

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2014

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2014** calendar year, or tax year beginning 10/01, 2014, and ending 09/30, 2015

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				D Employer identification number 13-1568923		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE BATTERY PARK PLAZA, 25TH FLOOR			E Telephone number (212) 607-8500			
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10004-1435				G Gross receipts \$ <u>123,587,337.</u>		
	F Name and address of principal officer: BETH ASNIEN MCCOY - EXEC. DIR. ONE BATTERY PARK PLAZA 25TH FL NEW YORK, NY 10004				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.AFHU.ORG		H(c) Group exemption number ▶			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)	3	63.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	63.
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	76.
	6	Total number of volunteers (estimate if necessary)	6	210.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,297.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,694.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	35,889,010.	37,166,347.
	9	Program service revenue (Part VIII, line 2g)	29,498.	541,439.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,358,921.	31,499,610.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-385,372.	-394,123.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,892,057.	68,813,273.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,011,130.	48,704,635.
	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)	8,397,592.	8,564,033.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	184,700.	183,500.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,647,550.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,544,930.	4,430,718.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	63,138,352.	61,882,886.
19	Revenue less expenses. Subtract line 18 from line 12	-16,246,295.	6,930,387.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	606,420,528.	571,408,665.
	21	Total liabilities (Part X, line 26)	39,777,162.	43,668,503.
22	Net assets or fund balances. Subtract line 21 from line 20	566,643,366.	527,740,162.	

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 _____	
	Type or print name and title _____			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	SCOTT THOMPSETT			P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		
Firm's address ▶ 757 THIRD AVE., 2ND 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** (2014)

Part III Statement of Program Service Accomplishments

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

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 [X] No

[] Yes [X] 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 [X] No

[] Yes [X] 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 \$ 48,704,635. including grants of \$ 48,704,635.) (Revenue \$ 541,439.)

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 48,704,635.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	
35a 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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 700.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (63), 1b (63), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
[X] Own website [] Another's website [X] 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, address, and telephone number of the person who possesses the organization's books and records: MARY SCHLITZER, CONTROLLER ONE BATTERY PARK, 25TH FL. NEW YORK, NY 10004 212-607-8575

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

Check 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 CHAIRMAN	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	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 (THRU 5/15)	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 (THRU 5/15)	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							2,269,270.	0	399,918.	
d Total (add lines 1b and 1c)							2,269,270.	0	399,918.	

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 ► 18

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 ► 4

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 **▶ 18**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	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 **▶** 18

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	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	1.00 ----- 0	X					0	0	0	
(53) LYNNE G. SILBERT ----- DIRECTOR	1.00 ----- 0	X					0	0	0	
(54) MITCHELL L. SHADOWITZ ----- DIRECTOR	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 **▶** 18

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 (AS OF 5/15)	1.00 0	X					0	0	0	
(65) WILLIAM KILBERG DIRECTOR (AS OF 5/15)	1.00 0	X					0	0	0	
(66) JAMES ROTHKOPF CFO (THRU 12/2014)	50.00 0			X			308,527.	0	60,076.	
(67) BETH MCCOY (AS OF 5/14) NATIONAL EXECUTIVE DIRECTOR	50.00 0			X			485,308.	0	53,219.	
(68) JANE KAMPTON CFO (AS OF 01/2015)	50.00 0			X			235,526.	0	54,973.	
(69) MONICA LOEBL EXECUTIVE DIRECTOR	40.00 0					X	181,787.	0	37,032.	
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 **▶** 18

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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) SHERI KAUFER EXECUTIVE DIR. WESTERN REGION	40.00 0					X	185,110.	0	37,340.	
(71) HARRIET LASKY ASSOCIATE EXECUTIVE DIRECTOR	40.00 0					X	180,487.	0	47,273.	
(72) SUZANNE PONSOT EXECUTIVE DIRECTOR NY REGION	40.00 0					X	268,100.	0	27,970.	
(73) JUDITH SHENKMAN EXECUTIVE DIRECTOR MW REGION	40.00 0					X	170,020.	0	40,793.	
(74) PETER WILLNER (THRU 5/14) FORMER NATIONAL EXECUTIVE DIR.	0 0						254,405.	0	41,242.	
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 **▶** 18

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

Section B. Independent Contractors

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

Check 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	861,210.				
	d Related organizations	1d	15,000.				
	e Government grants (contributions),	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	36,290,137.				
	g Noncash contributions included in lines 1a-1f: \$		2,094,920.				
	h Total. Add lines 1a-1f ▶			37,166,347.			
	Program Service Revenue	2a <u>REGISTRATION FEES</u>	Business Code				
		900099		541,439.	541,439.		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f ▶			541,439.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			12,063,387.		3,297.	12,060,090.
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			59,953.			59,953.
	6a Gross rents	(i) Real	(ii) Personal				
		59,580.					
		b Less: rental expenses					
		c Rental income or (loss)			59,580.		
	d Net rental income or (loss) ▶			59,580.			59,580.
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		73,345,826.					
		b Less: cost or other basis and sales expenses			53,909,603.		
		c Gain or (loss)			19,436,223.		
	d Net gain or (loss) ▶			19,436,223.			19,436,223.
	8a Gross income from fundraising events (not including \$ <u>861,210.</u> of contributions reported on line 1c). See Part IV, line 18	a	350,805.				
		b Less: direct expenses	b 864,461.				
c Net income or (loss) from fundraising events. ▶				-513,656.			
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 ▶			68,813,273.	541,439.	3,297.	31,102,190.	

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 domestic organizations and domestic governments. See Part IV, line 21	320,139.	320,139.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,500.	10,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	48,373,996.	48,373,996.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,095,941.		649,551.	446,390.
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	5,609,544.		1,705,067.	3,904,477.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	258,926.		70,643.	188,283.
9 Other employee benefits	1,145,751.		453,271.	692,480.
10 Payroll taxes	453,871.		158,243.	295,628.
11 Fees for services (non-employees):				
a Management	403,186.		135,907.	267,279.
b Legal	224,431.		195,242.	29,189.
c Accounting	307,645.		304,913.	2,732.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	183,500.			183,500.
f Investment management fees	250,355.		250,355.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	184,672.		106,853.	77,819.
12 Advertising and promotion	413,437.			413,437.
13 Office expenses	326,238.		79,841.	246,397.
14 Information technology	67,755.		50,018.	17,737.
15 Royalties	0			
16 Occupancy	500,012.		129,158.	370,854.
17 Travel	245,028.		75,428.	169,600.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	147,661.		52,774.	94,887.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	136,603.		66,326.	70,277.
23 Insurance	103,633.		35,283.	68,350.
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>EVENTS</u>	728,743.			728,743.
b <u>DIRECT MAIL</u>	272,629.			272,629.
c <u>PRINTING AND LETTERSHOP</u>	81,950.			81,950.
d <u>MISCELLANEOUS</u>	36,740.		11,828.	24,912.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	61,882,886.	48,704,635.	4,530,701.	8,647,550.
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	3,313,787.	1	3,960,885.
	2 Savings and temporary cash investments	3,556,529.	2	2,978,859.
	3 Pledges and grants receivable, net	23,704,630.	3	23,487,173.
	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 6,302,357.		
	b Less: accumulated depreciation	10b 3,194,829.	3,184,010.	10c 3,107,528.
	11 Investments - publicly traded securities	485,563,130.	11	451,772,023.
	12 Investments - other securities. See Part IV, line 11	37,894,575.	12	36,916,557.
	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	49,203,867.	15	49,185,640.
16 Total assets. Add lines 1 through 15 (must equal line 34)	606,420,528.	16	571,408,665.	
Liabilities	17 Accounts payable and accrued expenses	1,524,305.	17	1,394,200.
	18 Grants payable	27,794,093.	18	29,908,273.
	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	10,458,764.	25	12,366,030.
	26 Total liabilities. Add lines 17 through 25	39,777,162.	26	43,668,503.
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	5,084,321.	27	3,296,045.
	28 Temporarily restricted net assets	224,037,642.	28	183,332,060.
	29 Permanently restricted net assets	337,521,403.	29	341,112,057.
	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	566,643,366.	33	527,740,162.
	34 Total liabilities and net assets/fund balances	606,420,528.	34	571,408,665.

Part XI Reconciliation of Net Assets

Check 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	68,813,273.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,882,886.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,930,387.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	566,643,366.
5	Net unrealized gains (losses) on investments	5	-44,973,209.
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	-860,382.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	527,740,162.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,281,986.	34,326,562.	28,860,295.	35,889,010.	37,166,347.	171,524,200.
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.	35,281,986.	34,326,562.	28,860,295.	35,889,010.	37,166,347.	171,524,200.
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).						23,859,046.
6 Public support. Subtract line 5 from line 4.						147,665,154.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	35,281,986.	34,326,562.	28,860,295.	35,889,010.	37,166,347.	171,524,200.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,938,259.	10,904,179.	11,977,819.	10,735,176.	12,179,623.	55,735,056.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	27,665.	8,865.	6,449.	4,761.	3,297.	51,037.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH 1	237,855.	359,600.	485,377.	238,005.	350,805.	1,671,642.
11 Total support. Add lines 7 through 10						228,981,935.
12 Gross receipts from related activities, etc. (see instructions)					12	1,115,250.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	64.49%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	65.80%
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 VI 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 - 2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (<i>see instructions</i>).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **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	2010	2011	2012	2013	2014	TOTAL
FUNDRAISING EVENTS	237,855.	359,600.	397,410.	238,005.	350,805.	1,583,675.
HURRICAN SANDY INSURANCE PROC.			87,483.			87,483.
MISCELLANEOUS REIMBURSEMENT			484.			484.
TOTALS	<u>237,855.</u>	<u>359,600.</u>	<u>485,377.</u>	<u>238,005.</u>	<u>350,805.</u>	<u>1,671,642.</u>

Schedule of Contributors

2014

▶ **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.

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

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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
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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	----- ----- -----	\$ 8,671,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 1,230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 839,600.	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 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
-----	----- ----- -----	\$-----	-----

Name of organization AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC	Employer identification number 13-1568923
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Table with 2 columns: Name of the organization (AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC) and Employer identification number (13-1568923)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2014

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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	511,810,897.	475,284,266.	445,798,076.	338,251,606.	357,406,000.
b Contributions	5,905,147.	5,110,097.	5,926,830.	58,903,555.	2,758,000.
c Net investment earnings, gains, and losses	-17,146,534.	51,136,710.	51,532,696.	66,020,080.	-8,062,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	20,732,668.	21,986,676.	27,973,336.	17,377,165.	13,850,000.
f Administrative expenses	836,395.	-2,266,500.			
g End of year balance	479,000,447.	511,810,897.	475,284,266.	445,798,076.	338,252,000.

- 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 87.3100 %
 - c Temporarily restricted endowment 12.6900 %
- 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 | X | |
| (ii) related organizations | | 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		2,334,801.		2,344,801.
b Buildings		870,216.	350,000.	520,216.
c Leasehold improvements		1,430,922.	1,372,089.	58,833.
d Equipment		626,393.	455,964.	170,429.
e Other		1,030,026.	1,016,777.	13,249.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,107,528.

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	2,471,180.	FMV
(B) ALTERNATIVE INVESTMENTS	34,445,377.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	36,916,557.	

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	47,775,878.
(2) DUE FROM AFHU CH. COMMON FUND	94,309.
(3) INT. RECEIVABLE & OTHER ASSETS	1,004,030.
(4) OTHER LONG-TERM ASSETS	311,423.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	49,185,640.

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	11,591,543.
(3) POST RETIREMENT BENEFIT OBLIGATION	774,487.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,366,030.

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	23,392,830.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-44,973,209.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-169,096.	
e	Add lines 2a through 2d		2e	-45,142,305.
3	Subtract line 2e from line 1		3	68,535,135.
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	250,355.	
b	Other (Describe in Part XIII.)	4b	27,783.	
c	Add lines 4a and 4b		4c	278,138.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	68,813,273.

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	61,280,887.
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	-182,548.	
e	Add lines 2a through 2d		2e	-182,548.
3	Subtract line 2e from line 1		3	61,463,435.
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	250,355.	
b	Other (Describe in Part XIII.)	4b	169,096.	
c	Add lines 4a and 4b		4c	419,451.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	61,882,886.

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)

ENDOWMENTS FUNDS

SCHEDULE D, PART V, LINE 1F

THE AMOUNT REPORTED IN LINE 1(F) REPRESENTS A RE-DESIGNATION OF ENDOWMENT FUNDS TO INCLUDE \$836,395.

SCHEDULE D, PART V, LINE 4

THE AMERICAN FRIENDS OF HEBREW UNIVERSITY HOLDS AN ENDOWMENT FOR THE PURPOSE OF GENERATING INCOME THAT WILL ULTIMATELY BE USED TO SUPPORT THE HEBREW UNIVERSITY'S EDUCATIONAL MISSION.

RECONCILIATION OF REVENUE

FORM 990, SCHEDULE D, PART XI LINE 2D, OTHER REVENUE ON BOOKS NOT ON RETURN:

LEGAL FEES - ENDOWMENT RELATED	\$(169,096)
--------------------------------	-------------

LINE 4B - REVENUE ON RETURN NOT ON BOOKS:

FUNDRAISING EXPENSE-EVENTS	\$(513,656)
----------------------------	-------------

REGISTRATION FEES RECLASSIFIED FROM EVENTS	\$541,439
--	-----------

TOTAL LINE 4(B)	\$27,783

RECONCILIATION OF EXPENSES

FORM 990, SCHEDULE D, PART XIII

LINE 2D, EXPENSE ON BOOKS NOT ON RETURN:

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSE - EVENTS	\$ 513,656
GRANTS ISSUED IN 2015, BUT ACTUALLY RECEIVED IN 2014	\$(154,765)
REGISTRATION FEES RECLASSIFIED FROM EVENTS	\$(541,439)

TOTAL LINE 2(D)	\$(182,548)

LINE 4B - EXPENSES ON RETURN NOT ON BOOKS:

LEGAL FEES - ENDOWMENT RELATED	\$169,069
--------------------------------	-----------

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.

Part XIII Supplemental Information (continued)

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3),
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, 2012, 2013, 2014 AND 2015
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	\$382,234
GIFTS TO OTHER CHARITABLE INSTITUTIONS	(\$10,000)
GIFTS TO HU/AFHU	(\$10,000)

AGGREGATED GRANTS REPORTED ON PART I, LINE 3	(\$20,000)
UNREALIZED GAINS/(LOSS)	\$(7,790)
DIVIDENDS	\$17,965

TOTAL CHANGES	(\$9,825)
END OF YEAR BALANCE	\$ 372,409

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

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		48,373,996.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		23,340,781.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					71,714,777.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					71,714,777.

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

Schedule F (Form 990) 2014

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	48,308,489.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL	24,050.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	RESEARCH	38,456.	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)							

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; do not file with Form 990)* 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; do not file with Form 990)* Yes No

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

2014

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

- 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	374,752.	99,500.	275,253.
2 NEAL P. MYERBERG	PLANNED GIVING		X	4,670,961.	84,000.	4,586,961.
3						
4						
5						
6						
7						
8						
9						
10						
Total				5,045,713.	183,500.	4,862,214.

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	(b) Event #2	(c) Other events	(d) Total events	
		SCOPUS AWARD GA (event type)	HARVEY TOL DIN (event type)	21. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	305,000.	234,800.	672,215.	1,212,015.
	2	Less: Contributions	244,000.	163,550.	453,660.	861,210.
	3	Gross income (line 1 minus line 2)	61,000.	71,250.	218,555.	350,805.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	95,165.	66,227.	453,545.	614,937.
	8	Entertainment	30,998.	15,474.	137,374.	183,846.
	9	Other direct expenses	1,000.	8,217.	56,461.	65,678.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				864,461.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-513,656.

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	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> 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 conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

Part I General Information on Grants and Assistance

- 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
- 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 Domestic Organizations and Domestic Governments. 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)	35,096.				STUDENT EXCHANGE PRO
(2) HADASSAH MEDICAL ORGANIZATION 50 WEST 58TH STREET NEW YORK, NY 10019	13-2563745	501(C)(3)	26,009.				MORTON AMSTERDAM CHA
(3) THE JEWISH FEDERATION 6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	95-6111928	501(C)(3)	10,000.				GENERAL PURPOSES
(4) AMERICAN TECHNION SOCIETY 55 E. 59TH ST. 14TH FL. NEW YORK, NY 10022	13-0434195	501(C)(3)	249,034.				ALEXANDER & MAGARET
(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 ▶ 4.

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) (2014)

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 VISITING LECTURESHIP	3.	10,500.			
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.

WITH RESPECT TO THE VISITING LECTURESHIP GRANTS, THE GRANTED FUNDS ARE

USED TO FUND TRAVELING EXPENSES. THE UNIVERSITY DECIDES WHICH

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					
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.

INDIVIDUALS WILL BE AWARDED THE VISITING LECTURESHIP AND AUTHORIZES AFHU
TO PAY THE EXPENSES. NO FURTHER MONITORING OF THE GRANTS ARE REQUIRED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

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?

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		X
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2014

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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PETER WILLNER (THRU 5/1 FORMER NATIONAL EXECUTIVE DIR.)	(i)	238,216.	0	16,189.	23,116.	18,126.	295,647.	0
	(ii)	0	0	0	0	0	0	0
2 JAMES ROTHKOPF CFO (THRU 12/2014)	(i)	308,527.	0	0	23,400.	36,676.	368,603.	0
	(ii)	0	0	0	0	0	0	0
3 BETH MCCOY (AS OF 5/14) NATIONAL EXECUTIVE DIRECTOR	(i)	368,586.	30,000.	86,722.	23,400.	29,819.	538,527.	0
	(ii)	0	0	0	0	0	0	0
4 JANE KAMPTON CFO (AS OF 01/2015)	(i)	205,526.	30,000.	0	19,198.	35,775.	290,499.	0
	(ii)	0	0	0	0	0	0	0
5 MONICA LOEBL EXECUTIVE DIRECTOR	(i)	171,787.	10,000.	0	7,844.	29,188.	218,819.	0
	(ii)	0	0	0	0	0	0	0
6 SHERI KAUFER EXECUTIVE DIR. WESTERN REGION	(i)	180,110.	5,000.	0	16,693.	20,647.	222,450.	0
	(ii)	0	0	0	0	0	0	0
7 HARRIET LASKY ASSOCIATE EXECUTIVE DIRECTOR	(i)	175,487.	5,000.	0	15,868.	31,405.	227,760.	0
	(ii)	0	0	0	0	0	0	0
8 SUZANNE PONSOT EXECUTIVE DIRECTOR NY REGION	(i)	268,100.	0	0	0	27,970.	296,070.	0
	(ii)	0	0	0	0	0	0	0
9 JUDITH SHENKMAN EXECUTIVE DIRECTOR MW REGION	(i)	160,020.	10,000.	0	7,529.	33,264.	210,813.	0
	(ii)	0	0	0	0	0	0	0
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 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 FORMER NATIONAL EXECUTIVE DIRECTOR, PETER WILLNER, PERIODICALLY TRAVELLED 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 CURRENT NATIONAL EXECUTIVE DIRECTOR, BETH MCCOY, RECEIVED A HOUSING ALLOWANCE AND A TAX GROSS-UP IN CALENDAR YEAR 2014. THE AMOUNTS ARE INCLUDED ON HER FORM W-2 AND DISCLOSED ON THIS RETURN AS OTHER REPORTABLE COMPENSATION.

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 CALENDAR YEAR 2014. ALL BONUS/SALARY RECOMMENDATIONS FOR SENIOR STAFF MEMBERS ARE RECOMMENDED BY THE NATIONAL EXECUTIVE DIRECTOR TO THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS COMPRISED OF THE PRESIDENT, TREASURER AND CHAIRMAN OF THE

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.

BOARD. THE COMPENSATION COMMITTEE REVIEWS MATERIALS PROVIDED BY THE NATIONAL EXECUTIVE DIRECTOR AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE ABOVE-MENTIONED 3 BOARD MEMBERS AND AN ADDITIONAL 17 BOARD MEMBERS. THE EXECUTIVE 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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) 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 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	58.	2,068,920.	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 ▶ (ATCH 1)		2.	26,000.	
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**

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

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

Schedule M (Form 990) (2014)

JSA

4E1298 1.000

75988W 700J

V 14-7.16

PAGE 55

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.

FORM 990, SCHEDULE M, LINE 32(A)

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 1

SCHEDULE 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	2.	26,000.	COST OR SALE PRICE
TOTALS		<u>2.</u>	<u>26,000.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

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.

990 REVIEW PROCESS

FORM 990, PART VI, LINE 11 THE ORGANIZATION'S FORM 990 WAS PREPARED BY A
NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE
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

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

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 EXECUTIVE COMMITTEE FOR APPROVAL. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE ABOVE-MENTIONED 3 BOARD MEMBERS AND AN ADDITIONAL 17 BOARD MEMBERS. THE FINAL APPROVAL RESTS WITH THE EXECUTIVE COMMITTEE. 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 EXECUTIVE COMMITTEE. THE FINAL APPROVAL RESTS WITH THE EXECUTIVE COMMITTEE.

DISCLOSURE OF DOCUMENTS

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING

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

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 - BOARD RELATIONSHIPS

AFHU HOLDS MARKETABLE SECURITIES WITH AN APPROXIMATE VALUE OF \$5,524,231 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 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 \$5,201,367. BOARD MEMBER, RICHARD ZIMAN, IS A PRINCIPAL WITH THE REAL ESTATE INVESTMENT COMPANY. AFHU DID NOT PAY ANY CONSULTING FEES TO THE COMPANY AND THEREFORE AFHU MAINTAINS THAT MR. ZIMAN RETAINS HIS INDEPENDENCE.

OTHER CHANGES IN NET ASSETS

FORM 990, SCHEDULE XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$(847,217)
PENSION RELATED EXPENSES OTHER THAN NET PERIODIC CHANGES	\$(167,930)

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

GRANTS ISSUED IN 2015, BUT ACTUALLY RECEIVED IN 2014 \$154,765

TOTAL \$(860,382)

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

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC

Employer identification number

13-1568923

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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.

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	224,037.
SECURITY CAPITAL RES. AND MGMT. CHASE TOWER, 10 SOUTH DEARBON STREET CHICAGO, IL 60603	INVST. MGMT. FEES	184,203.
ONLINE COMPUTERS AND COMMUNICATIONS, LLC 110 SOUTH JEFFERSON ROAD, SUITE 200	INFO TECH CONSULTING	118,800.

Name of the organization AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC	Employer identification number 13-1568923
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ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WHIPPANY, NJ 07981 LAUTMAN MASKA NEILL & COMPANY 1730 RHODE ISLAND AVENUE NW. STE. 301 WASHINGTON, DC 20036	FUNDRAISING	111,976.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule R (Form 990) 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 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (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. Rows 1-6 are empty.

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.

Table with 9 columns: (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). Includes entries for AFHU CHARITABLE COMMON FUND and HEBREW UNIVERSITY OF JERUSALEM.

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

Schedule R (Form 990) 2014

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) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER ANNUITY TRUST (9)	INVESTMENT		AFHU				100.0000	X	
(2) CHARITABLE REMAINDER UNITRUST (15)	INVESTMENT		AFHU				100.0000	X	
(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.

Table with 3 columns: Question (1a-1s), Yes, No. Rows include: 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? 1a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. 1b Gift, grant, or capital contribution to related organization(s). 1c Gift, grant, or capital contribution from related organization(s). 1d Loans or loan guarantees to or for related organization(s). 1e Loans or loan guarantees by related organization(s). 1f Dividends from related organization(s). 1g Sale of assets to related organization(s). 1h Purchase of assets from related organization(s). 1i Exchange of assets with related organization(s). 1j Lease of facilities, equipment, or other assets to related organization(s). 1k Lease of facilities, equipment, or other assets from related organization(s). 1l Performance of services or membership or fundraising solicitations for related organization(s). 1m Performance of services or membership or fundraising solicitations by related organization(s). 1n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 1o Sharing of paid employees with related organization(s). 1p Reimbursement paid to related organization(s) for expenses. 1q Reimbursement paid by related organization(s) for expenses. 1r Other transfer of cash or property to related organization(s). 1s Other transfer of cash or property from related organization(s).

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.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows (1) through (6) are empty.

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 sections 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)													
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(12)													
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(15)													
(16)													

Part VII **Supplemental Information**

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