

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning

10/01, 2013, and ending

09/30, 2014

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

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Doing Business As

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

ONE BATTERY PARK PLAZA

Room/suite

25TH FL

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10004-1435

F Name and address of principal officer:

BETH ASNIEN MCCOY - EXEC. DIR.

ONE BATTERY PARK PLAZA 25TH FL NEW YORK, NY 10004

D Employer identification number

13-1568923

E Telephone number

(212) 607-8500

G Gross receipts \$ 135,961,374.**H(a)** Is this a group return for subordinates?☐ Yes ☒ No**H(b)** Are all subordinates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status:☒

501(c)(3)

☐

501(c)()

☐

(insert no.)

☐

4947(a)(1) or

☐

527

J Website: ▶ WWW.AFHU.ORG**H(c)** Group exemption number ▶**K** Form of organization:☒

Corporation

☐

Trust

☐

Association

☐

Other ▶

L Year of formation: 1931**M** State of legal domicile:

NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT HEBREW UNIVERSITY OF JERUSALEM ISRAEL'S FOREMOST CENTER OF HIGHER EDUCATION & RESEARCH.		
	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)	64.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	64.	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	75.	
	6 Total number of volunteers (estimate if necessary)	210.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	4,761.	
7b Net unrelated business taxable income from Form 990-T, line 34	-377.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	28,860,295.	35,889,010.
	9 Program service revenue (Part VIII, line 2g)	380,414.	29,498.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,752,437.	11,358,921.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-283,574.	-385,372.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,709,572.	46,892,057.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46,914,960.	50,011,130.
	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)	7,339,376.	8,397,592.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	180,750.	184,700.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,686,494.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,475,784.	4,544,930.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,910,870.	63,138,352.
19 Revenue less expenses. Subtract line 18 from line 12	-11,201,298.	-16,246,295.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	579,347,993.	606,420,528.
	21 Total liabilities (Part X, line 26)	33,575,915.	39,777,162.
	22 Net assets or fund balances. Subtract line 21 from line 20.	545,772,078.	566,643,366.

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

Date 4/24/15

Type or print name and title

National Executive Director

Paid

Preparer

Use Only

Print/Type preparer's name

SCOTT THOMPSETT

Preparer's signature

Date

Check ☐ if

self-employed

PTIN

P00741490

Firm's name ▶ GRANT THORNTON LLP

Firm's EIN ▶ 36-6055558

Firm's address ▶ 757 THIRD AVE., 4TH FLOOR NEW YORK, NY 10017-2013

Phone no. 212-599-0100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 50,011,130. including grants of \$ 50,011,130.) (Revenue \$ 29,498.)

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 ► 50,011,130.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 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? If "Yes," complete Schedule D, Part VI	11a 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? If "Yes," complete Schedule D, Part VII	11b 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? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 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? If "Yes," complete Schedule G, Part I (see instructions)	17 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? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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	
24 a 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 25a.</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?		
25 a 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, 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>		X
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 83		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 75		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: <u>ATTACHMENT 2</u>			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			
	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 or note to any line in this Part VI ☒ X

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	64	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who 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 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 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did 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	
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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 3

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JANE KAMPTON, CFO 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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DANIEL I. SCHLESSINGER PRESIDENT	10.00 0	X		X				0	0	0
(2) MICHAEL S. KURTZ CHARIMAN	5.00 0	X		X				0	0	0
(3) JOSHUA OLSHIN TREASURER	5.00 0	X		X				0	0	0
(4) FRANCES KATZ ASSIST. TREASURER	1.00 0	X		X				0	0	0
(5) PAMELA N. EMMERICH SECRETARY	1.00 0	X		X				0	0	0
(6) ERNEST BOGEN VICE PRESIDENT	1.00 0	X		X				0	0	0
(7) RITA BOGEN VICE PRESIDENT	1.00 0	X		X				0	0	0
(8) CHARLES H. GOODMAN VICE PRESIDENT	1.00 0	X		X				0	0	0
(9) KENNETH L. STEIN, ESQ. VICE PRESIDENT	1.00 0	X		X				0	0	0
(10) RONALD M. ZIMMERMAN VICE PRESIDENT	1.00 0	X		X				0	0	0
(11) RICHARD S. ABRAMSON DIRECTOR (AS OF 5/4/2014)	1.00 0	X						0	0	0
(12) JOHN H. BAUMAN DIRECTOR	1.00 0	X						0	0	0
(13) DIANE BELFER DIRECTOR	1.00 0	X						0	0	0
(14) JAMES BLUM DIRECTOR	1.00 0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) STANLEY M. BOGEN ----- DIRECTOR	1.00 0	X						0	0	0
(16) JOYCE BRANDMAN ----- DIRECTOR	1.00 0	X						0	0	0
(17) SCOTT BURG ----- DIRECTOR	1.00 0	X						0	0	0
(18) LEONARD D. CORDES ----- DIRECTOR	1.00 0	X						0	0	0
(19) I. STEVEN EDELSON ----- DIRECTOR	1.00 0	X						0	0	0
(20) ALAN P. FISKE ----- DIRECTOR	1.00 0	X						0	0	0
(21) RUTH FLINKMAN-MARANDY ----- DIRECTOR	1.00 0	X						0	0	0
(22) MICHAEL J. FREED ----- DIRECTOR	1.00 0	X						0	0	0
(23) PATRICIA L. GLASER ----- DIRECTOR	1.00 0	X						0	0	0
(24) LAWRENCE E. GLICK ----- DIRECTOR	1.00 0	X						0	0	0
(25) STEVEN GOOD ----- DIRECTOR	1.00 0	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								2,217,252.	0	394,480.
d Total (add lines 1b and 1c)								2,217,252.	0	394,480.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

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

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

	Yes	No
3		X
4	X	
5		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

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 **3**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(26) MARK GORDON DIRECTOR	1.00 0	X						0	0	0
(27) BRINDELL GOTTLIEB DIRECTOR	1.00 0	X						0	0	0
(28) ARTHUR GUTTERMAN DIRECTOR	1.00 0	X						0	0	0
(29) NANCY HAMBURGER DIRECTOR	1.00 0	X						0	0	0
(30) DR. WILLIAM H. ISACOFF DIRECTOR	1.00 0	X						0	0	0
(31) RENAE JACOBS-ANSON DIRECTOR	1.00 0	X						0	0	0
(32) HELEN JACOBS-LEPOR DIRECTOR	1.00 0	X						0	0	0
(33) EMMA JOELS DIRECTOR	1.00 0	X						0	0	0
(34) MARVIN JUBAS DIRECTOR	1.00 0	X						0	0	0
(35) CLIVE KABATZNIK DIRECTOR	1.00 0	X						0	0	0
(36) BRAD S. KARP DIRECTOR	1.00 0	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

- 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*
- 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*
- 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*

	Yes	No
3		X
4	X	
5		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(37) MYRON KAUFMAN ----- DIRECTOR (AS OF 5/4/2014)	1.00 0	X						0	0	0
(38) ELLEN KLERSFELD ----- DIRECTOR	1.00 0	X						0	0	0
(39) HARVEY M. KRUEGER ----- DIRECTOR	1.00 0	X						0	0	0
(40) MARLA LERNER TANENBAUM ----- DIRECTOR	1.00 0	X						0	0	0
(41) BARRY H. LIPPMAN ----- DIRECTOR	1.00 0	X						0	0	0
(42) MICHAEL LOBEL ----- DIRECTOR	1.00 0	X						0	0	0
(43) BARBARA A. MANDEL ----- DIRECTOR	1.00 0	X						0	0	0
(44) MINDY MANN ----- DIRECTOR	1.00 0	X						0	0	0
(45) JAMES E. MATANKY ----- DIRECTOR	1.00 0	X						0	0	0
(46) MARC O. MAYER ----- DIRECTOR	1.00 0	X						0	0	0
(47) LEONA Z. ROSENBERG ----- DIRECTOR	1.00 0	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 17

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(48) STEVEN C. RUBINOW DIRECTOR (AS OF 5/4/2014)	1.00 0	X						0	0	0
(49) KEITH L. SACHS DIRECTOR	1.00 0	X						0	0	0
(50) SAM SANDLER DIRECTOR	1.00 0	X						0	0	0
(51) GEORGE A. SCHIEREN DIRECTOR	1.00 0	X						0	0	0
(52) JOHN SIFFERT DIRECTOR (AS OF 5/4/2014)	1.00 0	X						0	0	0
(53) LYNNE G. SILBERT DIRECTOR (AS OF 5/4/2014)	1.00 0	X						0	0	0
(54) MITCHELL L. SHADOWITZ DIRECTOR (AS OF 5/4/2014)	1.00 0	X						0	0	0
(55) DAVID BRUCE SMITH DIRECTOR	1.00 0	X						0	0	0
(56) IRA LEE SORKIN DIRECTOR	1.00 0	X						0	0	0
(57) ERIC C. STEIN DIRECTOR	1.00 0	X						0	0	0
(58) MARY ANN TUFT DIRECTOR	1.00 0	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 17

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(59) MARK VIDERGAUZ DIRECTOR	1.00 0	X						0	0	0
(60) ROBERT WERTHEIMER DIRECTOR	1.00 0	X						0	0	0
(61) MARTIN ZELMAN DIRECTOR	1.00 0	X						0	0	0
(62) RICHARD S. ZIMAN DIRECTOR	1.00 0	X						0	0	0
(63) LAWRENCE ZWEIFACH DIRECTOR	1.00 0	X						0	0	0
(64) SHELDON HECHTMAN DIRECTOR (THRU 5/4/2014)	1.00 0	X						0	0	0
(65) MARTIN E. KARLINSKY DIRECTOR (THRU 5/4/2014)	1.00 0	X						0	0	0
(66) JAMIE MCCOURT DIRECTOR (THRU 5/4/2014)	1.00 0	X						0	0	0
(67) RUTH ELLEN TOOLE DIRECTOR (THRU 5/4/2014)	1.00 0	X						0	0	0
(68) TODD LUNDY DIRECTOR (THRU 11/28/14)	1.00 0	X						0	0	0
(69) PETER WILLNER NATIONAL EXECUTIVE DIRECTOR	50.00 0			X				446,109.	0	53,279.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(70) JAMES ROTHKOPF CHIEF FINANCIAL OFFICER	50.00 0			X				329,569.	0	59,314.
(71) BETH MCCOY NATIONAL EXECUTIVE DIRECTOR	40.00 0				X			303,647.	0	51,674.
(72) JANE KAMPTON CONTROLLER	50.00 0				X			221,848.	0	54,314.
(73) INA STRAUSS DIRECTOR OF MAJOR & MEGA GIFTS	40.00 0					X		217,587.	0	23,124.
(74) MATTHEW ROSS EXECUTIVE DIRECTOR	40.00 0					X		186,218.	0	36,769.
(75) MONICA LOEBL EXECUTIVE DIRECTOR	40.00 0					X		168,791.	0	35,526.
(76) SHERI KAUFER ASSOCIATE EXECUTIVE DIRECTOR	40.00 0					X		171,756.	0	35,019.
(77) HARRIET LASKY ASSOCIATE EXECUTIVE DIRECTOR	40.00 0					X		171,727.	0	45,461.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **▶**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	407,330.			
	d	Related organizations	1d	361,800.			
	e	Government grants (contributions) . .	1e	50,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	35,069,880.			
	g	Noncash contributions included in lines 1a-1f: \$		1,386,184.			
	h	Total. Add lines 1a-1f		35,889,010.			
Program Service Revenue				Business Code			
	2a	REGISTRATION FEES		900099	29,498.	29,498.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		29,498.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10,681,658.		4,761.	10,676,897.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents		58,279.			
	b	Less: rental expenses					
	c	Rental income or (loss)		58,279.			
	d	Net rental income or (loss)		58,279.			58,279.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		89,064,924.			
	b	Less: cost or other basis and sales expenses		88,387,661.			
	c	Gain or (loss)		677,263.			
	d	Net gain or (loss)		677,263.			677,263.
	8a	Gross income from fundraising events (not including \$ 407,330. of contributions reported on line 1c). See Part IV, line 18	a	238,005.			
	b	Less: direct expenses	b	681,656.			
	c	Net income or (loss) from fundraising events		-443,651.			-443,651.
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue				Business Code			
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		46,892,057.	29,498.	4,761.	10,968,788.	

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).**

Check if Schedule O contains a response or note to any line in this Part IX

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 United States. See Part IV, line 21 .	168,495.	168,495.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	12,500.	12,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. . . .	49,830,135.	49,830,135.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,461,169.		836,419.	624,750.
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	5,190,645.		1,415,138.	3,775,507.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	254,605.		86,965.	167,640.
9 Other employee benefits	1,039,354.		419,744.	619,610.
10 Payroll taxes	451,819.		142,232.	309,587.
11 Fees for services (non-employees):				
a Management	435,047.		187,030.	248,017.
b Legal	171,047.		127,817.	43,230.
c Accounting	321,371.		320,246.	1,125.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	184,700.			184,700.
f Investment management fees	178,189.		178,189.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	204,841.		94,588.	110,253.
12 Advertising and promotion	695,956.		206.	695,750.
13 Office expenses	332,430.		75,139.	257,291.
14 Information technology	72,627.		37,199.	35,428.
15 Royalties	0			
16 Occupancy	606,036.		196,748.	409,288.
17 Travel	310,482.		66,214.	244,268.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	272,373.		96,693.	175,680.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	232,281.		101,558.	130,723.
23 Insurance	96,871.		34,212.	62,659.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DIRECT MAIL</u>	326,546.			326,546.
b <u>EVENTS</u>	98,807.			98,807.
c <u>PRINTING AND LETTERSHOP</u>	133,740.		1,172.	132,568.
d <u>MISCELLANEOUS</u>	56,286.		23,219.	33,067.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	63,138,352.	50,011,130.	4,440,728.	8,686,494.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,573,005.	1	3,313,787.
	2 Savings and temporary cash investments	2,999,615.	2	3,556,529.
	3 Pledges and grants receivable, net	26,050,294.	3	23,704,630.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other 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). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,242,238.		
	b Less: accumulated depreciation	10b 3,058,228.		
		3,182,945.	10c	3,184,010.
	11 Investments - publicly traded securities	457,370,960.	11	485,563,130.
	12 Investments - other securities. See Part IV, line 11	34,778,052.	12	37,894,575.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	49,393,122.	15	49,203,867.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	579,347,993.	16	606,420,528.	
Liabilities	17 Accounts payable and accrued expenses	1,403,964.	17	1,524,305.
	18 Grants payable	23,940,482.	18	27,794,093.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,231,469.	25	10,458,764.
	26 Total liabilities. Add lines 17 through 25	33,575,915.	26	39,777,162.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,269,928.	27	5,084,321.
	28 Temporarily restricted net assets	205,072,533.	28	224,037,642.
	29 Permanently restricted net assets	335,429,617.	29	337,521,403.
	Organizations that do not follow SFAS 117 (ASC 958), 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	545,772,078.	33	566,643,366.
34 Total liabilities and net assets/fund balances	579,347,993.	34	606,420,528.	

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,892,057.
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,138,352.
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,246,295.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	545,772,078.
5	Net unrealized gains (losses) on investments	5	41,005,204.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,887,621.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	566,643,366.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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.	2c	X
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?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

Form 990 (2013)

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.

OMB No. 1545-0047

2013

Open to Public
Inspection

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

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-Non-functionally integrated
- 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?
- (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? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,400,161.	35,281,986.	34,326,562.	28,860,295.	35,889,010.	169,758,014.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	35,400,161.	35,281,986.	34,326,562.	28,860,295.	35,889,010.	169,758,014.
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).						22,235,719.
6 Public support. Subtract line 5 from line 4.						147,522,295.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	35,400,161.	35,281,986.	34,326,562.	28,860,295.	35,889,010.	169,758,014.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,918,023.	9,938,259.	10,904,179.	11,977,819.	10,735,176.	52,473,456.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		27,665.	8,865.	6,449.	4,761.	47,740.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	614,233.	237,855.	359,600.	485,377.	238,005.	1,935,070.
11 Total support. Add lines 7 through 10						224,214,280.
12 Gross receipts from related activities, etc. (see instructions)					12	573,811.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	65.80%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	64.84%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2013. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support tests - 2012. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV **Supplemental Information.** 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).ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
FUNDRAISING EVENTS	587,830.	237,855.	359,600.	397,410.	238,005.	1,820,700.
MANAGEMENT FEE	26,403.					26,403.
HURRICAN SANDY INSURANCE PROC.				87,483.		87,483.
MISCELLANEOUS REIMBURSEMENT				484.		484.
TOTALS	<u>614,233.</u>	<u>237,855.</u>	<u>359,600.</u>	<u>485,377.</u>	<u>238,005.</u>	<u>1,935,070.</u>

Schedule B

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

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total 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 total 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 its Form 990-PF, Part I, line 2, 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,699,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,017,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 941,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,060,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC**Employer identification number
13-1568923**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 940,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 938,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 825,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,566,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC**Employer identification number
13-1568923**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----

Name of organization **AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC**

Employer identification number

13-1568923**Part III** **Exclusively** religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	2 .	
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)	87,414 .	
4 Aggregate value at end of year	382,234 .	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2013

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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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

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	475,284,266.	445,798,076.	338,251,606.	357,406,000.	333,991,000.
b Contributions	5,110,097.	5,926,830.	58,903,555.	2,758,000.	1,452,000.
c Net investment earnings, gains, and losses	51,136,710.	51,532,696.	66,020,080.	-8,062,000.	33,944,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	21,986,676.	27,973,336.	17,377,165.	13,850,000.	11,981,000.
f Administrative expenses	-2,266,500.				
g End of year balance	511,810,897.	475,284,266.	445,798,076.	338,252,000.	357,406,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 87.2800 %
 c Temporarily restricted endowment ☒ 12.7200 %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,344,804.		2,344,804.
b Buildings		870,216.	350,002.	520,214.
c Leasehold improvements		1,419,513.	1,302,504.	117,009.
d Equipment		583,980.	392,647.	191,333.
e Other		1,023,725.	1,013,075.	10,650.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,184,010.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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) STATE OF ISRAEL BONDS	2,477,180.	FMV
(B) ALTERNATIVE INVESTMENTS	35,417,395.	FMV
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	37,894,575.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) TRUST & SPLIT INT AGREEMENTS	48,388,209.
(2) DUE FROM AFHU CH. COMMON FUND	89,059.
(3) MISCELLANEOUS RECEIVABLES	726,599.
(4) -----	
(5) -----	
(6) -----	
(7) -----	
(8) -----	
(9) -----	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	49,203,867.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENT	9,891,488.
(3) MISCELLANEOUS LIABILITIES	567,276.
(4) -----	
(5) -----	
(6) -----	
(7) -----	
(8) -----	
(9) -----	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,458,764.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	88,037,466.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	41,005,204.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-95,758.
e	Add lines 2a through 2d	2e	40,909,446.
3	Subtract line 2e from line 1	3	47,128,020.
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	178,189.
b	Other (Describe in Part XIII.)	4b	-414,153.
c	Add lines 4a and 4b	4c	-235,964.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	46,892,057.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	63,433,323.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	568,918.
e	Add lines 2a through 2d	2e	568,918.
3	Subtract line 2e from line 1	3	62,864,405.
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	178,189.
b	Other (Describe in Part XIII.)	4b	95,758.
c	Add lines 4a and 4b	4c	273,947.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	63,138,352.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 1F

THE AMOUNT REPORTED IN LINE 1(F) REPRESENTS A PRIOR PERIOD ADJUSTMENT TO THE ENDOWMENT NET ASSET ROLLFORWARD TO INCLUDE \$2,266,500 IN STATE OF ISRAEL BONDS THAT ARE INCLUDED IN THE NON-POOLED ENDOWMENT. THE ORGANIZATION RE-STATED ITS PRIOR YEAR AUDITED FINANCIAL STATEMENT ENDOWMENT FOOTNOTE TO RECORD THE ADJUSTMENT TO PERMANENTLY RESTRICTED ASSETS.

RECONCILIATION OF REVENUE

FORM 990, SCHEDULE D, PART XI

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

LEGAL FEES-ENDOWMENT RELATED	\$ (95,758)
------------------------------	-------------

LINE 4B - REVENUE ON RETURN NOT ON BOOKS:

FUNDRAISING EXPENSE- EVENTS	\$ (443,651)
-----------------------------	--------------

REGISTRATION FEES RECLASSIFIED FROM EVENTS	\$ 29,498
--	-----------

TOTAL LINE 4(B)	\$ (414,153)
-----------------	--------------

Part XIII Supplemental Information (continued)

RECONCILIATION OF EXPENSES

FORM 990, SCHEDULE D, PART XIII

LINE 2D, EXPENSE ON BOOKS NOT ON RETURN:

FUNDRAISING EXPENSE - EVENTS \$ 443,651

GRANTS RECEIVED IN FY 2014, BUT NOT ISSUED UNTIL FY 2015 \$ 154,765

REGISTRATION FEES RECLASSIFIED FROM EVENTS \$ (29,498)

TOTAL LINE 2 (D) \$ 568,918

LINE 4B - EXPENSE ON RETURN NOT ON BOOKS:

LEGAL FEES- ENDOWMENT RELATED \$95,758

INCOME TAXES

FORM 990, SCHEDULE D, PART X, LINE 2

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT THE REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3),

Part XIII Supplemental Information (continued)

THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDED SEPTEMBER 30, 2011, 2012, 2013 AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

CONSOLIDATED FINANCIAL STATEMENTS**SCHEDULE D, PART XI & XII**

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 ("CCF"). CCF FILES ITS OWN STANDALONE FORM 990-PF AND, ACCORDINGLY, ITS ACTIVITIES ARE NOT INCLUDED IN THE SCHEDULE D RECONCILIATION. THE RECONCILIATIONS IN PART XI & XII RECONCILE BACK TO AFHU'S STANDALONE ACTIVITY IN THE AUDITED FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

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).

BEGINNING YEAR BALANCE	\$469,709
GIFTS TO OTHER CHARITABLE INSTITUTIONS	(\$82,414)
GIFTS TO HU/AFHU	(\$5,000)

AGGREGATED GRANTS REPORTED ON PART I, LINE 3	(\$87,414)
MANAGEMENT FEES	(\$3,452)
UNREALIZED GAINS/(LOSS)	\$ (14,571)
DIVIDENDS	\$17,962

TOTAL CHANGES	(\$87,475)
END OF YEAR BALANCE	\$ 382,234

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
(1) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		49,830,135.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		24,170,232.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,					74,000,367.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					74,000,367.

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

Schedule F (Form 990) 2013

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL	49,766,674.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL	25,018.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	RESEARCH	38,443.	WIRE			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3.

3 Enter total number of other organizations or entities.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2013

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A). ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471). ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621). ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865). ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713). ☐ Yes ☒ No

Schedule F (Form 990) 2013

Part V**Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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.

FORM 990, SCHEDULE F, PART IV

THE AMERICAN FRIENDS OF HEBREW UNIVERSITY INVESTS IN DOMESTIC AND FOREIGN
LIMITED PARTNERSHIPS THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION,
PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. NEVERTHELESS,
THE ORGANIZATION'S INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS
REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR 8865.

TO THE EXTENT THAT THE ORGANIZATION IS REQUIRED TO COMPLETE ONE OF THESE
FOREIGN FORMS, IT IS FILED WITH THE ORGANIZATION'S ANNUAL FORM 990-T.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☒ Solicitation of government grants
c ☒ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 LAUTMAN MASKA NEILL & CO.	DIRECT MAIL CONSULTING		X	427,145.	107,700.	319,445.
2 NEAL P. MYERBERG	PLANNED GIVING		X	4,603,812.	77,000.	4,526,842.
3						
4						
5						
6						
7						
8						
9						
10						
Total				5,030,957.	184,700.	4,846,287.

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

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

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 NY KATZ TOL DIN (event type)	(b) Event #2 BOCA GALA (event type)	(c) Other events 18. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	157,050.	210,000.	278,285.	645,335.
	2 Less: Contributions	95,975.	157,500.	153,855.	407,330.
	3 Gross income (line 1 minus line 2).	61,075.	52,500.	124,430.	238,005.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	70,058.	101,126.	297,697.	468,881.
	8 Entertainment	10,050.	56,951.	98,933.	165,934.
	9 Other direct expenses	5,000.	245.	41,596.	46,841.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				681,656.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-443,651.

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))
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. Subtract line 7 from line 1, column (d) ▶				

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: _____

10 a 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 ► _____

- 15 a 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. Provide the explanation 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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

**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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

13-1568923

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. 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
(1) BOSTON UNIVERSITY SCHOOL OF MEDICINE 715 ALBANY STREET BOSTON, MA 02118	94-2539545	501(C)(3)	35,082.				STUDENT EXCHANGE PRO
(2) HADASSAH MEDICAL ORGANIZATION 50 WEST 58TH STREET NEW YORK, NY 10019	13-2563745	501(C)(3)	25,999.				MORTON AMSTERDAM CHA
(3) JEWISH MUSEUM OF FLORIDA FIU 301 WASHINGTON AVENUE MIAMI BEACH, FL 33139	13-6110872	501(C)(3)	25,000.				GENERAL PURPOSE
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3.
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

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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.
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
1 VISTING LECTURESHIP	1.	12,500.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 THAT UNDERTAKE PROGRAMMATIC ACTIVITIES SUPPORTING AFHU,

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**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 checked="" 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 checked="" 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 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 Yes No

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2 Yes No

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No

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** Yes No
- b** Any related organization? **5b** Yes No

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** Yes No
- b** Any related organization? **6b** Yes No

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 Yes No

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 Yes No

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

9 Yes No

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Page 2

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	PETER WILLNER NATIONAL EXECUTIVE DIRECTOR	(i) 417,540.	(ii) 0	(iii) 28,569.	22,950.	30,329.	499,388.	
		(ii) 0	0	0	0	0	0	
2	JAMES ROTHKOPF CHIEF FINANCIAL OFFICER	(i) 299,569.	(ii) 30,000.	(iii) 0	22,950.	36,364.	388,883.	
		(ii) 0	0	0	0	0	0	
3	BETH MCCOY NATIONAL EXECUTIVE DIRECTOR	(i) 283,647.	(ii) 20,000.	(iii) 0	22,950.	28,724.	355,321.	
		(ii) 0	0	0	0	0	0	
4	JANE KAMPTON CONTROLLER	(i) 196,848.	(ii) 25,000.	(iii) 0	18,639.	35,675.	276,162.	
		(ii) 0	0	0	0	0	0	
5	INA STRAUSS DIRECTOR OF MAJOR & MEGA GIFTS	(i) 217,587.	(ii) 0	(iii) 0	9,692.	13,432.	240,711.	
		(ii) 0	0	0	0	0	0	
6	MATTHEW ROSS EXECUTIVE DIRECTOR	(i) 178,718.	(ii) 7,500.	(iii) 0	16,905.	19,864.	222,987.	
		(ii) 0	0	0	0	0	0	
7	MONICA LOEBL EXECUTIVE DIRECTOR	(i) 161,291.	(ii) 7,500.	(iii) 0	7,388.	28,138.	204,317.	
		(ii) 0	0	0	0	0	0	
8	SHERI KAUFER ASSOCIATE EXECUTIVE DIRECTOR	(i) 166,756.	(ii) 5,000.	(iii) 0	15,160.	19,859.	206,775.	
		(ii) 0	0	0	0	0	0	
9	HARRIET LASKY ASSOCIATE EXECUTIVE DIRECTOR	(i) 164,227.	(ii) 7,500.	(iii) 0	15,164.	30,297.	217,188.	
		(ii) 0	0	0	0	0	0	
10		(i) 0	(ii) 0	(iii) 0	0	0	0	
		(ii) 0	0	0	0	0	0	
11		(i) 0	(ii) 0	(iii) 0	0	0	0	
		(ii) 0	0	0	0	0	0	
12		(i) 0	(ii) 0	(iii) 0	0	0	0	
		(ii) 0	0	0	0	0	0	
13		(i) 0	(ii) 0	(iii) 0	0	0	0	
		(ii) 0	0	0	0	0	0	
14		(i) 0	(ii) 0	(iii) 0	0	0	0	
		(ii) 0	0	0	0	0	0	
15		(i) 0	(ii) 0	(iii) 0	0	0	0	
		(ii) 0	0	0	0	0	0	
16		(i) 0	(ii) 0	(iii) 0	0	0	0	
		(ii) 0	0	0	0	0	0	

Schedule J (Form 990) 2013

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION

FORM 990, SCHEDULE J, PART I, LINE 1

THE SPOUSE OF THE PREVIOUS NATIONAL EXECUTIVE DIRECTOR, PETER WILLNER, 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.

IN ADDITION, THE INCOMING NATIONAL EXECUTIVE DIRECTOR, BETH MCCOY, RECEIVED A HOUSING ALLOWANCE AND A TAX GROSS-UP IN CALENDAR YEAR 2014. THESE AMOUNTS WILL BE REPORTED ON THE AMERICAN FRIENDS OF HEBREW UNIVERSITY'S SUCCEEDING FORM 990 (09/30/2015).

FORM 990, SCHEDULE J, PART I, LINE 7

SEVERAL INDIVIDUALS REPORTED ON THE ORGANIZATION'S FORM 990 IN PART VII AND SCHEDULE J RECEIVED BONUSES IN FISCAL YEAR 2013.

ALL BONUS/SALARY RECOMMENDATIONS FOR SENIOR STAFF MEMBERS ARE RECOMMENDED BY THE NATIONAL EXECUTIVE DIRECTOR TO THE COMPENSATION COMMITTEE. THE

Schedule J (Form 990) 2013

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION COMMITTEE IS COMPRISED OF THE PRESIDENT, TREASURER AND
CHAIRMAN OF THE BOARD. THE COMPENSATION COMMITTEE REVIEWS MATERIALS
PROVIDED BY THE NATIONAL EXECUTIVE DIRECTOR AND MAKES A RECOMMENDATION TO
THE MANAGEMENT COMMITTEE. THE MANAGEMENT COMMITTEE IS COMPRISED OF THE
ABOVE-MENTIONED 3 BOARD MEMBERS AND AN ADDITIONAL 17 BOARD MEMBERS. THE
MANAGEMENT COMMITTEE MAKES THE ULTIMATE DECISION ABOUT ALL SENIOR STAFF
SALARY/BONUS INCREASES/ADJUSTMENTS. AS EVIDENCE OF THEIR DECISION AND
APPROVAL, THE PRESIDENT OF THE BOARD SIGNS AND DATES AN EXCEL SPREADSHEET
WITH THE FINAL APPROVED RECOMMENDATIONS, AND PROVIDES MINUTES OF THE
MEETING.

Schedule J (Form 990) 2013

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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.
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**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 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				
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	49.	1,380,504.	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 ▶ (<u>ATCH 1</u>)		3.	5,680.	
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

30 a 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?

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?

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2013)

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Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NONCASH CONTRIBUTIONS

TO THE EXTENT THAT AFHU RECEIVES NONCASH CONTRIBUTIONS OF MARKETABLE
SECURITIES, THE ORGANIZATION'S INVESTMENT CUSTODIAN IS TASKED WITH
DISPOSING OF THOSE SECURITIES.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
STATE OF ISRAEL BONDS	X	3.	5,680.	COST OR SALE PRICE
TOTALS		<u>3.</u>	<u>5,680.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2013

**Open to Public
Inspection**

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

FAMILY RELATIONSHIP DISCLOSURE

FORM 990, PART VI, SECTION A, 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, DIRECTOR, HAVE A FAMILY
RELATIONSHIP.

SHELDON HECHTMAN, DIRECTOR, AND ELLEN KLERSFELD, DIRECTOR AND MEMBER OF
THE INVESTMENT COMMITTEE, HAVE A FAMILY RELATIONSHIP.

SIGNIFICANT CHANGES TO ITS GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION A, LINE 4

THE MANAGEMENT COMMITTEE AND EXECUTIVE COMMITTEE MERGED INTO ONE
COMMITTEE CALLED THE EXECUTIVE COMMITTEE. THE COMPOSITION OF THE NEW
EXECUTIVE COMMITTEE IS LIMITED TO NO LESS THAN THIRTEEN (13) AND NO MORE
THAN NINETEEN (19) MEMBERS AND IS TO MEET ONCE A MONTH.

990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

THE ORGANIZATION'S FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

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 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

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.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15

ALL BONUS/SALARY RECOMMENDATIONS FOR THE NATIONAL EXECUTIVE DIRECTOR ARE DETERMINED BY THE COMPENSATION COMMITTEE WHICH IS COMPRISED OF THE PRESIDENT, TREASURER AND CHAIRMAN OF THE BOARD. THE COMPENSATION COMMITTEE THEN MAKES A RECOMMENDATION TO THE MANAGEMENT COMMITTEE FOR APPROVAL. THE MANAGEMENT COMMITTEE IS COMPRISED OF THE ABOVE-MENTIONED 3 BOARD MEMBERS AND AN ADDITIONAL 17 BOARD MEMBERS. THE FINAL APPROVAL RESTS WITH THE MANAGEMENT COMMITTEE.

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

ALL BONUS/SALARY RECOMMENDATIONS FOR ALL OTHER OFFICERS AND KEY EMPLOYEES ARE MADE BY THE NATIONAL EXECUTIVE DIRECTOR TO THE COMPENSATION COMMITTEE, WHO ULTIMATELY MAKES A RECOMMENDATION TO THE MANAGEMENT COMMITTEE. THE FINAL APPROVAL RESTS WITH THE MANAGEMENT COMMITTEE.

DISCLOSURE OF DOCUMENTS

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. THE AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VII

NATIONAL EXECUTIVE DIRECTOR, PETER WILLNER, ENDED HIS ROLE AS NATIONAL EXECUTIVE DIRECTOR IN MAY OF 2014; BETH MCCOY SUCCEEDED MR. WILLNER AS NATIONAL EXECUTIVE DIRECTOR AND BEGAN SERVING IN THAT CAPACITY IN MAY OF 2014.

FORM 990 - BOARD RELATIONSHIPS

AFHU HOLDS MARKETABLE SECURITIES WITH AN APPROXIMATE VALUE OF \$5,686,000 IN A NON-POOLED ENDOWMENT FUND WHICH IS UNDER THE CONTROL OF THE DONOR AND BOARD MEMBER, STANLEY BOGEN. THE ORGANIZATION DOES NOT PAY ANY

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

INVESTMENT MANAGEMENT FEES TO THE BOARD MEMBER'S FIRM; ACCORDINGLY THIS TRANSACTION DOES NOT NEED TO BE DISCLOSED ON FORM 990, SCHEDULE L. IN THE INTERESTS OF FULL DISCLOSURE, AFHU IS REPORTING THESE RELATIONSHIPS ON ITS FORM 990.

AFHU HOLDS A REAL ESTATE INVESTMENT WITH AN APPROXIMATE VALUE OF \$5,220,227. BOARD MEMBER, RICHARD ZIMAN, IS A PRINCIPAL WITH THE REAL ESTATE INVESTMENT COMPANY. AFHU HAS AN INTEREST IN A PRIVATE EQUITY INVESTMENT WITH AN APPROXIMATE VALUE OF \$3,492,158, OF WHICH A REGIONAL BOARD MEMBER, KEN ABRAMOWITZ IS A PRINCIPAL. AFHU DID NOT PAY ANY CONSULTING FEES TO EITHER FUND AND THEREFORE AFHU MAINTAINS THAT BOTH MR. ZIMAN AND MR. ABRAMOWITZ RETAIN THEIR INDEPENDENCE.

OTHER CHANGES IN NET ASSETS

FORM 990, SCHEDULE XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$ (3,574,616)
PENSION RELATED EXPENSES OTHER THAN NET PERIODIC CHANGES	\$ (159,239)
ROUNDING ADJUSTMENT	\$1,000
GRANTS RECEIVED IN FY 2014, BUT NOT ISSUED UNTIL FY 2015	\$ (154,765)

TOTAL	\$ (3,887,621)

Name of the organization	Employer identification number
AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC	13-1568923
ATTACHMENT 1	

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 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. THE SUPPORT OF DONORS ENABLES AMERICAN FRIENDS OF THE HEBREW UNIVERSITY TO PROVIDE FUNDING TO HEBREW UNIVERSITY TO RECRUIT AND RETAIN OUTSTANDING FACULTY, BUILD TEACHING AND RESEARCH FACILITIES, PROVIDE STUDENT SCHOLARSHIPS, ADVANCE RESEARCH AND FURTHER REGIONAL AND INTERNATIONAL PEACE AND PLURALISM.

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

ATTACHMENT 2FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

ISRAEL

LIECHTENSTEIN

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

CA, CT,

DC, FL, IL, MD, MA, MI,

MN, NJ, NY, NC, PA,

RI, VA,

ATTACHMENT 4990, 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. 757 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10017	AUDITING & TAX	265,851.
LAUTMAN MASKA NEILL & COMPANY 1730 RHODE ISLAND AVE. NW, SUITE 301 WASHINGTON, DC 20036	FUNDRAISING	141,011.
SECURITY CAPITAL RESEARCH AND MANAGEMENT CHASE TOWER, 10 S DEARBON ST, #1400 CHICAGO, IL 60603	INV MANAGEMENT	132,887.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection

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 (if applicable) 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
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AFHU CHARITABLE COMMON FUND 13-3525587 ONE BATTERY PARK PLAZA NEW YORK, NY 10004	DONOR ADVISED	NY	501 (C) (3)	PRIVATE FDN	N/A	X	
(2) HEBREW UNIVERSITY OF JERUSALEM 23-7285905 MT SCOPUS CAMPUS 91905 JERUSALEM, IS	EDUCATION	IS	501 (C) (3)	SCHOOL	N/A		X
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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

Schedule R (Form 990) 2013

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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) _____								
(2) _____								
(3) _____								
(4) _____								
(5) _____								
(6) _____								
(7) _____								

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
1 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?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AFHU CHARITABLE COMMON FUND	C	361,800.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
