALIFICATION OF  
OFFICERS WAS AMENDED TO READ, "THE OFFICERS OF THE CORPORATION SHALL BE  
THE PRESIDENT, A CHAIRMAN OF THE BOARD OF DIRECTORS, ONE OR MORE VICE  
CHAIRMEN OF THE BOARD OF DIRECTORS, A NATIONAL CAMPAIGN CHAIR, A CHAIRMAN  
OF THE EXECUTIVE COMMITTEE, ONE OR MORE VICE PRESIDENTS, A TREASURER, ONE

Name of the organization AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC	Employer identification number 13-1568923
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ATTACHMENT 2 (CONT'D)

OR MORE ASSISTANT TREASURERS, A SECRETARY, AND ONE OR MORE ASSISTANT SECRETARIES, ALL OF WHOM SHALL BE CHOSEN FROM AMONG THE MEMBERS OF THE BOARD OF DIRECTORS."

3. ARTICLE VI, OFFICERS - SECTION 3. TERM OF OFFICE WAS AMENDED TO READ, "THE PRESIDENT, CHAIRMAN OF THE BOARD OF DIRECTORS, NATIONAL CAMPAIGN CHAIR AND CHAIRMAN OF THE EXECUTIVE COMMITTEE SHALL NOT HOLD THE SAME OFFICE FOR MORE THAN FOUR (4) CONSECUTIVE YEARS."

4. ARTICLE III, BOARD OF DIRECTORS, SECTION 4. POWERS AND DUTIES, THE THIRD PARAGRAPH WAS AMENDED TO READ, (I) REVIEW BY THE BOARD OF DIRECTORS, EITHER DIRECTLY OR WITH THE AID OF A GRANTS COMMITTEE, OF ALL REQUESTS FOR FUNDS (II) RATIFICATION BY THE BOARD OF DIRECTORS OF ALL PROJECTS APPROVED BY THE GRANTS COMMITTEE AND OF ALL GRANTS AND CONTRIBUTIONS TO BE MADE BY THE CORPORATION, AND (III) THE INCLUSION IN ALL GRANTS OF A CONDITION THAT THE GRANTEE SHALL FURNISH A PERIODIC ACCOUNTING TO THE BOARD OF DIRECTORS OF THE EXPENDITURE OF THE FUNDS TRANSMITTED BY THE CORPORATION AND A CONDITION THAT REPRESENTATIVES OF THE CORPORATION MAY AT REASONABLE TIMES INSPECT THE PROJECT IN ORDER TO DETERMINE WHETHER THE TERMS OF THE PROJECT OR GRANT ARE BEING MET.

FORM 990, PART VI, LINE 11

THE ORGANIZATION'S FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE AND MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS.

Name of the organization AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC	Employer identification number 13-1568923
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ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, LINE 12

EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF THE ORGANIZATION IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF THEIR EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE ORGANIZATION. THE ORGANIZATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. THE PRESIDENT HAS THE AUTHORITY TO MONITOR THE CONFLICTS OF INTEREST QUESTIONNAIRES AND REPORT THE FINDINGS TO THE BOARD OF DIRECTORS. CONFLICTS, WHEN THEY ARISE, ARE INVESTIGATED IMMEDIATELY.

FORM 990, PART VI, LINE 15

THE AMERICAN FRIENDS OF THE HEBREW UNIVERSITY MANAGEMENT COMMITTEE COMPRISED OF OFFICERS OF THE CORPORATION (CHAIRMAN, PRESIDENT, VICE-PRESIDENT, TREASURER, CHAIRMAN OF THE AUDIT COMMITTEE, ETC.) MEETS MONTHLY AND IS EMPOWERED BY THE BOARD OF DIRECTORS TO REVIEW AND APPROVE THE ORGANIZATION'S BUSINESS DECISIONS AND POLICIES. IN ADDITION, THE MANAGEMENT COMMITTEE DETERMINES COMPENSATION FOR ALL SENIOR LEVEL EMPLOYEES.

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG AND ON THE ORGANIZATION'S WEBSITE, WWW.AFHU.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE MADE AVAILABLE UPON REQUEST.

Name of the organization AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC	Employer identification number 13-1568923
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ATTACHMENT 2 (CONT'D)

FORM 990 - BOARD RELATIONSHIPS

AFHU HOLDS AN INVESTMENT WITH AN APPROXIMATE VALUE OF \$1 MILLION WITH REXFORD INDUSTRIAL. BOARD MEMBER, RICHARD ZIMAN, IS A PRINCIPAL WITH REXFORD INDUSTRIAL. THE ORGANIZATION DID NOT PAY FEES THAT EXCEEDED THE THRESHOLD NECESSARY FOR REPORTING ON FORM 990, SCHEDULE L.

IN THE INTERESTS OF FULL DISCLOSURE, AFHU IS REPORTING THIS RELATIONSHIP ON ITS FORM 990.

PAYMENT TO OFFICIALS

FORM 990, PART IX

FROM TIME TO TIME, CONSISTENT THE ORGANIZATION'S GENERAL MISSION, THE ORGANIZATION PLANS AND OPERATES MISSIONS TO THE HEBREW UNIVERSITY AND TO ISRAEL IN WHICH SITTING FEDERAL AND STATE JUDGES SOMETIMES PARTICIPATE FOR THE PURPOSE OF EDUCATION IN LAW AND LAW-RELATED FIELDS SUCH AS NATIONAL SECURITY, AS WELL AS EXPOSURE TO THE HEBREW UNIVERSITY AND TO INTERNATIONAL POLITICS AND THE MIDDLE EAST. THE ORGANIZATION PAYS THE TRAVEL AND RELATED EXPENSES OF THE PARTICIPATING JURISTS.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AMERICAN FRIENDS OF THE HEBREW UNIVERSITY (AFHU) IS A NATIONAL, NOT-FOR-PROFIT ORGANIZATION IN SUPPORT OF THE HEBREW UNIVERSITY OF JERUSALEM, ISRAEL'S FOREMOST CENTER OF HIGHER EDUCATION AND RESEARCH. FORGING A MEANINGFUL PARTNERSHIP BETWEEN AMERICAN JEWRY AND THE PEOPLE OF ISRAEL, AFHU HELPS TO ENSURE THE NATION'S WELL BEING BY

Name of the organization AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC	Employer identification number 13-1568923
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ATTACHMENT 3 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NURTURING ISRAEL'S GREATEST ASSET: THE INTELLECTUAL STRENGTH OF ITS PEOPLE.

AFHU'S CULTURAL AND EDUCATIONAL PROGRAMS ATTRACT PEOPLE FROM ALL WALKS OF LIFE, INCLUDING HEBREW UNIVERSITY AND ROTHBERG INTERNATIONAL SCHOOL ALUMNI, AMERICAN SCHOLARS AND SCIENTISTS, AND THE GENERAL U.S. PUBLIC. THESE PROGRAMS, AS WELL AS AFHU MISSIONS TO ISRAEL AND HEBREW UNIVERSITY, PROMOTE GREATER UNDERSTANDING OF THE UNIVERSITY'S CONTRIBUTIONS IN FIELDS RANGING FROM TECHNOLOGY, MEDICINE AND LAW TO AGRICULTURE, PUBLIC POLICY AND JEWISH STUDIES. FOUNDED BY THE AMERICAN PHILANTHROPIST, FELIX M. WARBURG IN 1925, AFHU HAS BEEN A CENTRAL FORCE IN HEBREW UNIVERSITY'S RISE TO INTERNATIONAL PROMINENCE.

TODAY, AFHU IS PART OF AN INTERNATIONAL SOCIETY OF FRIENDS ORGANIZATIONS SPANNING MORE THAN 25 COUNTRIES. YOUR GENEROUS SUPPORT ENABLES THE HEBREW UNIVERSITY TO: - RECRUIT AND RETAIN OUTSTANDING FACULTY - BUILD TEACHING AND RESEARCH FACILITIES - PROVIDE STUDENT SCHOLARSHIPS - ADVANCE RESEARCH - FURTHER REGIONAL AND INTERNATIONAL PEACE AND PLURALISM

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

CA,  
DC, FL, HI, IL, MD, MA, MI,  
MN, NJ, NY, NC, PA,  
RI, UT, VA,

Name of the organization AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC	Employer identification number 13-1568923
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ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017	AUDITING/ACCOUNTING	153,710.
SECURITY CAPITAL RESEARCH & MANAGEMENT CHASE TOWER, 10 SOUTH DEARBON AVENUE CHICAGO, IL 60603	INVESTMENT MGMT	213,172.
TOTAL COMPENSATION		366,882.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

**Name of the organization**

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

**Employer identification number**

13-1568923

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AFHU CHARITABLE COMMON FUND 13-3525587 ONE BATTERY PARK PLAZA NEW YORK, NY 10004	SUPPORT AFHU	NY	501 (C) (3)	PRIVATE FDN	N/A
HEBREW UNIVERSITY OF JERUSALEM 23-7285905 MT SCOPUS CAMPUS 91905 JERUSALEM, IS	EDUCATION	IS	501 (C) (3)	SCHOOL	N/A
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		X
<b>f</b> Sale of assets to other organization(s) . . . . .		X
<b>g</b> Purchase of assets from other organization(s) . . . . .		X
<b>h</b> Exchange of assets . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	X	
<b>n</b> Sharing of paid employees . . . . .	X	
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	X	
<b>p</b> Reimbursement paid by other organization for expenses . . . . .	X	
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .		X
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

