| Form | 9 | 9 | 0 |
|---------|---------|-------|----------|
| Departm | nent of | f the | Treasury |

Return of Organization Exempt From Income Tax

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

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

20**18** Open to Public

OMB No. 1545-0047

| Inter | nal Reve | enue Servi | се | Information about Form 990 and in | ts instruction | s is at www.ir | ′s.gov/ | form990. | | Inspection | | | |
|--------------------------------|--------------------|--------------------------|------------------------|---|-----------------------------------|--|----------------------|-------------------------------------|---------|-----------------------------|--|--|--|
| A F | or th | ne 2018 | 3 calen | dar year, or tax year beginning 1 | 0/01, 2018 | 3, and endin | g | | 09 | /30, 20 19 | | | |
| _ | | | C Name | of organization | | | | D Employer id | entific | ation number | | | |
| Bc | heck if a | pplicable: | AME | RICAN FRIENDS OF HEBREW UNIVERSI | TY, INC. | | | | | | | | |
| | Addr chan | | Doing | Business As | | | | 13-1568923 | | | | | |
| | | e change | Numb | er and street (or P.O. box if mail is not delivered to street addr | ress) | Room/suite | | E Telephone n | umbe | r | | | |
| | Initia | l return | ONE | BATTERY PARK PLAZA | | 25TH F | L. | (212) 60 | 7 – 8 | 500 | | | |
| | Term | inated | City o | town, state or province, country, and ZIP or foreign postal co | ode | | | | | | | | |
| | Ame | | NEW | YORK, NY 10004-1435 | | | | G Gross receip | ots \$ | 84,579,846. | | | |
| | | cation | F Name | and address of principal officer: BETH MCCOY- | CHIEF EX | ECUTIVE (| OFF | H(a) Is this a gro | | rn for Yes X No | | | |
| L | _ pend | ing | ONE | BATTERY PARK PLAZA 25TH FL, NEW | YORK, N | IY 10004- | 1 | subordinates H(b) Are all subord | | | | | |
| 1 | Tax-ex | empt sta | | X 501(c)(3) 501(c) () ◀ (insert no.) | 4947(a)(1) | | | ., | | t. (see instructions) | | | |
| | | | | FHU.ORG | | 01 021 | , | H(c) Group exem | | | | | |
| <u>к</u> | | of organi | | X Corporation Trust Association Other | | I Vear of | format | | | of legal domicile: NY | | | |
| | artl | | nmary | | • | | Tormat | | Jiale | | | | |
| | | | | e the organization's mission or most significant activit | | PPORT TH | Е НЕ | BREW UNIV | ERS | TTY OF | | | |
| | 1 | | | 4, ISRAEL'S FOREMOST CENTER OF H | | | | | | | | | |
| Ű | | | | | | | | | | | | | |
| Governance | | | | | | | | | | | | | |
| ove | 2 | | this box | | • | | | | 1 I | 61 | | | |
| Ŭ × | 3 | Numbe | er of vo | ing members of the governing body (Part VI, line 1a) | | | | | 3 | 61. | | | |
| Activities & | 4 | | | ependent voting members of the governing body (Par | | | | | 4 | 60. | | | |
| İti | 5 | Total n | number | of individuals employed in calendar year 2018 (Part V | , line 2a) | | | | 5 | 75. | | | |
| cti | 6 | | | of volunteers (estimate if necessary) | | | | | 6 | 238. | | | |
| ۲ | 7a | Total u | Inrelate | business revenue from Part VIII, column (C), line 12 | | | | | 7a | 0 | | | |
| | b | Net un | related | business taxable income from Form 990-T, line 34 | <u></u> | | | | 7b | -8,080 | | | |
| | | | | | | | | Prior Year | | Current Year | | | |
| ø | 8 | Contrib | outions | ind grants (Part VIII, line 1h) | | | | 45,114,27 | 74. | 59,310,975 | | | |
| 'nu | 9 | Progra | ım servi | ce revenue (Part VIII, line 2g) | | PY FOR | | 398,92 | 20. | 273,447 | | | |
| Revenue | 10 | | | come (Part VIII, column (A), lines 3, 4, and 7d) | | NSPECTION | | 47,918,54 | 12. | 24,590,364 | | | |
| R | 11 | | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11 | | | | -579,79 | 99. | -667,579 | | | |
| | 12 | | | - add lines 8 through 11 (must equal Part VIII, column | | | | 92,851,93 | 37. | 83,507,207 | | | |
| | 13 | | | nilar amounts paid (Part IX, column (A), lines 1-3) | | | | 48,688,32 | 21. | 53,605,561 | | | |
| | 14 | | | o or for members (Part IX, column (A), line 4) | | | | | 0. | 0 | | | |
| | 4.5 | | | compensation, employee benefits (Part IX, column (A | | | <u> </u> | 9,496,25 | 57. | 9,156,228 | | | |
| Expenses | 162 | | | undraising fees (Part IX, column (A), line 11e) | | | | 176,88 | | 286,500 | | | |
| per | h | Total f | undraie | ng expenses (Part IX, column (D), line 25) \blacktriangleright 7 | .824.348 | •••••••••••••••••••••••••••••••••••••• | | ,. | | | | | |
| щ | 17 | Othory | | ing expenses (r arrx, counin (b), inte 25) \mathbf{P}_{\pm} is (Part IX, column (A), lines 11a-11d, 11f-24e) | , | | | 4,964,32 | 22 | 5,006,591 | | | |
| | | | | s. Add lines 13-17 (must equal Part IX, column (A), lin | | | | 63,325,78 | | 68,054,880 | | | |
| | | | • | | | | | 29,526,14 | | 15,452,327 | | | |
| 28 | 19 | Reven | ue less | expenses. Subtract line 18 from line 12 | <u></u> | | Pogin | ning of Current | | End of Year | | | |
| Net Assets or Fund Balances | | | | | | | | 14,211,97 | | 720,998,903 | | | |
| Bala | 20 | | | art X, line 16) | | | | 43,162,14 | | 42,154,149 | | | |
| und_ | 21 | | | (Part X, line 26) | | | 6 | | | | | | |
| | | | | und balances. Subtract line 21 from line 20 | <u></u> | | 6 | 571,049,82 | 22. | 678,844,754 | | | |
| | art II | - | nature | | | | | | | | | | |
| Un | der pe e, corre | nalties of ect, and c | t perjury. complete | I declare that I have examined this return, including accom Declaration of preparer (other than officer) is based on all inf | npanying sched formation of wh | ich preparer ha | nents, a s any kr | and to the best o nowledge. | fmyl | knowledge and belief, it is | | | |
| | | | • | | | | | | | | | | |
| Sig | In | | | <i>i m</i> | | | | | | | | | |
| He | | | Signatur | e of officer | | | | Date | | | | | |
| ne | | - | | | | | | | | | | | |
| | | | | rint name and title | | | | | | | | | |
| De! | - | Print/T | Type pre | parer's name Preparer's signature | | Date | | Check | if F | PTIN | | | |
| Paio | | SCOI | TT TH | DMPSETT | | | | self-employ | red | P00741490 | | | |
| | parer | Firm's | name | GRANT THORNTON LLP | | | | Firm's EIN 🕨 | 36- | 6055558 | | | |
| USE | Only | | | ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10 | 017-2013 | | | | 212 | -599-0100 | | | |
| May | / the I | | | s return with the preparer shown above? (see instruction | | | | | | . X Yes No | | | |
| | | | | | | | | | | | | | |

| AMERICAN FRIENDS OF HEBREW UNIVERSITY | RICAN FRIENDS OF HEBREW UNIVERSITY, | INC. |
|---------------------------------------|-------------------------------------|------|
|---------------------------------------|-------------------------------------|------|

| _ | n 990 (20 | , | | | Page 2 |
|------|--------------------|---|---|-----------------------------------|------------------------|
| Pa | rt III | Statement of Program Servic | | | 77 |
| 4 | Driath | | a response or note to any line in this | | X |
| I | | describe the organization's missi | on. | | |
| | ALIA | | | | |
| | | | | | |
| | | | | | |
| 2 | Did the | organization undertake any sig | nificant program services during th | e year which were not listed on f | the |
| | | | | | Yes X No |
| | | ' describe these new services on | | | |
| 3 | | | ng, or make significant changes | | am |
| | | s? ' describe these changes on Sch | adula O | | Yes X No |
| 4 | | • | service accomplishments for each | of its three largest program set | rvices, as measured by |
| • | | | c)(4) organizations are required to | | |
| | the tota | I expenses, and revenue, if any, | for each program service reported. | | |
| | | | | | |
| | (Code: | | 6,350,362. including grants of \$ | | 273,447.) |
| | | | HEBREW UNIVERSITY'S (AF E, ENCOURAGE, AID AND AD | | |
| | | | SEARCH AND TRAINING IN A | | |
| | | | EWHERE, AND TO AID IN TH | | |
| | | | EW UNIVERSITY OF JERUSAL | | |
| | OF IS | RAEL (THE "HEBREW UNIV | ERSITY"). GRANTS AWARDED | TO HEBREW | |
| | UNIVE | RSITY INCLUDE, BUT ARE | NOT LIMITED TO, THOSE F | OR SCHOLARSHIPS | |
| | AND F | ELLOWSHIPS, RESEARCH, | CAPITAL PROJECTS, FACULI | Y RECRUITMENT, | |
| | AND E | QUIPMENT. | | | |
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| 41- | (C a d a : | ۱ (۲۰۰۰ میرون ۵ | in aludina ananta af C | | <u> </u> |
| 4b | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4C | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| A -' | Other | vrogrom oonitions (Deserthe to Os | | | |
| 4d | - | program services (Describe in Sch | | (opuo [¢] | |
| 40 | (Expense) | ses \$ including g rogram service expenses ► | 56,350,362. | venue \$) | |
| ISA | | | | | Form 990 (2018) |
| 3E1(| 1.000 1.000 759 | 88W 700J | V 18-8.3F | 0176659-00004 | PAGE 2 |

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC. 13-1568923

| Part | IV Checklist of Required Schedules | | | |
|------|---|----------|-----|----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A. | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| • | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | – | | |
| Ŭ | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I. | 6 | х | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| ' | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | - | | |
| 0 | | | | х |
| 9 | <i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | 8 | | |
| 9 | | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | х |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | 37 | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII. | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 154 | | | | |

Page 4

| Part | V Checklist of Required Schedules (continued) | | | |
|----------|--|-----|--------|--------|
| | | | Yes | No |
| 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? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 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? If "Yes," complete Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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? If "Yes," complete Schedule L, Part I | 25a | | 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? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | 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? If "Yes," complete Schedule L, Part II | 26 | | 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? If "Yes," complete Schedule L, Part III | 27 | | 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | Х | |
| С | 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? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | 37 |
| | complete Schedule N, Part II. | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| . | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | ~ | х | |
| 2E ~ | or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | л Х | |
| | | 35a | ~ | |
| a | 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)2 /f "Yes" complete Schedule R. Part V. line 2 | 356 | х | |
| 26 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | ~~~~ | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 50 | | |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 27 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 37 | | |
| 50 | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | х | |
| Part | | 50 | | |
| -r art | Check if Schedule O contains a response or note to any line in this Part V. | | | X |
| | | ••• | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| J | reportable gaming (gambling) winnings to prize winners? | 1c | х | |
| JSA | | | | (2018) |
| -upA | | | - | / |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Ves No 2a Enter the number of employees reported on Form W-3, Transmital of Wage and Tax 2 1 75 3b I at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Dat the organization have unrelated business grass income of 31,000 or more during the year? 3a X 3b I 11 * 05: inset file of a form 800-1 for this year? 3a X 3a 3b I 11 * 05: inset file of a form 800-1 for this year? 3a X 3a 3c A tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accounts; FARN; 5a X 3c Was the organization a part bus or phothed tax sheler transaction at any time during the tax year? 5a X 3c II * Vas: Ine 6a or 50, did the organization file form 88667 * 72 5a X 3c II * Vas: Ine 6a or 50, did the organization neither form 88667 * 72 5a X 3c II * Vas: Ine 6a or 50, did the organization neithy developible activation and seconse statument that such contributions at a seconse statument that such contributions at a seconse statument that such controllons or this second 72. 5b X <td< th=""><th>Form</th><th>990 (2018)</th><th></th><th>F</th><th>Page 5</th></td<> | Form | 990 (2018) | | F | Page 5 | | |
|---|------|--|-----|-----|----------|--|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax, Statements, filed for the calendar year ending with or within the year covered by this return. 75 b If at least on is reported on line 2a, diff the organization file all required to effected employment tax returns? 75 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-ffected emistructions). 3a x a At any time unclude business gross income of 10.000 or more signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account)? 3b x b If "Yes," has it field a form 900-T for the year? If "No" to line 3b, provide an explanation in Na comparization have more the requirements for FnCEN Form 114. Report of Foreign Bark and Financial accounts (FBAR). 5a x 50 X 5d x 5d x 61 Yes," did the organization have tax sheler transaction at ny time during the tax year? 5a x 61 Yes," did the organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible accortibutions under section 170(c). 6a x 61 Yes," did the organization nucled with every solicitation and express statement that such controbution and partly for goods and services provided or the heapor? 7b X 7 Organization state may ceritible con | Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | |
| Statements, filed for the calendar year ending with or within the year covered by this return. 2a 75 B b If at least one is reported on line 2a, did the organization file all required to e-file (see instructions). 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3b 3a Lid the organization control (such as b and account, or other financial account); 3b 3a At any time during the calendar year, did the organization have an interest lin, or a signature or other authority over, at inancial account in a forigin country, such as a bark account, or other financial accounts of the organization ap requirements of FRARSLE. See instructions for filing requirements of FRARSLE. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5a 5a Was the organization ap arty to a prohibited tax shelter transaction at any time during the tax year?. 5a 5a 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the saves of \$75 made party as a contributions or gifts were not tax deductible? 5b 7a x 7 Organization receive a payment in excess of \$75 made party as a contribution and partly for groos and services provided to the payor? 7b X 7 U''ss, 'indicat the number of Forms 8282 filed during the year. 1/2d 7d X 7 U''ss, 'indiche organization receive a payment in excess | | | | Yes | No | | |
| Statements, filed for the calendar year ending with or within the year covered by this return. 2a 75 B b If at least one is reported on line 2a, did the organization file all required to e-file (see instructions). 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3b 3a Lid the organization control (such as b and account, or other financial account); 3b 3a At any time during the calendar year, did the organization have an interest lin, or a signature or other authority over, at inancial account in a forigin country, such as a bark account, or other financial accounts of the organization ap requirements of FRARSLE. See instructions for filing requirements of FRARSLE. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5a 5a Was the organization ap arty to a prohibited tax shelter transaction at any time during the tax year?. 5a 5a 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the saves of \$75 made party as a contributions or gifts were not tax deductible? 5b 7a x 7 Organization receive a payment in excess of \$75 made party as a contribution and partly for groos and services provided to the payor? 7b X 7 U''ss, 'indicat the number of Forms 8282 filed during the year. 1/2d 7d X 7 U''ss, 'indiche organization receive a payment in excess | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| a in test on of lines 1 and 2 is greater than 250, you may be required to <i>e-hie</i> (see instructions). a 3a Dat the organization have unrelated business gross income of \$1,000 or more during the year? 3a x b If Yes, this if ited a Form 90-Tor this year of the year indication that we an interest in, or a signature or other authority over, a financial account in a other during the year? 3a x b If Yes, their the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a other during the tax sector. the financial Accounts (FEAR). b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a x 5b Da any taxable party noitly the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a x 6a Does the organization neural gross receipts that are normally greater than \$100,000, and did the organization receipts that are normally greater than \$100,000, and did the organization receive a payment in excess of \$75 made party as a contributions or gifts were not tax deductible contributions under section 170(c). 6b x 7 Organization receive a payment in excess of \$75 made party as a contribution and party for groods and services provided to the payor? 7a x 7 If Yes, 'Indicate the number of Forms £222 filed during the year 7d 7d x 8 If Yes, 'Indicate the number of Forms £222 filed durin | | | | | | | |
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| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | |
| b If "Yes," has it filed a Form 980-T for this year? If "No" to fine 3b, provide an explanation in Schedule 0. 3b X 4 A tray time during the calendar year, did the organization have animiters in, or a signature or other authority over, 4a X b If "Yes," enter the name of the foreign country. > 19XAEL 19XAEL 4a X 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the taxyear?. 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the were valicitation an express statement that such contributions or gifts were not tax deductible? 5b X b If "Yes," indicate the number of Forms 2822 field during the year 7a X 7b X c Did any taxing the organization have were valicitation an express statement that such contributions or gifts were not tax deductible? 7b X 7b X 1 If Yes," indicate the number of Forms 2822 field during the year 7d 7b X 7c X d If Yes," indicate the number of Forms 2822 field during the year 7d 7d X 7c X d If Yes," indicate the number of Forms 2822 field during the year? 7d X 7c X f Did the organization necelve a payment in excess of \$75 made parity | 3a | | 3a | Х | | | |
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| 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | |
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| a Did the sponsoring organization make any taxable distributions under section 4966? 9a X b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter: 10a 9b X a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 10c 10c <th></th> <th>sponsoring organization have excess business holdings at any time during the year?</th> <th>8</th> <th></th> <th>X</th> | | sponsoring organization have excess business holdings at any time during the year? | 8 | | X | | |
| a bid the sponsoring organization make any taxable distributions under section 4900*********************************** | 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders. 12 Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 13 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources) 14 Initiation 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(2) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 14 Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand c Enter the amount of reserves on hand 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Is the organization an edlucational institution subject to the section 4968 excis | а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | X | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 14a Vote. See the instructions for additional information the organization must report on Schedule O. 14a 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X | b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a a Gross income from members or shareholders | 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14 Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X | а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | |
| a Gross income from members or shareholders. 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X | b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | а | Gross income from members or shareholders 11a | | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | against amounts due or received from them.) | | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 X X | b | | | | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. Image: the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: the instructions is licensed to issue qualified health plans c Enter the amount of reserves on hand Image: the instruction receive any payments for indoor tanning services during the tax year? Image: the instruction in the organization receive any payments for indoor tanning services during the tax year? Image: the instruction in the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Image: the organization and the organization subject to the section 4968 excise tax on net investment income? 16 X | 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X | а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | |
| the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X | | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | |
| c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X | b | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | | 5 I I I I I I I I I I I I I I I I I I I | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 | | | | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | | | <u> </u> | | |
| excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | b | | 14b | | | | |
| If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 15 | | | | 37 | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | 15 | | X | | |
| is the organization an educational institution subject to the section 4900 excise tax on her investment income: | | | | | 77 | | |
| | 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720. Schedule Q. | 16 | | | | |

| Form | 990 | (2018) |
|------|-----|--------|

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC.

13-1568923 Page **6**

| Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N | lo |
|---------|--|----|
| | esponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction | |
| | check if Schedule O contains a response or note to any line in this Part VI | Х |

| Sect | ion A. Governing Body and Management | | | | | | | | |
|--------|---|-----------|--------------------|-------|--|--|--|--|--|
| | | | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | L | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | |
| b | | | | | | | | | |
| 2 | | | | | | | | | |
| | any other officer, director, trustee, or key employee? | 2 | Х | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | | | | |
| | one or more members of the governing body? | 7a | | Х | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | | | | |
| | stockholders, or persons other than the governing body? | 7b | | Х | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | | | | |
| | the year by the following: | | | | | | | | |
| а | The governing body? | <u>8a</u> | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | 37 | | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | <u> </u> | Х | | | | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | ? <i>.)</i> Yes | No | | | | | |
| | | 40 | Tes | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 4.01 | | | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | X | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . | 11a | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 12a | x | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | IZa | 21 | | | | | | |
| b | | 12b | x | | | | | | |
| | rise to conflicts? | 120 | - 21 | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12c | x | | | | | | |
| 40 | describe in Schedule O how this was done | 13 | X | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 14 | X | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by | | | | | | | | |
| 15 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | |
| 2 | The organization's CEO, Executive Director, or top management official | 15a | х | | | | | | |
| a b | Other officers or key employees of the organization | 15b | Х | | | | | | |
| D. | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | | | | |
| | with a taxable entity during the year? | 16a | | Х | | | | | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | | | | |
| ~ | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | | | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | | | | | | |
| Secti | ion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2 | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable) 990 and 990- | | tion 5 | 01(c) | | | | | |

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 ► ELISSA FISHMAN ONE BATTERY PARK, 25TH FL. NEW YORK, NY 10004 212-607-8569

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| Part V | Compensation | of | Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and |
|--------|-----------------|------|--------------|--------------|-----------------|----------|------------|---------|-------------|------------|-----|
| | Independent C | | | | | | | | | | |
| | Check if Schedu | le O | contains a r | esponse or n | ote to any line | e in thi | s 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.

| | | | | (0 | | | | | | |
|-------------------------------|--|--|-------------------|---------|--------------|------------------------------|--------|--|----------------------------------|--|
| (A) | (B) | (do r | | | ition | thon o | | (D) | (E) | (F) |
| Name and Title | Average hours per | | | | | e than o is both | | Reportable compensation | Reportable compensation from | Estimated amount of |
| | week (list any | box, unless person is both an officer and a director/trustee) | | | | | | from | related | other |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional tru | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| | | ě | trustee | | | nsated | | | | |
| (1)CLIVE KABATZNIK | 10.00 | | | | | | | | | |
| PRESIDENT (AS OF 05/2019) | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (2)MARC O. MAYER | 10.00 | | | | | | | | | |
| PRES. (THRU 05/2019)/CHAIRMAN | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (3)JOSHUA OLSHIN | 5.00 | | | | | | | | | |
| TREASURER | 0. | X | | Х | | | | 0. | 0. | 0. |
| (4)FRANCES KATZ | 1.00 | | | | | | | | | |
| ASSISTANT TREASURER | 0. | X | | Х | | | | 0. | 0. | 0. |
| (5) PAMELA N. EMMERICH | 1.00 | | | | | | | | | |
| SECRETARY | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (6)KENNETH L. STEIN, ESQ. | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (7)RONALD M. ZIMMERMAN | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (8)JOHN H. BAUMAN | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (9)DIANE BELFER | 1.00 | | | | | | | | | |
| DIRECTOR (THRU 05/2019) | 0. | Х | | | | | | 0. | 0. | 0. |
| (10) ^{ANNETTE} BLUM | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (11) JAMES BLUM | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (12)ROBERTA BOGEN | 1.00 | | | | | | | | | |
| DIRECTOR (FROM 06/2019) | 0. | Х | | | | | | 0. | 0. | 0. |
| (13) STANLEY M. BOGEN | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (14)JOYCE BRANDMAN | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |

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| _ | m 990 (2018) Page 8 | | | | | | | | | | | | | | | |
|---|---|--|-----------------------------------|-----------------------|-------------------------------|----------------|----------------------------------|---------------------------------|--|---|----------------------------|------------------|---|----------|--|--|
| Pa | art VII Section A. Officers, Directors, Tru | ustees, Ke | y En | nplo | bye | es, | and H | lig | hest Compensat | ed Employ | ees (c | ontinue | d) | | | |
| | (A) Name and title | (B) Average hours per week (list any hours for | box, office | unles er and | Pos heck ss pe d a c | erson direc | e than c is both tor/trust | an ee) | (D) Reportable compensation from the | (E) Reporta compensatio relate organizat | on from d tions | Es am comp | (F) timated ount of other pensation | | | |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099- | ·MISC) | orga and | om the anization related nizations | | | |
| 15 |) MICHAEL CYPERS DIRECTOR | 1.00 | x | | | | | | 0. | | 0. | | |). | | |
| 16 |) I. STEVEN EDELSON | 1.00 | | | | | | | | | | | | - | | |
| | DIRECTOR | 0. | х | | | | | | 0. | | Ο. | | | Ο. | | |
| 17 |) ALAN P. FISKE | 1.00 | | | | | | | | | | | | | | |
| | DIRECTOR | 0. | Х | | | | | | 0. | | 0. | | |). | | |
| 18 |) RUTH FLINKMAN-MARANDY | 1.00 | | | | | | | | | 0 | | | | | |
| 10 | DIRECTOR | 0. | X | | | | | | 0. | | 0. | | |). | | |
| 19 |) STEVE FRANKEL | 1.00 | | | | | | | | | 0 | | | _ | | |
| $\overline{20}$ | DIRECTOR) MICHAEL J. FREED | 0. | X | | | | | | 0. | | 0. | | |). | | |
| 20 | DIRECTOR | 0. | x | | | | | | 0. | | 0. | | | Э. | | |
| $\frac{1}{21}$ |) JULIE GAL | 1.00 | | | | | | | 0. | | 0. | | | <u> </u> | | |
| 21 | DIRECTOR | 0. | x | | | | | | 0. | | 0. | | |). | | |
| $\overline{22}$ |) MARK GENENDER | 1.00 | | | | | | | 0. | | 0. | | | <u> </u> | | |
| | DIRECTOR | 0. | x | | | | | | 0. | | 0. | | |). | | |
| 23 |) PATRICIA L. GLASER | 1.00 | 21 | | | | | | 0. | | 0. | | , | <u> </u> | | |
| | DIRECTOR | 0. | x | | | | | | 0. | | 0. | | |). | | |
| $\overline{24}$ |) STEVEN GOOD | 1.00 | | | | | | | | | | | | | | |
| | DIRECTOR | 0. | x | | | | | | 0. | | Ο. | | |). | | |
| 25 |) RICHARD GOODMAN | 1.00 | | | | | | | | | | | | | | |
| | DIRECTOR | 0. | X | | | | | | 0. | | Ο. | | | Э. | | |
| 11 | Sub-total | | | | | | | ► | 0. | | 0. | | (|). | | |
| (| : Total from continuation sheets to Part VII, S | ection A | | | | | | | 2,543,260. | | 0. | 3 | 48,975 | •• | | |
| | d Total (add lines 1b and 1c) | | | | | | | | 2,543,260. | | 0. | 3 | 48,975 | •• | | |
| 2 | Total number of individuals (including but not reportable compensation from the organization | | hose 25 | | ed a | bov | e) who | o re | eceived more than | \$100,000 d | of | | | | | |
| | | | | - | | | | | | | | | Yes N | | | |
| 3 | Did the organization list any former offic | | | | | | | | | | | | | - | | |
| | employee on line 1a? If "Yes," complete Schedu | ule J for su | ch ina | Ivid | ual | • • | • • • | • • | | | | 3 | Σ | | | |
| 4 | organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such | | | | | | | | | | | | | | | |
| 5 | individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X | | | | | | | | | | | | | | | |
| Se | ection B. Independent Contractors | 00, 00111010 | | lout | | , 101 | 00011 | por | | | | Ū | | | | |
| 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 year. | | | | | | | | | | | | | | | | |
| | (A) Name and business add | | | | | | | (B) Description of se | rvices | С | (C) Compensation | | | | | |
| А | TTACHMENT 3 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

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 ► 5

13-1568923

| (A) (B) (C) (C) </th <th>Form 990 (2018) Part VII Section A. Officers, Directors, Tr</th> <th>ustoos Ka</th> <th>v Fn</th> <th>nlo</th> <th></th> <th>00</th> <th>and H</th> <th>lia</th> <th>hest Compensat</th> <th>ed Employ</th> <th></th> <th>ontinua</th> <th></th> <th>Page 8</th> | Form 990 (2018) Part VII Section A. Officers, Directors, Tr | ustoos Ka | v Fn | nlo | | 00 | and H | lia | hest Compensat | ed Employ | | ontinua | | Page 8 |
|---|--|--|-----------------------------------|-----------------------|----------------------|------------------------|---------------------------------|-------------------|------------------------------------|------------------------------------|---------------|--------------------|------------------------------|---------|
| Name and title Reportable compensation for other knows that one one presents both and the sector that one one one of the sector that one selated above) who received more than \$100,000 of the | | | ≠y ∟⊓ | ipic | | | | ngi | - | 1 | 663 (C | | | |
| operations operations <th></th> <th>Average hours per week (list any</th> <th>box,</th> <th>unles</th> <th>Pos heck ss pe</th> <th>ition more erson</th> <th>is both</th> <th>an</th> <th>Reportable compensation from</th> <th>Reportat compensatio related</th> <th>n from I</th> <th>Est am</th> <th>imated ount of other</th> <th>f</th> | | Average hours per week (list any | box, | unles | Pos heck ss pe | ition more erson | is both | an | Reportable compensation from | Reportat compensatio related | n from I | Est am | imated ount of other | f |
| DIRECTOR 0. 0. 0. 27) NEAL GROSSMAN 1.00 0. 0. DIRECTOR (FROM 06/2019) 0. 0. 0. 28) ARTHUR GUTTERMAN 1.00 0. 0. 29) NANCY HAMBURGER 0.00 0. 0. 29) NANCY HAMBURGER 0.00 0. 0. 30) WILLIAM I. ISACOFF 1.00 0. 0. DIRECTOR 0. X 0. 0. 31) RENAE JACOBS-ANSON 1.00 0. 0. DIRECTOR 0. X 0. 0. 31 MEMA JACOBS-LEPOR 0.0X 0. 0. JERECTOR 0.X 0. 0. 31 MAN JOELS 1.00 0. 0. DIRECTOR 0.X 0. 0. 31 MAN JOELS 1.00 0. 0. DIRECTOR 0.X 0. 0. 31 MAN JOELS 1.00 0. 0. DIRECTOR 0.X 0. 0. 31 MAN JOELS 1.00 0. 0. DIRECTOR 0.< | | organizations below dotted | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization | | | frc orga and | m the inizatio related | n d |
| 27) NEAL GROSSNAN 1.00 0.0.0. DIRECTOR (PROM 06/2019) 0. X 0.0.0. 28) ARTHUR GUTTERMAN 1.00 0.0.0. 29) NANCY HAMBURGER 1.00 0.0.0. 29) NANCY HAMBURGER 0.00.0. 30. WILLIAM H. ISACOFF 1.00 0.0.0. 21) RENAE JACOBS-ANSON 0.0.0.0. 21) RENAE JACOBS-LEPOR 0.00.0. 21) HELEN JACOBS-LEPOR 0.00.0. 22) HELEN JACOBS-LEPOR 0.00.0. 23) BEMA JOBELS 0.00.0. 21) DIRECTOR 0.1 X 0.0.0. 31) BMA JOBELS 1.00 0.0.0. 21) DIRECTOR 0.1 X 0.0.0. 31) BMA JOBELS 1.00 0.0.0. 32) BRAD S. KARP 1.00 0.0.0. DIRECTOR 0.1 X 0.0.0. 0.0.0. 35) BRAD S. KARP 1.00 0.0.0. DIRECTOR 0.1 X 0.0.0.0. 0.0.0. 30) DIRECTOR 0.1 X <td></td> <td>+</td> <td> </td> <td></td> | | + | | | | | | | | | | | | |
| DIRECTOR (FROM 06/2019) 0. x 0. 0. 28) ARTHUR GUTTERNAN 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 29) NANCY HAMBURGER 1.00 0. 0. 0. 30) MILLIAM H. ISACOFF 1.00 0. 0. 0. 211 RENAE JACOBS-ANSON 0. 0. 0. 0. 311 RENAE JACOBS-ANSON 0.0 0. 0. 0. 312 HELEN JACOBS-LEPOR 1.00 0. 0. 0. JERECTOR 0. X 0. 0. 0. 312 HELEN JACOBS-LEPOR 1.00 0. 0. 0. 0. 321 MARVIN JUBAS 1.00 0. 0. 0. 0. 341 MARVIN JUBAS 0.00 X 0. 0. 0. JIRECTOR 0. X 0. 0. 0. 0. JIRECTOR 0. X 0. 0. 0. 0. 0. 31 MARVIN JUBAS 0.00 X 0. 0. | | | X | <u> </u> | | | | | 0. | | 0. | | | 0 |
| 28) ARTUR GUTTERMAN 1.00 x 0.0.0. DIRECTOR 0.x 0.0.0.0. DIRECTOR 0.x 0.0.0.0. DIRECTOR 0.x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | | -+ | | | | | | | | | | | | |
| DIFRECTOR 0. 0. 0. 0. 29) NANCY HAMBURGER 1.00 0. 0. 0. DIFRECTOR 0. 0. 0. 0. 30) WILLIAM H. ISACOFF 1.00 0. 0. 0. 31) RENAE JACOBS-ANSON 1.00 0. 0. 0. 21) RENCTOR 0. 0. 0. 0. 31) RENAE JACOBS-LEPOR 1.00 0. 0. 0. DIFRECTOR 0. X 0. 0. 0. 31 ERNA JOELS 1.00 0. 0. 0. 0. 35 BRAD S. KARP 1.00 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 35 BRAD S. KARP 1.00 X 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. 10 SUB-total 0. 0. 0. 0. 0. 0. 0. 2 Total rom continuation sheets to Part VII, Section A 25 25 3 3 | | | | | | | | | | | | | | 0 |
| 29) NANCY HAMBURGER 1.00 x 0. 0. 10) WILLIAM H. ISACOFF 1.00 x 0. 0. 30) WILLIAM H. ISACOFF 1.00 x 0. 0. 11) RENAE JACOBS-ANSON 1.00 x 0. 0. 12] HELEN JACOBS-ANSON 1.00 x 0. 0. 13] RENAE JACOBS-LEPOR 1.00 x 0. 0. 13] EMAN JOELS 1.00 x 0. 0. 31] EMAN JOELS 1.00 x 0. 0. 31] EMAN JOELS 1.00 x 0. 0. 31] BAD S. KARP 0.0 x 0. 0. 36] MRON KAUFMAN 1.00 x 0. 0. 0. 36] MRON KAUFMAN 1.00 x 0. 0. 0. 37 Total rumber of individuals (including but not limited to those listed above | | | | | | | | | | | | | | |
| OTRECTOR 0. 0. 0. 0. 30) MILLIAM H. ISACOFF 1.00 0. 0. 0. DIRECTOR 0. 0. 0. 0. 0. 31) RENAE JACOBS-ANSON 1.00 0. 0. 0. 0. 32) HELEN JACOBS-LEPOR 1.00 0. 0. 0. 0. 33) EMMA JOELS 1.00 0. 0. 0. 0. JIRECTOR 0. X 0. 0. 0. JIRECTOR 0. X 0. 0. 0. 33) EMMA JOELS 1.00 0. 0. 0. 0. JIRECTOR 0. X 0. 0. 0. 0. JIRECTOR 0. X 0. 0. 0. 0. 0. JIRECTOR 0. X 0. 0 | | | X | | | | | | 0. | | 0. | | | 0 |
| 20) WILLIAM H. ISACOFF 1.00 x 0. 0. 31) RENAE JACOBS-ANSON 1.00 x 0. 0. 31) RENAE JACOBS-ANSON 1.00 x 0. 0. 32) HELEN JACOBS-LEPOR 1.00 x 0. 0. 33) EMMA JOELS 1.00 x 0. 0. 33) EMMA JOELS 1.00 0. 0. 0. 34) MARVIN JUBAS 1.00 0. 0. 0. 35) BRAD S. KARP 0.0 0. 0. 0. 36) MRON KAUEMAN 0.0 0. 0. 0. 36) MRON KAUEMAN 1.00 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 36) MRON KAUEMAN 1.00 X 0. 0. 0. 10 DIRECTOR 0. X 0. 0. 0. 0. 2 Total rumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization = 25 3 3 3 3 Did the organization list any former officer, director, or trustee, k | | + | | | | | | | | | | | | |
| DIRECTOR 0. 0. 0. 0. 0. 31) RENAE JACOBS-ANSON 1.00 0. 0. 0. 0. JIRECTOR 0. 1.00 0. 0. 0. 0. 32) HELEN JACOBS-LEPOR 1.00 0. 0. 0. 0. 0. 33) EMMA JOELS 1.00 0. 0. 0. 0. 0. 34) MARVIN JUBAS 1.00 0. 0. 0. 0. 0. JIRECTOR 0. 0. 0. 0. 0. 0. 0. 35) BRAD S. KARP 1.00 0. | | | X | | | | | | 0. | | 0. | | | 0 |
| 31) RENAE JACOBS-ANSON 1.00 x 0. 0. DIRECTOR 0. x 0. 0. 0. 32) HELEN JACOBS-LEPOR 1.00 x 0. 0. DIRECTOR 0. x 0. 0. 0. 31) EMMA JOBLS 1.00 x 0. 0. DIRECTOR 0. x 0. 0. 0. 34) MARVIN JUBAS 1.00 x 0. 0. DIRECTOR 0. x 0. 0. 0. 35) BRAD S. KARP 1.00 x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 0. 0. 65) MRON KAUFMAN 1.00 x 0. | | + | | | | | | | | | | | | |
| DIRECTOR 0. 0. 0. 0. 32) HELEN JACOBS-LEPOR 1.00 0. 0. 0. 33) EMMA JORLS 0.0 0. 0. 0. 33) EMMA JORLS 1.00 0. 0. 0. 33) EMMA JORLS 0.0 0. 0. 0. 31) EMECTOR 0. 0. 0. 0. 33) EMMA JORLS 1.00 0. 0. 0. 34) MARVIN JUBAS 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 36) MRON KAUFMAN 1.00 0. 0. 0. DIRECTOR (THRU 03/2019) 0. X 0. 0. 36) MRON KAUFMAN 1.00 0. 0. 0. DIRECTOR (THRU 03/2019) 0. X 0. 0. 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 and reparization from the organization s reater than \$150,000? If "Yes," complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensa | | | X | | | | | | 0. | | 0. | | | 0 |
| 32) HELEN JACOBS-LEPOR 1.00 0. 0. 0. 0. 33) EMMA JOELS 1.00 0. 0. 0. 0. 33) EMMA JOELS 0.0 0. 0. 0. 0. 34) MARVIN JUBAS 0.0 0. 0. 0. 0. 35) BRAD S. KARP 0.0 0. 0. 0. 0. 36) MYRON KAUFMAN 1.00 0. 0. 0. 0. 36) MYRON KAUFMAN 1.00 0. 0. 0. 0. 36) MYRON KAUFMAN 1.00 0. <td></td> <td>+</td> <td></td> <td>~</td> | | + | | | | | | | | | | | | ~ |
| DIRECTOR 0. x 0. 0. 33) EMMA JOELS 1.00 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 34) MARVIN JUBAS 1.00 0. 0. 0. 0. DIRECTOR 0. x 0. 0. 0. 35) BRAD S. KARP 1.00 0. 0. 0. 0. 36) MYRON KAUPMAN 1.00 0. 0. 0. 0. 36) MYRON KAUPMAN 1.00 0. 0. 0. 0. 37 Dtal number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 25 30 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$100,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to theo | | | X | <u> </u> | | | | | 0. | | 0. | | | 0 |
| 33) EMMA JOELS 1.00 0.0.0. JIRECTOR 0.x 0.0.0. 34) MARVIN JUBAS 1.00 0.0.0. JIRECTOR 0.x 0.0.0. 0.0.0. 35) BRAD S. KARP 0.0.0.0. 0.0.0. JIRECTOR 0.x 0.0.0. 0.0.0. 36) MXRON KAUFMAN 0.0.0.0. 0.0.0. JIRECTOR 0.x 0.0.0. 0.0.0. 36) MXRON KAUFMAN 0.0.0.0. 0.0.0. JIRECTOR (THRU 03/2019) 0.x 0.0.0. 0.0.0. 36) MIRON KAUFMAN 0.0.0. 0.0.0. JIRECTOR (THRU 03/2019) 0.x 0.0.0. 0.0.0. 16 Sub-total 0.0.0. 0.0.0. c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 25 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "yes," complete Schedule J for such individual. 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the or | | + | | | | | | | | | | | | ~ |
| DIRECTOR 0. x 0. 0. 0. 34) MARVIN JUBAS 1.00 0. 0. 0. 0. 35) BRAD S. KARP 0.0 0. 0. 0. 0. 35) BRAD S. KARP 0.0 0. 0. 0. 0. 36) MYRON KAUFMAN 1.00 0. 0. 0. 0. 36) MYRON KAUFMAN 1.00 0. 0. 0. 0. 36) MYRON KAUFMAN 1.00 0. 0. 0. 0. 10 DIRECTOR (THRU 03/2019) 0. 0. 0. 0. 0. 0. 10 Cotal from continuation sheets to Part VII, Section A > 0. 0. 0. 0. 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 > 25 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a' if 'Yes," complete Schedule J for such individual | | | X | | | | | | 0. | | 0. | | | 0 |
| 34) MARVIN JUBAS 1.00 x 0.0.0. DIRECTOR 0.10 0.0.0. 0.0.0. 35) BRAD S. KARP 1.00 0.0.0. DIRECTOR 0.10 0.0.0. 0.0.0. 36) MIRON KAUFMAN 1.00 0.0.0. DIRECTOR (THRU 03/2019) 0.10.1 0.0.0.0. 1b Sub-total 0.0.0.0. c Total from continuation sheets to Part VII, Section A 0.0.0.0. d Total (add lines 1b and 1c) 0.0.0.0.00.00.000 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 > 25 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | -+ | | | | | | | | | | | | |
| DIRECTOR 0. 0. 0. 0. 35) BRAD S. KARP 1.00 0. 0. 0. DIRECTOR 0. 1.00 0. 0. 0. 36) MYRON KAUFMAN 1.00 0. 0. 0. DIRECTOR (THRU 03/2019) 0. 0. 0. 0. 0. 1b Sub-total | | | X | | | | | | 0. | | 0. | | | 0 |
| 35) BRAD S. KARP 1.00 0. X 0. 0. 36) MYRON KAUFMAN 1.00 0. 0. 0. 0. 36) MYRON KAUFMAN 1.00 0. 0. 0. 0. 36) MYRON KAUFMAN 0.0. 0. 0. 0. 0. 0. 36) MYRON KAUFMAN 0.0. 0. 0. 0. 0. 0. 0. 0. 36) MYRON KAUFMAN 0.0. | | -+ | | | | | | | | | | | | |
| DIRECTOR 0. 0. 0. 0. 0. 36) MYRON KAUFMAN 1.00 0. 0. 0. 0. DIRECTOR (THRU 03/2019) 0. 0. 0. 0. 0. 1b Sub-total 0. 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. 0. 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 > 25 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Section B. Independent Contractors 1 1 1 1 5 5 < | | | X | | | | | | 0. | | 0. | | | 0 |
| 36) MYRON KAUFMAN 1.00 x 0.0.0. DIRECTOR (THRU 03/2019) 0.x 0.0.0. 1b Sub-total | | -+ | | | | | | | | | | | | ~ |
| DIRECTOR (THRU 03/2019) 0. X 0. 0. 1b Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) d Total (add lines 1b and 1c) A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 25 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | | X | | | | | | 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 ≥ 25 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | DIRECTOR (THRU 03/2019) | 0. | X | | | | | | 0. | | 0. | | | 0 |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not | limited to t | hose | liste | | | | > > > re | eceived more than | \$100,000 o | f | | | |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 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. (B) (C) | 3 Did the organization list any former official | cer, directo | | | | | | | | | | 3 | Yes | No X |
| for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) | organization and related organizations gi | eater than | \$15 | 50,0 | 00? | ° If | "Yes | s," (| complete Schedu | le J for s | uch | 4 | X | |
| 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) (B) (C) | for services rendered to the organization? If " | | | | | | | | | | | 5 | | X |
| compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) | - | | | | | | | | | | | - | | |
| | compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax | | | | | | | | | | | | | |
| | (A) Name and business ad | dress | | | | | | | (B) Description of se | ervices | С | | ation | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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 ►

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Page 8

| 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 | box, office | unles er and | Pos heck ss pe d a d | erson lirect | e than c is both or/trust | an ee) | (D) Reportable compensation from the | (E) Reportable compensation fror related organizations | other compensation | |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations | |
| 37) WILLIAM KILBERG DIRECTOR | 1.00 | x | | | | | | 0. | 0 | | |
| 38) ELLEN KLERSFELD | 1.00 | | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0 | . 0 | |
| 39) MICHAEL S. KURTZ HONORARY CHAIR/DIRECTOR | 1.00 0. | x | | | | | | 0. | 0 | . c | |
| 40) MARLA LERNER TANENBAUM DIRECTOR | 1.00 0. | x | | | | | | 0. | 0 | | |
| 41) BARRY H. LIPPMAN 1.00 | | | | | | | | | | | |
| DIRECTOR 0. X 0. 0. | | | | | | | | | | | |
| 42) MICHAEL LOBEL 1.00 DIRECTOR 0. X 0. 0. | | | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0 | . 0 | |
| 43) MRS. BARBARA A. MANDEL | 1.00 | 37 | | | | | | | 0 | | |
| DIRECTOR 44) MINDY MANN | 0. | X | | | | | | 0. | 0 | | |
| DIRECTOR | 0. | x | | | | | | 0. | 0 | | |
| 45) JAMES E. MATANKY | 1.00 | А | | | | | | 0. | 0 | | |
| DIRECTOR | 0. | x | | | | | | 0. | 0 | | |
| 46) BENO MICHEL | 1.00 | | | | | | | | | • • | |
| DIRECTOR | 0. | x | | | | | | 0. | 0 | | |
| 47) ANNETTE PAKULA | 1.00 | | | | | | | | | | |
| DIRECTOR | 0. | x | | | | | | 0. | 0 | | |
| 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization) | limited to t | | liste | | | | re | eceived more than | \$100,000 of | | |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | | | | | | | | | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 X | | | | | | | | | | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 | | | | | | | | | | | |
| for services rendered to the organization? If "Yes," complete Schedule J for such person | | | | | | | | | | | |
| 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) | | | | | | | | (B) | | (C) | |
| Name and business add | iress | | | | | | | Description of se | rvices | 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 ►

| | rt VII Section A. Officers, Directors, Tru | | у∟п | ipio | | | пıg | | | (contir | | |
|--------------------------|--|--|-----------------------------------|-----------------------|-----------------|---|--------------|--|--|---------|---|-----------|
| | (A) Name and title | (B) Average hours per week (list any hours for | box, | not ch unles | s pers a dir | | n an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | | (F) Estimate amount other ompensa | of |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Highest compensated employee Key employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | 1 | from the organizati and relate organizatio | ion ed |
| 48 | MRS. LEONA Z. ROSENBERG | 1.00 0. | x | | | | | 0. | 0 | | | (|
| 19 | RICHARD ROTHSCHILD | 1.00 | x | | | | | 0. | 0 | | | (|
| 50 | STEVEN C. RUBINOW | 1.00 | x | | | | | 0. | 0 | | | |
| 51 | | 1.00 | x | | | | | 0. | 0 | | | (|
| 52 | | 1.00 | x | | | | | 0. | 0 | | | |
| 53 | DIRECTOR GEORGE A. SCHIEREN DIRECTOR | 1.00 | x | | | | | 0. | 0 | | | |
| 4 | | 1.00 | x | | | | | 0. | 0 | | | |
| 5 | | 1.00 | | | | | | 0. | 0 | | | |
| 56 | DIRECTOR LYNNE G. SILBERT DIRECTOR | 1.00 | X | | | | | 0. | 0 | | | |
| 57 | | 1.00 | X | | | | | | 0 | | | |
| 58 | DIRECTOR ROBERT SNYDER DIRECTOR | 1.00 | X | | | | | 0. | | | | |
| ((| Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) | ection A | · · · | | | · · · · · | | | 0 | • | | |
| 2 | Total number of individuals (including but not reportable compensation from the organization | | nose 25 | | | ove) wn | | eceived more than | \$100,000 of | | | |
| 3 | Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | | | | | | | | | 3 | Yes | |
| | | | | | | | | | | | | |
| 4 | | | | | | | | | on or individual | | | |
| 5 | individual Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue col | | | | | | | | 5 | 5 | |
| 4 5 <u>Se</u> 1 | <i>individual</i> . Did any person listed on line 1a receive or | accrue con es," complet pensated in | ndepe | nedu. ende | le J i nt co | for such | per ors t | rson that received more | e than \$100,000 | of | | |

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 **>**

| | Art VII Section A. Officers, Directors, Tru (A) | (B) | ſ | | (0 | C) | | | (D) | (E) | | (F) | |
|--|---|--|-----------------------------------|-----------------------|-------------------------------|---------------------------------|---------------------------------|-----------|---|---|-----------|--|------------|
| | Name and title | Average hours per week (list any hours for related | box, office | unles er and | Pos heck ss pe d a d | ition more rson lirect | e than o is both or/trust | an ee) | Reportable compensation from the | Reportable compensation from related organizations | an com | stimated nount c other pensat | of tion |
| | | organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | org an | anizatio d relate anizatio | on ed |
| 59 |) IRA LEE SORKIN DIRECTOR | 1.00 | x | | | | | | 0. | 0. | | | |
| 50 |) ERIC C. STEIN DIRECTOR | 1.00 | x | | | | | | 0. | 0. | | | |
| 1 |) MARY ANN TUFT DIRECTOR | 1.00 0. | x | | | | | | 0. | 0. | | | |
| 2 |) MARK VIDERGAUZ DIRECTOR | 1.00 0. | x | | | | | | 0. | 0. | | | |
| 3 |) RICHARD S. ZIMAN DIRECTOR | 1.00 0. | x | | | | | | 0. | 0. | | | |
| 4 |) BETH MCCOY CHIEF EXECUTIVE OFFICER | 50.00 0. | | | x | | | | 619,720. | 0. | | 73,2 | 19 |
| 5 |) ELISSA FISHMAN CHIEF FINANCIAL OFFICER | 50.00 0. | - | | x | | | | 303,425. | 0. | | 41, | 74 |
| 5 |) MONICA LOEBL NAT'L DIRECTOR OF DEVELOPMENT | 50.00 0. | - | | | x | | | 319,216. | 0. | | 36,0 | 09 |
| 7 |) SUZANNE PONSOT EXECUTIVE DIRECTOR - NY REG. | 40.00 0. | - | | | | Х | | 305,391. | 0. | | 43,0 | 07 |
| 8 |) SHERI KAUFER EXECUTIVE DIR WESTERN REGION | 40.00 | | | | | х | | 270,277. | 0. | | 47,0 | 09 |
| 9_ |) EILEEN HUME CHIEF MARKETING OFFICER | 40.00 | | | | | х | | 259,228. | 0. | | 56,3 | 36 |
| c | Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization | limited to t | | liste | | bove | e) who | re | ceived more than | \$100,000 of | | | |
| 3 | Did the organization list any former offic employee on line 1a? If "Yes," complete Sched | | | | | | | | | | 3 | Yes | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 | | | | | | | | | | | X | | |
| 5 | Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue co | mpen | sati | on f | from | n any | uni | related organization | on or individual | 5 | | |
| | Section B. Independent Contractors | | | | | | | | | | | | |
| Se | | | | | | | | | | | | | |
| Se 1 | compensation from the organization. Report c year. | ompensau | | | | | | | | | | | |

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 ►

13-1568923

| Part VII Section A. Officers, Directors, Tru | | ey ⊏n ∣ | ipio | | | anar | пgi | | 1 | s (contin | |
|---|--|-------------|---------------------------|---------------|---------------------------------|---------------------------------|-----------|--|---|---------------|---|
| (A) Name and title | (B) Average hours per week (list any hours for | box, | not ch unles er and | s pe I a d | ition more rson lirect | e than c is both or/trust | an ee) | (D) Reportable compensation from the | (E) Reportable compensation f related organizations | rom | (F) Estimated amount of other mpensation |
| | related organizations below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MI | | from the rganization and related ganizations |
| 0) DANIEL RUTBERG CHIEF OPERATIONS OFFICER | 40.00 | - | | | | Х | | 231,475. | | 0. | 33,582 |
| (1) GLENNYS HUHN CHIEF HUMAN RESOURCES OFFICER | 40.00 | - | | | | X | | 234,528. | | 0. | 17,833 |
| | | _ | | | | | | | | | |
| | | - | | | | | | | | | |
| | | - | | | | | | | | | |
| | | - | | | | | | | | | |
| | | - | | | | | | | | | |
| | | - | | | | | | | | | |
| | | - | | | | | | | | | |
| | | - | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) | ection A | | | | | ••• | | | | | |
| 2 Total number of individuals (including but not reportable compensation from the organization | | hose 25 | | d at | bove | e) who | o re | ceived more than | \$100,000 of | | |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched. | | | | | | | | | | | Yes No |
| 4 For any individual listed on line 1a, is the sorganization and related organizations graindividual. | eater than | \$15 | 50,00 | 00? | lf | "Yes | s," (| complete Schedu | sation from th le J for suc | e h . 4 | X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue co | mpen | satio | on f | from | n any | uni | related organizati | | | X |
| Section B. Independent Contractors | | | | | | | | | | | |
| Complete this table for your five highest com compensation from the organization. Report of year. | | | | | | | | | | | x |
| (A) Name and business add | Iress | | | | | | | (B) Description of se | ervices | | c) nsation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (ii | | ut not | t lim | itor | | these | | | | | - |

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 ►

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| Form | 990 (2 | 2018) AMERICAN FI | RIENDS OF HE | EBREW UNIVERS | ITY, INC. | 13-15689 | 23 Page 9 |
|---|--------|--|-------------------|-----------------------|--|---|--|
| Par | t VII | Statement of Revenue | | | | | |
| | | Check if Schedule O contains a respor | nse or note to an | v line in this Part V | | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns 1a | | | | | |
| òur | b | Membership dues | | | | | |
| a, G | c | Fundraising events | 893,828. | | | | |
| lar Iar | d | Related organizations | 397,000. | | | | |
| imi, | e | Government grants (contributions) | | | | | |
| er S | f | All other contributions, gifts, grants, | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | and similar amounts not included above . 1f | 58,020,147. | | | | |
| onti | g | Noncash contributions included in lines 1a-1f: \$ | 2,207,910. | | | | |
| | h | Total. Add lines 1a-1f | | 59,310,975. | | | |
| anu | | | Business Code | | | | |
| ver | 2a | REGISTRATION FEES | 900099 | 273,447. | 273,447. | | |
| ŝRe | b | | | | | | |
| vice | c | | | | | | |
| Ser | d | | | | | | |
| an | e | | | | | | |
| Program Service Revenue | f | All other program service revenue | | | | | |
| Ţ | g | Total. Add lines 2a-2f | <u> </u> | 273,447. | | | |
| | 3 | Investment income (including divider | nds, interest, | | | | |
| | | and other similar amounts) | • | 12,539,780. | | | 12,539,780. |
| | 4 | Income from investment of tax-exempt bond | proceeds . 🕨 | 0. | | | |
| | 5 | Royalties | | 85,786. | | | 85,786. |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) 38,905. | | | | | |
| | d | | · · · · ► | 38,905. | | | 38,905. |
| | 7a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 12,050,584. | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | · <u> </u> | 12,050,584. | | | 12,050,584. |
| an | 8a | Gross income from fundraising | | | | | |
| ven | | events (not including \$893,828. | | | | | |
| Re | | of contributions reported on line 1c). | 000.000 | | | | |
| Other Revenue | | See Part IV, line 18 | | | | | |
| ð | | Less: direct expenses b | | -792,270. | | | -792,270. |
| | c | Net income or (loss) from fundraising events | | 152,210. | | | 192,210. |
| | 9a | Gross income from gaming activities. See Part IV, line 19 a | 0. | | | | |
| | | Less: direct expenses | | | | | |
| | b c | Net income or (loss) from gaming activities | | 0. | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | liva | returns and allowances | 0. | | | | |
| | b | Less: cost of goods sold | | | | | |
| | c | Net income or (loss) from sales of inventory | | 0. | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | с | | | | | | |
| | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | ► | 0. | | | |
| | 12 | Total revenue. See instructions. | | 83,507,207. | 273,447. | | 23,922,785. |

JSA 8E1051 1.000 75988W 700J

| | FRIENDS OF HEBRE | CW UNIVERSITY, | INC. 13-15 | 68923 Page 1 |
|---|--------------------------|---|--|---------------------------------------|
| Part IX Statement of Functional Expense | | | | |
| Section 501(c)(3) and 501(c)(4) organizations mu | | | | |
| Check if Schedule O contains a resp | onse 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 | 78,987. | 78,987. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 53,526,574. | 53,526,574. | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,430,729. | 247,721. | 544,924. | 638,084 |
| 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 | 5,950,925. | 1,123,768. | 1,204,658. | 3,622,499 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 334,236. | 56,617. | 79,564. | 198,055 |
| | 968,545. | 162,074. | 276,093. | 530,378 |
| 9 Other employee benefits 10 Payroll taxes | 471,793. | 87,125. | 110,356. | 274,312 |
| 10 Payroll taxes 11 Fees for services (non-employees): | , | - , - · | | , - |
| | 0. | | | |
| a Management | 72,228. | 3,777. | 48,337. | 20,114 |
| b Legal | 209,579. | - , . | 209,579. | - , |
| c Accounting | 0. | | | |
| d Lobbying e Professional fundraising services. See Part IV, line 17 | 286,500. | | | 286,500 |
| f Investment management fees | 380,144. | | 380,144. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 11g expenses on Schedule O.). | 694,915. | 72,523. | 292,057. | 330,335 |
| 12 Advertising and promotion | 412,369. | 50,797. | | 361,572 |
| 13 Office expenses | 341,800. | 64,237. | 96,341. | 181,222 |
| 14 Information technology | 202,329. | 2,051. | 193,467. | 6,811 |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 905,883. | 153,453. | 236,425. | 516,005 |
| 17 Travel | 333,434. | 78,304. | 50,398. | 204,732 |
| 18 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 122,514. | 27,691. | 29,691. | 65,132 |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 37,363. | 3,600. | 22,135. | 11,628 |
| 23 Insurance | 96,694. | 17,456. | 22,105. | 57,133 |
| 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 ^{EVENTS} | 494,530. | 494,530. | | |
| bPRINTING AND LETTERSHOP | 361,995. | 96,246. | 956. | 264,793 |
| cDIRECT MAIL | 244,215. | | | 244,215 |
| dOTHER EXPENSES | 96,599. | 2,831. | 82,940. | 10,828 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 68,054,880. | 56,350,362. | 3,880,170. | 7,824,348 |
| 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 ▶ if | | | | |
| following SOP 98-2 (ASC 958-720) | 0. | | | |

following SOP 98-2 (ASC 958-720)

Page **11**

| Form | 990 | (2018) |
|------|-----|--------|
| | | |

| | 990 (| | | | Page 11 |
|------------------|----------|---|---------------------------------|----------|---------------------------|
| Pa | rt X | | | | |
| | | Check if Schedule O contains a response or note to any line in this Pa | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 3,636,877. | 1 | 2,754,473. |
| | 2 | Savings and temporary cash investments | 23,767,198. | 2 | 31,242,227. |
| | 3 | Pledges and grants receivable, net | 21,914,046. | 3 | 27,352,183. |
| | 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 Loans and other receivables from other disqualified persons (as defined under section | 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 | | | |
| s | | organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| Assets | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| As | 8 | Inventories for sale or use | 0. | 8 | 0. |
| | 9 | Prepaid expenses and deferred charges | 0. | 9 | 0. |
| | 10 a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D 10a 5,062,771. | 0 000 045 | | 0 040 040 |
| | | Less: accumulated depreciation | 2,933,245. | | 2,943,940. |
| | 11 | Investments - publicly traded securities | 522,417,643. | 11 | 513,937,513. |
| | 12 | Investments - other securities. See Part IV, line 11 | 79,126,869. | 12 | 82,512,093. |
| | 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 | Intangible assets | 60,416,093. | 14 | 60,256,474. |
| | 15 | Other assets. See Part IV, line 11 | 714,211,971. | 15 | 720,998,903. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2,162,021. | 16 | 2,428,888. |
| | 17 | Accounts payable and accrued expenses | 2,102,021. | 17 | 2,428,888. |
| | 18 | Grants payable | 23,173,013. | 18 | 0. |
| | 19 | Deferred revenue | 0. | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 22 | Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, | 0. | 21 | 0. |
| Liabilities | 22 | trustees, key employees, highest compensated employees, and | | | |
| bili | | disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| Lia | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 22 | 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 | | 24 | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 17,826,315. | 25 | 17,398,921. |
| | 26 | Total liabilities. Add lines 17 through 25 | 43,162,149. | 26 | 42,154,149. |
| s | | Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and | | - | |
| S | 27 | complete lines 27 through 29, and lines 33 and 34. | 8,994,286. | 67 | 13,671,397. |
| alar | 27 28 | Unrestricted net assets | 288,788,722. | 27 | 276,347,845. |
| ä | 28 29 | Temporarily restricted net assets | 373,266,814. | 28 29 | 388,825,512. |
| ŭ | 23 | Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and | 5,5,200,014. | 29 | 500,025,512. |
| or Fund Balances | | complete lines 30 through 34. | | | |
| ŝts | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Ne | 33 | Total net assets or fund balances | 671,049,822. | 33 | 678,844,754. |
| | 34 | Total liabilities and net assets/fund balances | 714,211,971. | 34 | 720,998,903. |

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC. 13-1568923

| Form 99 | 90 (2018) | | | | Pa | ge 12 |
|---------|--|----------|-----|------|------|--------------|
| Part | XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u>.</u> | | | | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 07,2 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 54,8 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 52,3 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 49,8 | |
| 5 | Net unrealized gains (losses) on investments | 5 | - | -7,8 | 17,3 | 66. |
| 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 | | 1 | 59,9 | 971. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | <u>33,</u> column (B)) | 10 | 6' | 78,8 | 44,7 | 54. |
| Part | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | ſ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | in | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | ſ | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiled | 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? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted or | na | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for | oversi | ght | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent acc | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, e | explain | in | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | t forth | in | _ | | 37 |
| | the Single Audit Act and OMB Circular A-133? | | ••• | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | 0 | the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | dits. | | 3b | | |

| SCH | IEDUL | E A | |
|-----|-------|-----|---|
| · | | | - |

 SCHEDULE A (Form 990 or 990-EZ)
 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.

 Department of the Treasury

OMB No. 1545-0047 20 8

| | | nt of the Treasury evenue Service | I | Go to www.irs.gov | //Form990 for instruction | | he latest i | nformation. | Open to Public Inspection |
|------|--------|--------------------------------------|--------------------------------|---|--|---------------------------------|------------------------------|--|--------------------------------------|
| Nam | e of t | he organization | | | | | | Employer identif | · · |
| AMI | ERI | CAN FRIENDS | G OF HEBRI | EW UNIVERSITY | , INC. | | | 13-15689 | |
| Ра | rt I | Reason for | Public Cha | rity Status (All o | organizations must c | complete | e this pa | art.) See instructions | 5 |
| The | org | | - | | is: (For lines 1 throug | - | - | | |
| 1 | | | | | tion of churches desc | | | | |
| 2 | | | | | . (Attach Schedule E | - | | | |
| 3 | | - | - | - | rganization described | | | | |
| 4 | | | - | | conjunction with a hos | spital de | scribed ir | n section 170(b)(1)(A) | (iii). Enter the |
| _ | | hospital's nam | | | | | | and a difference | |
| 5 | | section 170(b) | (1)(A)(iv). (C | Complete Part II.) | - | - | - | | ental unit described in |
| 6 | | | - | - | rnmental unit describe | | - | | |
| 7 | Х | - | | - | | pport fro | om a go | vernmental unit or fro | om the general public |
| - | | | | (1)(A)(vi). (Compl | | | | | |
| 8 | | - | | | b)(1)(A)(vi). (Complete | - | | l da manda service de la del | land out of the |
| 9 | | - | | - | ed in section 170(b)(1 | | - | - | |
| | | - | r a non-land- | grant college of ag | riculture (see instruct | ions). Ei | nter the i | name, city, and state o | t the college or |
| 10 | | receipts from | activities rela | ted to its exempt f | ore than 331/3 % of its unctions - subject to (| certain e | exception | s, and (2) no more that | n 331/3 % of its |
| | | support from g acquired by th | gross investm e organizatio | nent income and un n after June 30, 19 | nrelated business taxa 975. See section 509 | able inco (a)(2). (0 | ome (less Complete | s section 511 tax) from Part III.) | businesses |
| 11 | | | • | • | usively to test for publi | | | | |
| 12 | | - | - | - | - | - | | | carry out the purposes |
| | | | | · · · | | | | | See section 509(a)(3). |
| | | | | - | | | | - | nes 12e, 12f, and 12g. |
| а | | | | - | , supervised, or contr | - | | | |
| | | | - | | regularly appoint or e | | ajority of | the unectors or truste | |
| b | | | - | - | e Part IV, Sections A ed or controlled in co | | with ita | supported organizati | on(s) by baying |
| U | | | | | rganization vested in | | | | |
| | | | - | | , Sections A and C. | ane saili | e hei 201 | | age the supported |
| с | | - | | - | ng organization opera | ated in co | onnectio | n with, and functiona | llv integrated with. |
| - | _ | | | | s). You must comple | | | | ,,, |
| d | | | - | | porting organization o | | | | ted organization(s) |
| | _ | | - | | nization generally mus | - | | | |
| | _ | requirement | (see instruct | ions). You must co | omplete Part IV, Sect | ions A a | nd D, an | d Part V. | |
| е | | Check this b | ox if the orga | nization received | a written determinatio | n from t | he IRS th | nat it is a Type I, Type | II, Type III |
| - | _ | - | - | | ionally integrated sup | porting o | organizat | ion. | |
| f | | | | organizations | | | | | |
| g | | | - | | orted organization(s). | 6. | | | (-) |
| | (I) N | ame of supported o | rganization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | | organization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| | | | | | above (see instructions)) | docu | ment? | instructions) | instructions) |
| | | | | | | Yes | No | | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| | | | | | | | | | |
| (E) | | | | | | | | | |
| Tota | al | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1210 1.000 75988W 700J

Schedule A (Form 990 or 990-EZ) 2018

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.)

| Sec | tion A. Public Support | | | | | | |
|--------|--|-------------------|---------------------|-------------------|------------------|------------------|----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 37,166,347. | 44,487,791. | 47,972,620. | 45,114,274. | 59,310,975. | 234,052,007. |
| 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 | 37,166,347. | 44,487,791. | 47,972,620. | 45,114,274. | 59,310,975. | 234,052,007. |
| 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) | | | | | | 44,946,121. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 189,105,886. |
| | tion B. Total Support | () 0044 | (1) 0045 | () 0040 | ()) 0047 | () 0040 | |
| _ | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 8 | Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 37,166,347. | 44,487,791. | 47,972,620. | 45,114,274. | 12,664,471. | 234,052,007. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 3,297. | 0. | 0. | 11,442. | | 14,739. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u> | 350,805. | 230,980. | 295,240. | 289,017. | 280,369. | 1,446,411. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 295,921,969. |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) | | | | 12 | 1,782,851. |
| 13 | First five years. If the Form 990 is forganization, check this box and stop here | or the organizat | tion's first, secon | d, third, fourth, | or fifth tax ye | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 14 | Public support percentage for 2018 (li | ne 6, column (f |) divided by line | 11, column (f)). | | 14 | 63.90 % |
| 15 | Public support percentage from 2017 | Schedule A, Pa | art II, line 14 | | | 15 | 63.56 % |
| 16a | 331/3% support test - 2018. If the org | ganization did n | ot check the box | x on line 13, ar | nd line 14 is 33 | 1/3 % or more, c | heck this |
| | box and stop here. The organization qu | ualifies as a pub | licly supported | organization. | | | ▶ X |
| b | 33 1/3% support test - 2017. If the org | anization did n | ot check a box o | n line 13 or 16 | a, and line 15 i | s 331/3%or mo | re, check |
| | this box and stop here. The organization | on qualifies as a | a publicly suppor | ted organizatio | n | | ▶∟ |
| 17a | 10%-facts-and-circumstances test - 2 | 2018. If the org | ganization did no | ot check a box | on line 13, 16a | a, or 16b, and I | ine 14 is |
| | 10% or more, and if the organization | | | | | - | • |
| | Part VI how the organization meets t | he "facts-and-o | circumstances" te | est. The organiz | zation qualifies | as a publicly s | upported |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - 2 | | - | | | | |
| | 15 is 10% or more, and if the orga | | | | | | - |
| | Explain in Part VI how the organization | | | | - | - | |
| | supported organization | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | | | | | | <u> ► ∟</u> |

Schedule A (Form 990 or 990-EZ) 2018

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Page 3

Schedule A (Form 990 or 990-EZ) 2018

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

 (Complete only if you checked the box on line 10 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.)

| | tion A. Public Support Indar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e |) 2018 | (f) To | tal |
|--------------------------------------|--|---|---|---|---|-----------------------------------|-------------------------|-----------------------|-------------|
| 1 | Gifts, grants, contributions, and membership fees | (4) 2011 | (0) 2010 | (0) 2010 | (0) 2011 | (0 | ,2010 | | |
| ' | 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 | | | | | | | | |
| Ŭ | 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 | | | | | | | | |
| с | Add lines 7a and 7b. | | | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | | | |
| | line 6.) | | | | | | | | |
| <u>Sec</u> | tion B. Total Support | | | | | | | | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e |)2018 | (f) To | tal |
| 9 | Amounts from line 6 | | | | | | | | |
| 10 a | 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 | | | | | | | | |
| 12 | Carried on 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 | or the organiza | ation's first, secc | nd, third, fourth, | or fifth tax ye | ear as | a section | n 501(c)(3 | 5) |
| | | | | | | | | | • |
| | organization, check this box and stop here . | | | | | | | | |
| Sect | organization, check this box and stop here . tion C. Computation of Public Supp | | | | | | | | |
| Sec: | | port Percenta | ige | ımn (f)) | | . 15 | | | % |
| | tion C. Computation of Public Supp | p ort Percenta , column (f), divid | l ge led by line 13, colu | | | <u>.</u> 15 16 | | | |
| 15 16 | tion C. Computation of Public Support percentage for 2018 (line 8, | column (f), divid dule A, Part III, li | l ge led by line 13, colu ne 15 | | | - | | | |
| 15 16 | tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche | port Percenta , column (f), divid dule A, Part III, li t Income Per | ige led by line 13, colu ne 15 centage | | | - | | | % |
| 15 16 Sect | tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment | oort Percenta , column (f), divid adule A, Part III, li t Income Per ne 10c, column | led by line 13, colu ne 15 centage (f), divided by line | 13, column (f)) | | 16 | | | % |
| 15 16 Sec 1 17 18 | tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin | oort Percenta , column (f), divid dule A, Part III, li t Income Per ne 10c, column Schedule A, Part | led by line 13, colu ne 15 centage (f), divided by line III, line 17 | 13, column (f)) | | 16 17 18 | 331/3 %, | and line | % |
| 15 16 Sec 1 17 18 | tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 S | port Percenta , column (f), divid edule A, Part III, li t Income Perc ne 10c, column Schedule A, Part ganization did n | led by line 13, colu ne 15 centage (f), divided by line III, line 17 ot check the box | 13, column (f)) | d line 15 is mor | 16 17 18 e than | | - | % |
| 15 16 Sect 17 18 19 a | tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 S 331/3% support tests - 2018. If the org | oort Percenta column (f), divid dule A, Part III, li t Income Perc ne 10c, column Schedule A, Part ganization did n is box and sto | led by line 13, colu ne 15 centage (f), divided by line III, line 17 ot check the box p here. The org | 13, column (f)) x on line 14, and anization qualifies | l line 15 is mor s as a publicly | 16 17 18 e than suppo | rted organ | ization . 🕨 | % |
| 15 16 Sect 17 18 19 a | tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 S 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check the | oort Percenta , column (f), divide dule A, Part III, li t Income Perc ne 10c, column Schedule A, Part ganization did not nis box and sto nization did not | led by line 13, colu ne 15 centage (f), divided by line III, line 17 ot check the box p here. The org check a box on | 13, column (f)) x on line 14, and anization qualifies line 14 or line 19 | d line 15 is mor s as a publicly 9a, and line 16 is | 16 17 18 e than suppo | rted organ than 331/ | ization .► 3%, and | % % % |

Page **4**

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2018

JSA

| Schedul | e A (Form 990 or 990-EZ) 2018 | | I | Page 5 |
|---------|--|------------|-------|----------|
| Part | V Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 110 | | |
| h | below, the governing body of a supported organization? A family member of a person described in (a) above? | 11a 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | on B. Type I Supporting Organizations | 110 | | <u> </u> |
| <u></u> | | | 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? 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. | 1 | | |
| 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> | 2 | | |
| Section | on 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</i> | | | |
| | the supported organization(s). | 1 | | |
| Sectio | on D. All Type III Supporting Organizations | | V | |
| 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | Yes | No |
| 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> | 2 | | |
| 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> | 3 | | |
| Sectio | on 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 ins | structi | ons). | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instruc | , | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| | 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? 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. | 2a | | |
| 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? 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. | 2b | | |
| | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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> | <u>3a</u> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| 2 Recoveries of prior-year distributions 1 3 Other gross income (see instructions) 1 4 Add lines 1 through 3. 1 5 Depreciation and depletion 1 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) 1 7 Other expenses (see instructions) 1 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 1 Section B - Minimum Asset Amount 1 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 a Average monthly value of securities 1 b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 d Total (add lines 1a, 1b, and 1c) 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): 1 | ust on | Nov. 20, 1970 (expla nust complete Sectio | |
|---|--------|--|-------------------------------|
| instructions. All other Type III non-functionally integrated supporting organization Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount 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 1 Average monthly value of other non-exempt-use assets 1 C Fair market value of other non-exempt-use assets 1 d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): | | nust complete Sectio | |
| 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount 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 1 b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 c Fair market value of other non-exempt-use assets 1 c Fair market value of other non-exempt-use assets 1 c Fair market value of other non-exempt-use assets 1 d Total (add lines 1a, 1b, and 1c) 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Recoveries of prior-year distributions : 3 Other gross income (see instructions) : 4 Add lines 1 through 3. : 5 Depreciation and depletion : 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) : 7 Other expenses (see instructions) : : 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) : Section B - Minimum Asset Amount : 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 : 1 b Average monthly cash balances : 1 c Fair market value of other non-exempt-use assets : 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): : 1 | | (A) Prior Year | (B) Current Yea (optional) |
| 2 Recoveries of prior-year distributions : 3 Other gross income (see instructions) : 4 Add lines 1 through 3. : 5 Depreciation and depletion : 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) : 7 Other expenses (see instructions) : : 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) : Section B - Minimum Asset Amount : 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 : 1 b Average monthly cash balances : 1 c Fair market value of other non-exempt-use assets : 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): : 1 | 1 | | |
| 3 Other gross income (see instructions) : 4 Add lines 1 through 3. : 5 Depreciation and depletion : 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) : 7 Other expenses (see instructions) : 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) : Section B - Minimum Asset Amount : 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 a Average monthly value of securities 1 b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 d Total (add lines 1a, 1b, and 1c) 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): 1 | 2 | | |
| 4 Add lines 1 through 3. 5 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) 7 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 7 Section B - Minimum Asset Amount 7 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 a Average monthly value of securities 1 b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 d Total (add lines 1a, 1b, and 1c) 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): 1 | 3 | | |
| 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount 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 1 b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 d Total (add lines 1a, 1b, and 1c) 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): | 4 | | |
| collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)7 Other expenses (see instructions)38 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)3Section B - Minimum Asset Amount31 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 securities1b Average monthly cash balances1c Fair market value of other non-exempt-use assets1d Total (add lines 1a, 1b, and 1c)1e Discount claimed for blockage or other factors (explain in detail in Part VI):1 | 5 | | |
| 7 Other expenses (see instructions) * 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) * Section B - Minimum Asset Amount * 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 1 b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 d Total (add lines 1a, 1b, and 1c) 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): * | 6 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 3 Section B - Minimum Asset Amount 1 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 a Average monthly value of securities 1 b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 d Total (add lines 1a, 1b, and 1c) 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): 1 | 7 | | |
| Section B - Minimum Asset Amount 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 1 b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 d Total (add lines 1a, 1b, and 1c) 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): 1 | 8 | | |
| instructions for short tax year or assets held for part of year):a Average monthly value of securities1b Average monthly cash balances1c Fair market value of other non-exempt-use assets1d Total (add lines 1a, 1b, and 1c)1e Discount claimed for blockage or other factors (explain in detail in Part VI): | 0 | (A) Prior Year | (B) Current Yea (optional) |
| instructions for short tax year or assets held for part of year):a Average monthly value of securities1b Average monthly cash balances1c Fair market value of other non-exempt-use assets1d Total (add lines 1a, 1b, and 1c)1e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 d Total (add lines 1a, 1b, and 1c) 1 e Discount claimed for blockage or other factors (explain in detail in Part VI): 1 | | | |
| c Fair market value of other non-exempt-use assets1d Total (add lines 1a, 1b, and 1c)1e Discount claimed for blockage or other factors (explain in detail in Part VI): | 1a | | |
| d Total (add lines 1a, 1b, and 1c) 1 e Discount claimed for blockage or other 1 factors (explain in detail in Part VI): 1 | 1b | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | 1c | | |
| factors (explain in detail in Part VI): | 1d | | |
| 2 Acquisition indebtedness applicable to per event use assets | | | |
| Z 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 | | |
| | 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

| Part | | Supporting Organizat | ions (continued) | |
|------|--|-----------------------------|--|---|
| | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | eses of supported organized | zations | |
| 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 resp | onsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | 1 | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| С | From 2015 | | | |
| d | From 2016 | | | |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| c | Excess from 2016 | | | |
| d | Excess from 2017 | | | |
| | Excess from 2018 | | | |

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

| SCHEDULE A, PART II - OTHER INCOME | | | | | | | | |
|------------------------------------|----------|----------|----------|----------|----------|------------|--|--|
| DESCRIPTION | 2014 | 2015 | 2016 | 2017 | 2018 | TOTAL | | |
| FUNDRAISING EVENTS | 350,805. | 230,980. | 295,240. | 289,017. | 280,369. | 1,446,411. | | |
| TOTALS = | 350,805. | 230,980. | 295,240. | 289,017. | 280,369. | 1,446,411. | | |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

18

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC.

13-1568923

Organization type (check one):

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 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 for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| Part I | art 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 | | | |
| | | \$10,200,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 2 | | \$3,000,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 3 | | \$2,725,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 4 | | \$2,450,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 5 | | \$2,100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 6 | | \$1,838,244. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 7 | | \$1,560,800. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 8 | | \$1,537,540. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 9 | | \$1,365,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 10 | | \$1,200,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC. Employer identification number

13-1568923

| art II | Noncash Property (see instructions). Use duplicate copies | of Part II if additional space is ne | eded. |
|---------------------------|---|---|----------------------|
| 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 |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

0176659-00004

| | | | | | 13-1568923 | | | |
|-----------------|--|------------------------|--------------|----------------------|---|--|--|--|
| Part III | Exclusively religious, charitable, etc. | | | | | | | |
| | (10) that total more than \$1,000 for the following line entry. For organizat | | | | | | | |
| | contributions of \$1,000 or less for th | e year. (Enter this ir | formation or | | | | | |
| (a) No. | Use duplicate copies of Part III if addit | ional space is need | ed. | | | | | |
| from Part I | (b) Purpose of gift | (c) Use | of gift | | (d) Description of how gift is held | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transf | er of gift | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | | Relationship | of transferor to transferee | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use | of gift | | (d) Description of how gift is held | | | |
| Part I | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferes's name address a | ad 71D · 4 | | Dolotion chin | of transferrer to transferres | | | |
| | Transferee's name, address, a | 110 ZIF + 4 | | Relationship | of transferor to transferee | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use | of gift | | (d) Description of how gift is held | | | |
| Part I | | (0) 036 | orgin | | (d) Description of now gift is new | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transf | er of aift | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, a | nd 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) Transf | er of gift | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | | Relationship | of transferor to transferee | | | |
| | | | | - ·-···Þ | | | | |
| | | | | | | | | |
| | | | | | | | | |
| SA | 1 | | 1 | Sch | edule B (Form 990, 990-EZ, or 990-PF) (2018 | | | |

0176659-00004

| SCHEDULE D (Form 990) | | D | | ental Financia | | | | | OMB No. 1545-0047 | | |
|--|--|--|---|---|------------------------------------|--|-----------------------------|---|-------------------------|--|--|
| () | | | ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l | | | | | 2018 | | | |
| D | | o Trocourt | Attach to Form 990. | | | 12.0. | | Open to Public | | | |
| Department of the Treasury Internal Revenue Service | | | ► Go to www.irs.gov | /Form990 for instruction | | latest infor | nation. | | | | |
| Name | e of the orga | anization | • | | | | Em | ployer identifica | tion number | | |
| AME | | | 5 OF HEBREW UNIVERSITY | | | | | 13-15689 | 23 | | |
| Ра | | | tions Maintaining Donor Adv | | | | r Acco | ounts. | | | |
| | (| Complete | e if the organization answered | | | line 6. | | | | | |
| | | | | (a) Donor advi | sed funds | | | (b) Funds and | other accounts | | |
| 1 | Total nu | imber at e | nd of year | | | 2. | | | | | |
| 2 | Aggrega | ate value o | of contributions to (during year) | | | | | | | | |
| 3 | Aggrega | ate value o | of grants from (during year) | | | ,000. | | | | | |
| 4 | Aggrega | ate value a | at end of year | | 296 | ,151. | | | | | |
| 5 | Did the | organizati | ion inform all donors and donor | advisors in writing th | at the a | ssets held | in do | nor advised | | | |
| | funds ar | e the orga | anization's property, subject to the | e organization's exclusi | ve legal | control? | | | X Yes No | | |
| 6 | Did the | organizati | ion inform all grantees, donors, a | and donor advisors in | writing th | nat grant f | unds d | can be used | | | |
| | only for | charitable | e purposes and not for the bene | fit of the donor or dor | nor advis | or, or for a | any otl | her purpose | | | |
| | | | nissible private benefit? | | | | | | X Yes No | | |
| Ра | | | tion Easements. | | | | | | | | |
| | | | e if the organization answered | | | | | | | | |
| 1 | | . , | servation easements held by the | • | · · | • · | | | | | |
| | | | n of land for public use (e.g., rec | reation or education) | | | | • | portant land area | | |
| | | | of natural habitat | | Pr | eservation | of a c | ertified histo | ric structure | | |
| | | | n of open space | | | | | | | | |
| 2 | | | a through 2d if the organization h | eld a qualified conserv | ation cor | ntribution ir | the fo | | | | |
| | | | last day of the tax year. | | | | | Held at the | End of the Tax Year | | |
| а | | | onservation easements | | | | 2a | | | | |
| b | | | tricted by conservation easement | | | | 2b | | | | |
| С | | | rvation easements on a certified | | | | 2c | | | | |
| d | | | rvation easements included in (| | | | | | | | |
| | | historic structure listed in the National Register | | | | | | | | | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the | | | | | | | | | | |
| | tax year | | | | | | | | | | |
| 4 | | | where property subject to conse | | | | | | | | |
| 5 | | • | ation have a written policy re | | | • | | • | | | |
| | | | forcement of the conservation ea | | | | | | └── Yes └── No | | |
| 6 | Staff and | l volunteer | hours devoted to monitoring, inspec | ting, handling of violatio | ns, and e | nforcing cor | nservat | ion easements | during the year | | |
| _ | ► | | <u> </u> | | | | | | | | |
| 7 | | of expens | ses incurred in monitoring, inspec | ting, handling of violation | ons, and e | enforcing c | onser | vation easem | ents during the year | | |
| _ | ▶\$ | | | | | | | | | | |
| 8 | | | vation easement reported on line | | | | | | | | |
| | and sec | tion 170(h) |)(4)(B)(ii)? | | | | | | | | |
| 9 | | , | ibe how the organization reports | | | | | | , | | |
| | | | id include, if applicable, the text of counting for conservation easeme | | rganizati | on's financ | iai sta | tements that | describes the | | |
| Da | | | tions Maintaining Collections | | 0361170 | ar Otho | r Sim | ilar Accote | | | |
| ı a | | | e if the organization answered | | | | | mai Assets | 1 | | |
| | | - | * | | | | | | | | |
| 1a | works of public s | rganizatior of art, hist ervice, pro | n elected, as permitted under S torical treasures, or other simil ovide, in Part XIII, the text of the f | AS 116 (ASC 958), r ar assets held for pul potnote to its financial | not to re plic exhi statemer | port in its bition, edu nts that des | reven icatior scribes | ue statemen h, or researc s these items | h in furtherance of | | |
| b | works c | of art, hist | n elected, as permitted under torical treasures, or other simil ovide the following amounts relat | ar assets held for pul | | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | | | | | |
| | (ii) Assets included in Form 990, Part X | | | | | | | | | | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p | | | | | | | | | | | |
| | | | s required to be reported under S | | | | | | | | |
| а | Revenu | e included | l on Form 990, Part VIII, line 1 | | | | | ▶\$ | | | |
| b | Assets i | ncluded in | n Form 990, Part X | | | | | ▶\$ | | | |
| For F | Paperwork | Reduction | n Act Notice, see the Instructions fo | r Form 990. | | | | Sch | edule D (Form 990) 2018 | | |

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC. 13-1568923

| Sche | dule D (Form 990) 2018 | | | | | | | | | | Pa | age 2 |
|--------------------------|--|-------------------------|----------------------|--------------|--------------------|----------|---------|-----------------|----------|-------------|------------|--------------|
| Ра | rt III Organizations Maintaini | ing Collections of | Art, Histo | rical Tre | asures | s, or | Other | Similar As | sets (c | continue | d) | |
| 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): | | | | | | | | | | | |
| а | Public exhibition d Loan or exchange programs | | | | | | | | | | | |
| b | | | | | | | | | | | | |
| с | Preservation for future gene | rations | | - | | | | | | | | |
| 4 | Provide a description of the organ | nization's collections | and expla | in how t | they fur | ther | the or | ganization's | exempt | purpos | ə in | Part |
| | XIII. | | • | | 2 | | | | • | | | |
| 5 | During the year, did the organization | on solicit or receive o | donations of | f art. histe | orical tre | easu | res. or | other similaı | | | | |
| | | | | | | | | | _ | Yes | | No |
| Pa | assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form | | | | | | | | | | | |
| | 990, Part X, line 21. | | | , | , | | -, - | | | | | |
| 1a | Is the organization an agent, truste | e, custodian or othe | er intermed | iary for c | ontribut | ions | or othe | r assets not | | | | |
| | included on Form 990, Part X? | | | - | | | | | Г | Yes | | No |
| b | If "Yes," explain the arrangement i | | | | | | | | ••• - | | | |
| | | | | | [| | | A | Amount | | | |
| с | Beginning balance | | | | - | 1c | | | | | | |
| d | Additions during the year | | | | | 1d | | | | | | |
| e | Distributions during the year | | | | | 1e | | | | | | |
| f | Ending balance | | | | | 16 1f | | | | | | |
| 2a | Did the organization include an am | | | | | | stodial | account liab | ilitv? | Yes | | No |
| | If "Yes," explain the arrangement i | | | | | | | | | | | |
| | rt V Endowment Funds. | | | | | <u></u> | | | | | • | |
| i a | Complete if the organiza | ation answered "Ye | es" on Forr | n 990. F | Part IV. | line | 10. | | | | | |
| | | (a) Current year | (b) Prior | | (c) Two | | | (d) Three yea | irs back | (e) Four | /ears t | back |
| 4 | Designing of year balance | 609,143,086. | 578,293 | | 520,6 | | | 479,000 | | 511,8 | | |
| 1a | Beginning of year balance | 13,055,324. | | 1,443. | | | 917. | 7,932 | | | | 147. |
| b | Contributions | 10,000,011 | ., | -, | / | 201 | 22.1 | .,,,,,,,, | , • | 575 | | |
| С | Net investment earnings, gains, | 10,976,030. | 45,499 | 9.604 | 65.5 | 505 | 803. | 54,551 | 329 | -17,1 | 46 | 534 |
| | and losses | 20101010000 | | , | 0070 | , | | 01,001 | , | _ / / _ | | |
| | Grants or scholarships | | | | | | | | | | | |
| е | Other expenditures for facilities | 23,396,817. | 22,224 | 1.376 | 19.5 | 725 | 544. | 20,800 | 181 | 20,7 | 32 | 668 |
| | and programs | 2373707017. | 22,22 | 1,5,0. | | 257 | 511. | 20,000 | 836,395 | | | |
| f | Administrative expenses | 609,777,623. | 609 143 | 3 086 | 578 2 | 293 | 415 | 520,684 | 239 | 479,0 | | |
| g | End of year balance | | - | | | | | | 1235. | 1/2/0 | 007 | |
| 2 | Provide the estimated percentage | | A (| e (line 1g, | column | (a)) | held as | : | | | | |
| a h | Permanent endowment ► 88.1 | | _% | | | | | | | | | |
| 0 | Temporarily restricted endowment | | | | | | | | | | | |
| L | The percentages on lines 2a, 2b, a | | 1000/ | | | | | | | | | |
| 20 | Are there endowment funds not in | | | tion that | ara hali | | ladmir | victored for th | | | | |
| Ja | organization by: | | le organiza | lion mai | are nei | and | aunni | | IE | | ′es | No |
| | | | | | | | | | | | X | |
| | (i) unrelated organizations | | | | | | | | | 3a(ii) | 25 | x |
| L | (ii) related organizations If "Yes" on line 3a(ii), are the related | | | | | | | | | 3b | | |
| | | • | | | | · • • | • • • • | | | 30 | | |
| 4 | Describe in Part XIII the intended of the second se | | tion's endov | wment iur | ius. | | | | | | | |
| Гa | rt VI Land, Buildings, and Eq Complete if the organiz | ation answered "Ye | es" on For | m 990, l | Part IV, | line | 11a. S | See Form 9 | 90, Pa | rt X, line | e 10. | |
| | Description of property | (a) Cost or | other basis | (b) Cost | or other ba | | (c) Ac | cumulated | |) Book valu | | |
| 1 - | Lond | | tment) 44,800. | (0 | ther) | | depr | eciation | | 2,34 | <u>4</u> 2 | 0.0 |
| 1a ⊾ | | | 544,800. 520,216. | | | | | | | | 4,8 0,2 | |
| b | Buildings | · · · · · · | 20,210. | 1 0 | 268,87 | 1 | 1 0 | 51,646. | | | 0,2 7,2 | |
| c Leasehold improvements | | | | | | | | | | | | |
| d | | | | | | | | 99. | | | | |
| e Tata | Other | | m 000 D | | | | | | | 2,94 | | |
| Iota | I. Add lines 1a through 1e. (Column | i (u) must equal Forr | 11 990, Part . | л, coiumi | н (<i>В),</i> IIN | e 10 | .) | | | ۷,94 | צ, כ | 40. |

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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 | 649,240. | FMV |
| (B) PRIVATE EQUITY | 12,508,788. | FMV |
| (C) VENTURE CAPITAL | 8,915,111. | FMV |
| (D) HEDGE FUNDS | 60,438,954. | FMV |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 82,512,093. | |

Part VIII Investments - Program Related.

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) TRUST & SPLIT INT AGREEMENTS | 57,880,681. |
| (2) INT RECEIVABLE & OTHER ASSETS | 1,523,807. |
| (3) OTHER LONG-TERM ASSETS | 751,677. |
| (4) DUE FROM AFHU CH. COMMON FUND | 100,309. |
| (5) | |
| (6) | |
| (7) | |
| _(8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 60,256,474. |

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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 | 16,688,163. |
| (3) POST RETIREMENT BENEFIT OBLIGA | 710,758. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 17,398,921. |

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

Х

| Schedu | le D (Form 990) 2018 | | | | Page 4 | | |
|--|--|------|-------------|----------|---------------|--|--|
| Part | Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 75,988,490. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -7,817,367. | | | | |
| b | Donated services and use of facilities | 2b | | | | | |
| С | Recoveries of prior year grants. | 2c | | | | | |
| d | Other (Describe in Part XIII.) | 2d | 159,971. | | | | |
| e | Add lines 2a through 2d | | | 2e | -7,657,396. | | |
| 3 | Subtract line 2e from line 1. | | | 3 | 83,645,886. | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | ĺ | | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 380,144. | | | | |
| a b | Other (Describe in Part XIII.) | | -518,823. | | | | |
| c c | Add lines 4a and 4b | | | 4c | -138,679. | | |
| 5 | Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) | | | 5 | 83,507,207. | | |
| Part | | | | irn. | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV | | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 68,193,559. | | |
| 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 | 518,823. | | | | |
| e e | Add lines 2a through 2d | | | 2e | 518,823. | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 67,674,736. | | |
| 3 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | <u> </u> | | |
| - | | 4a | 380,144. | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4b | | | | | |
| b | Other (Describe in Part XIII.) | | | 4c | 380,144. | | |
| с 5 | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) | | | 5 | 68,054,880. | | |
| - | XIII Supplemental Information. | | | J | | | |
| 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

Schedule D (Form 990) 2018

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AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC. 13-1568923 Schedule D (Form 990) 2018 Page 5 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 \$301,613 GIFTS TO HU/AFHU (\$15,000)_____ AGGREGATED GRANTS REPORTED ON PART I, LINE 3 (\$15,000) UNREALIZED GAINS/(LOSS) (\$10,376) INCOME AND DIVIDENDS \$19,914 _____ TOTAL CHANGES (\$5, 462)END OF YEAR BALANCE \$296,151

ENDOWMENTS FUNDS

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.

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT THE REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE 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 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.

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 AMERICAN FRIENDS OF HEBR Part XIII Supplemental Information (continued) | EW UNIVERSITY, INC. | 13-1568923 | Page 5 |
|--|---------------------|------------|---------------|
| RECONCILIATION OF REVENUE | | | |
| SCHEDULE D, PART XI LINE 2D, OTHER REVENUE ON BO | OKS NOT ON RETURN: | | |
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT | \$ 131,305 | | |
| CHANGE IN ASSETS OF TRUSTS AND OTHER | | | |
| SPLIT-INTEREST AGREEMENTS | \$ (13,476) | | |
| PENSION RELATED EXPENSES OTHER THAN | | | |
| NET PERIODIC PENSION COST | \$ 42,142 | | |
| | | | |
| TOTAL LINE 2D | \$ 159,971 | | |
| | | | |

| SCHEDULE D, PART XI, LINE 4B, OTHER REVENUE OF | N RETURN NOT ON BOOKS: |
|--|------------------------|
| FUNDRAISING EXPENSE - EVENTS | \$(792,270) |
| REGISTRATION FEES RECLASSED FROM EVENTS | \$ 273,447 |
| | |
| TOTAL LINE 4B | \$(518,823) |
| | |

RECONCILIATION OF EXPENSES

| SCHEDULE D, PART XII, LINE 2D, OTHER EXPENSES ON | BOOKS NOT ON RETURN: | | | | | |
|---|----------------------|--|--|--|--|--|
| FUNDRAISING EXPENSE - EVENTS | \$ 792,270 | | | | | |
| REGISTRATION FEES RECLASSED FROM EVENTS \$(273,447) | | | | | | |
| | | | | | | |
| TOTAL LINE 2(D) | \$ 306,913 | | | | | |
| | | | | | | |

| | IEDULE F | Stater | nent of A | ctivities | Outside the Unit | ted States | OMB No. 1545-0047 | | |
|--------------|--|--|---|---|--|---|--|--|--|
| (Fo | rm 990) | line 14b, 15, or 16. | 2018 | | | | | | |
| Denar | tment of the Treasury | t of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | |
| Intern | al Revenue Service | | | Inspection | | | | | |
| | of the organization RICAN FRIENDS | S OF HEBRE | W UNIVERST | TY. INC. | | Employer identif | | | |
| Par | | | | | United States. Compl | | | | |
| | Form 990, | Part IV, line 14 | b. | | · · · · · · · · · · · · · · · · · · · | | | | |
| 1 | assistance, the grants or assistance | antees' eligibili ce? | ity for the gran | ts or assistanc | substantiate the amount of e, and the selection criteri | a used to award the | X Yes No | | |
| 2 | For grantmakers, outside the United | | Part V the org | anization's pro | ocedures for monitoring t | the use of its grants a | and other assistance | | |
| 3 | Activities per Reg | ion. (The follow | wing Part I, line | 3 table can b | e duplicated if additional sp | ace is needed.) | | | |
| | (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, 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 the region | (f) Total expenditures for and investments in the region | | |
| (1) | MIDDLE EAST AND N | NORTH AFRICA | 0. | 0. | GRANTMAKING | | 53,526,574. | | |
| (2) | CENTRAL AMERICA/C | CARIBBEAN | 0. | 0. | INVESTMENTS | | 47,293,779. | | |
| (3) | MIDDLE EAST AND N | NORTH AFRICA | 0. | 0. | INVESTMENTS | | 1,950,339. | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| <u>(10)</u> | | | | | | | | | |
| <u>(11)</u> | | | | | | | | | |
| <u>(12)</u> | | | | | | | | | |
| <u>(13)</u> | | | | | | | | | |
| <u>(14)</u> | | | | | | | | | |
| <u>(15)</u> | | | | | | | | | |
| <u>(</u> 16) | | | | | | | | | |
| <u>(17)</u> | | | | | | | | | |
| 3a b | Subtotal Total from | continuation | | | | | 102,770,692. | | |

c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

sheets to Part I

102,770,692.

| Part I | 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 noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) | |
| (1) | | | MIDDLE EAST/NORTH AFRICA | GENERAL | 53,425,354. | WIRE | | | | |
| (2) | | | MIDDLE EAST/NORTH AFRICA | GENERAL | 60,838. | CHECK | | | | |
| (3) | | | MIDDLE EAST/NORTH AFRICA | RESEARCH | 40,382. | WIRE | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| | Enter total number of recipient orga | | | | | | | | 2 | |
| 3 E | by the IRS, or for which the grantee Enter total number of other organiz | or counsel has provations or entities | vided a section 501(c)(3) e | quivalency lette | ۲ | | · · · · > | Schedule F | 3 . (Form 990) 2018 | |

| (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 noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-------------------|--------------------------|--------------------------|---------------------------------------|--|---|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
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| 18) | | | | | | | |

Schedule F (Form 990) 2018

Page 3

JSA

| Schedu | le F (Form 990) 2018 | | | Page 4 |
|--------|---|----------|-------|--------|
| 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) | X Y | /es | Νο |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990) | Y | /es X | Νο |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "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) | X Y | /es | 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? <i>If</i> "Yes," <i>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)</i> | X Y | /es | Νο |
| 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) | X Y | /es | Νο |
| 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | <u> </u> | /es X | No |

Schedule F (Form 990) 2018

Part V Supplemental Information 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 (AFHU) INVESTS DIRECTLY IN VARIOUS ALTERNATIVE INVESTMENTS THAT MAY BE ORGANIZED AS EITHER FOREIGN CORPORATIONS OR FOREIGN PARTNERSHIPS; IT, LIKEWISE, INVESTS IN DOMESTIC LIMITED PARTNERSHIPS THAT MAY, IN TURN, INVEST IN FOREIGN CORPORATIONS OR PARTNERSHIPS. NEVERTHELESS, AFHU'S INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR THE FILING OF FORMS 926, 5471, 8621, OR 8865. TO THE EXTENT THAT AFHU IS REQUIRED TO COMPLETE ONE (OR MORE) OF THESE FOREIGN FORMS, IT IS FILED WITH AFHU'S FORM 990-T FILING.

| SCHEDULE G | Supplemental | Information Re | egarding | Fundra | ising or Gamin | g Activities | OMB No. 1545-0047 | |
|--|---|---|-------------|------------------------------|---------------------|--|---|--|
| (Form 990 or 990-EZ) | D or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | 2018 | |
| Department of the Treasury | | Attach to Form 990 or Form 990-EZ. | | | | | | |
| Internal Revenue Service | ►G | ► Go to www.irs.gov/Form990 for instructions and the latest instructions. | | | | | | |
| Name of the organization AMERICAN FRIENDS | C OF UFDDFW IIN | | r | | | Employer identificati 13-1568923 | on number | |
| | ing Activities. Con | | | answered | Yes" on Form | | 17 | |
| | 0-EZ filers are not | | | | | 555, i art iv, inc | , | |
| | the organization rai | | | | activities. Check a | all that apply. | | |
| a X Mail solicita | tions | е | | | non-government g | | | |
| | email solicitations | | | | | | | |
| c X Phone solic | | g | X Spec | cial fundra | ising events | | | |
| | | r oral agroomont v | with any in | dividual (in | oluding officers d | iroctore tructooe | | |
| 2a Did the organiza or key employee | is listed in Form 990 | | | | | | X Yes No | |
| | 10 highest paid indi | | | | | - | | |
| compensated at | least \$5,000 by the | organization. | | | | | | |
| | | | | | | (u) Amount poid to | 1 | |
| (i) Name and add | | (ii) Activity | | draiser have r control of | (iv) Gross receipts | (v) Amount paid to (or retained by) | (vi) Amount paid to (or retained by) | |
| or entity (fu | ndraiser) | (, / | | outions? | from activity | fundraiser listed in col. (i) | organization | |
| | | | Yes | No | | | | |
| 1 | | | | | | | | |
| ATTACHMENT 1 | | | | | | | | |
| Z | | | | | | | | |
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| 10 | | | | | | | | |
| | | 1 | | | | | | |
| | | | | | 1,114,303. | 286,500 | | |
| | which the organiza | tion is registered of | or licensed | to solicit | contributions or | has been notified | I it is exempt from | |
| registration or lic | 0 | тт | | | | | | |
| KS, KY, ME, MD, MA, I | | | OH. | | | | | |
| OK, OR, PA, RI, SC, | | | , | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1281 1.000 75988W 700J

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018

Part II

Page **2 Fundraising Events.** Complete if the organization answered "Yes" on 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

| | | (a) Event #1 BEL AIR AFFAIR | (b) Event #2 BOCA GALA | (c) Other events 8. | (d) Total events (add col. (a) through |
|---------------------------|---|---|--|--|---|
| | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | Gross receipts | 397,450. | 288,750. | 487,997. | 1,174,197 |
| 2 | Less: Contributions | 342,100. | 218,800. | 332,928. | 893,828 |
| | Gross income (line 1 minus line 2) | 55,350. | 69,950. | 155,069. | 280,369 |
| 4 | Cash prizes | | | | |
| 5 | Noncash prizes | | | | |
| enses | Rent/facility costs | 73,316. | 81,200. | 62,123. | 216,639 |
| Direct Expenses | Food and beverages | 118. | 31,452. | 228,181. | 259,751 |
| Birec | B Entertainment | 78,125. | 83,240. | 17,786. | 179,151 |
| g | Other direct expenses | 181,691. | 84,805. | 150,602. | 417,098 |
| | Direct expense summary. Add lin | es 4 through 9 in colu | mn (d) | ► | 1,072,639 |
| 10 | Not income our more Cubtract li | no 10 from line 2 colu | ump (d) | | |
| 11 | Net income summary. Subtract li Gaming. Complete if the org | ne 10 from line 3, colu anization answered "" | ımn (d) | <u> </u> | -792,270 |
| 11 Part | Net income summary. Subtract li | ne 10 from line 3, colu anization answered "" | ımn (d) | <u> </u> | -792,270 |
| 11 Part enue | Net income summary. Subtract li Gaming. Complete if the org | ne 10 from line 3, colu anization answered "" e 6a. | Imn (d) | Part IV, line 19, or | -792,270 reported more than (d) Total gaming (add |
| 11 Part Benue 1 | Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin | ne 10 from line 3, colu anization answered " e 6a. (a) Bingo | Imn (d) | Part IV, line 19, or | -792,270 reported more than (d) Total gaming (add |
| 11 Part Benue 1 | Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue | ne 10 from line 3, colu anization answered " e 6a. (a) Bingo | Imn (d) | Part IV, line 19, or | -792,270 reported more than (d) Total gaming (add |
| 11 Part Part Sct Exbeuses | Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes | ne 10 from line 3, colu anization answered " e 6a. (a) Bingo | Imn (d) | Part IV, line 19, or | -792,270 reported more than (d) Total gaming (add |
| Direct Expenses Revenue | Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes | ne 10 from line 3, colu anization answered " e 6a. (a) Bingo | Imn (d) Yes" on Form 990, F | Part IV, line 19, or (c) Other gaming | -792,270 reported more than (d) Total gaming (add |
| Direct Expenses Revenue | Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs | ne 10 from line 3, colu anization answered " e 6a. (a) Bingo | Imn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo | Part IV, line 19, or | -792,270 reported more than (d) Total gaming (add col. (a) through col. (c)) |
| Direct Expenses Revenue | Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses | ne 10 from line 3, colu anization answered " e 6a. (a) Bingo | Imn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo | Part IV, line 19, or (c) Other gaming | -792,270 reported more than (d) Total gaming (add col. (a) through col. (c)) |
| Direct Exbenses Revenue | Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | ne 10 from line 3, colu anization answered " e 6a. (a) Bingo (a) Bingo Yes % No es 2 through 5 in colu | umn (d) | Part IV, line 19, or (c) Other gaming (c) Other gaming Yes% No | -792,270 reported more than (d) Total gaming (add col. (a) through col. (c)) |

Schedule G (Form 990 or 990-EZ) 2018

13-1568923

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

| AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC. | AMERICAN | FRIENDS | OF | HEBREW | UNIVERSITY, | INC. | |
|---|----------|---------|----|--------|-------------|------|--|
|---|----------|---------|----|--------|-------------|------|--|

| | AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC. 13-130892 | 23 | |
|-------|---|-----|---------|
| Sched | Jule G (Form 990 or 990-EZ) 2018 | | Page 3 |
| 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 | | |
| | | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility 13a | | % |
| b | | | % |
| | An outside facility [13b] Enter the name and address of the person who prepares the organization's gaming/special events books and | | /0 |
| 14 | records: | | |
| | | | |
| | | | |
| | Name ► | | |
| | | | |
| | Address | | |
| | | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming | г | |
| | | Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright | | |
| | amount of gaming revenue retained by the third party \blacktriangleright | | |
| С | 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: | | |
| а | 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 | | and | |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informat | | |
| | (see instructions). | | |
| | | | |

Schedule G (Form 990 or 990-EZ) 2018

13-1568923

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

| NAME AND ADDRESS OF FUNDRAISER | ACTIVITY | DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO | GROSS RECEIPTS FROM ACTIVITY | AMOUNT PAID TO (OR RETAINED BY FUNDRAISER | AMOUNT PAID TO (OR RETAINED BY ORGANIZATION |
|--|-------------------------|--|---------------------------------|---|---|
| NEAL P. MYERBERG 179 SHORE ROAD OLD GREENWICH CT 06870 | PLANNED GIVING | Х | 811,500. | 130,500. | 681,000. |
| DONOR POINT MARKETING/BKV 3390 PEACHTREE ROAD NE, 10TH FLOOR ATLANTA GA 30326 | DIRECT MAIL SERVICES | Х | 302,803. | 156,000. | 146,803. |

| SCHEDULE I | | | Grants and Other Assistance to Organizations, | | | | | |
|----------------------------|---|----------------|---|-----------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| (Form 990) | Go | overnme | nts, and Ir | ndividuals ii | n the Unite | d States | | 2018 |
| | Com | plete if the o | ganization ans | wered "Yes" on F | orm 990, Part IV | , line 21 or 22. | | |
| Department of the Treasury | | | ► A | ttach to Form 990 | | | | Open to Public |
| Internal Revenue Service | | ► Go | to www.irs.gov | /Form990 for the I | atest informatior | 1. | | Inspection |
| Name of the organization | | | | | | | Employer identificati | on number |
| AMERICAN FRIENI | OS OF HEBREW UNIVERS | SITY, INC | | | | | 13-156892 | .3 |
| Part I General I | nformation on Grants an | d Assistanc | e | | | | | |
| 1 Does the organiz | zation maintain records to s | ubstantiate th | e amount of the | e grants or assista | nce, the grantees | ' eligibility for the grant | s or assistance, and | |
| - | eria used to award the grant | | | - | - | | | X Yes No |
| 2 Describe in Part | IV the organization's procee | dures for mor | nitoring the use | of grant funds in the | e United States. | | | |
| | nd Other Assistance to D | | | | | nlete if the organiz | ation answered "Y | es" on Form 990 |
| | ne 21, for any recipient the | | - | | | | | 55 OFF OFF 000, |
| | ne 21, for any recipient to | nat received | | ,000. Part il carr | • | • | | Т |
| | d address of organization 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 noncash assistance | (h) Purpose of grant or assistance |
| (1) BOSTON UNIVERSITY | SCHOOL OF MEDICINE | | | | | | | STUDENT EXCHANGE |
| 715 ALBANY STREET | BOSTON, MA 02118 | 94-2539545 | 501(C)(3) | 36,853. | | | | PROGRAM |
| (2) HADASSAH MEDICAL | ORGANIZATION | | | | | | | |
| | ET NEW YORK, NY 10019 | 13-2563745 | 501(C)(3) | 27,311. | | | | PROSTHESIS |
| (3) AMERICAN TECHNION | I SOCIETY | | | | | | | |
| | TH FL. NEW YORK, NY 10022 | 13-0434195 | 501(C)(3) | 14,823. | | | | SCHOLARSHIP |
| (4) | | | | | | | | |
| | | | | | | | | |
| (5) | | _ | | | | | | |
| | | | | | | | | |
| (6) | | _ | | | | | | |
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| (7) | | _ | | | | | | |
| . <u></u> | | | | | | | | |
| (8) | | - | | | | | | |
| (0) | | | | | | | | |
| _(9) | | - | | | | | | |
| (40) | | | | | | | | |
| (10) | | _ | | | | | | |
| (11) | | | | | | | | |
| <u><u> </u></u> | | - | | | | | | |
| (12) | | | | | | | | + |
| \·-/ | | 1 | | | | | | |
| 2 Enter total numb | per of section 501(c)(3) and | government | brganizations lis | ted in the line 1 tat | | | ••••• | 3. |
| | per of other organizations lis | • | • | | | | | |
| | on Act Notice, see the Instruct | | | | · · · · | | | edule I (Form 990) (2018 |

Part III Grants and Other Assistance to Domestic Individuals. 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. Provide | the information re | equired in Part I, | line 2, Part III, o | olumn (b); and any c | 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.

| | EDULE J | Compensation Information | | OMB No. | 1545-0 | 047 |
|------|---|--|------------------------------|---------|--------|-----|
| (For | m 990) | For certain Officers, Directors, Trustees, Key Employees, Compensated Employees | and Highest | 20 | 18 | |
| | | Complete if the organization answered "Yes" on Form 990 | , Part IV, line 23. | Open t | | |
| | nent of the Treasury Revenue Service | Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the lates | st information. | | ectio | |
| - | of the organization | , i i i i i i i i i i i i i i i i i i i | Employer identifica | | | |
| AMEI | RICAN FRIE | NDS OF HEBREW UNIVERSITY, INC. | 13-156892 | 23 | | |
| Part | Question | ns Regarding Compensation | | | | |
| | | | | | Yes | No |
| 1a | | propriate box(es) if the organization provided any of the following to | | m | | |
| | | Section A, line 1a. Complete Part III to provide any relevant informati | | | | |
| | | | esidence for personal use | | | |
| | | | use of personal residence | | | |
| | | emnification and gross-up payments Health or social club du | | | | |
| | Discretio | onary spending account Personal services (such | n as maid, chauffeur, chef) | | | |
| b | or reimburse | boxes on line 1a are checked, did the organization follow a writt ement or provision of all of the expenses described above? If | f "No," complete Part III | to | | |
| - | | | | | | X |
| 2 | - | anization require substantiation prior to reimbursing or allowin | | | | |
| | • | stees, and officers, including the CEO/Executive Director, regardir | ig the items checked on iir | | x | |
| | | | | . 2 | | |
| 3 | | h, if any, of the following the filing organization used to establish the s CEO/Executive Director. Check all that apply. Do not check any box | | | | |
| | | nization to establish compensation of the CEO/Executive Director, bu | | | | |
| | | nsation committee Written employment co | | | | |
| | Indepen | ndent compensation consultant X Compensation survey o | | | | |
| | X Form 99 | 90 of other organizations X Approval by the board of | or compensation committee | | | |
| 4 | | ear, did any person listed on Form 990, Part VII, Section A, line 1a, work or a related organization: | vith respect to the filing | | | |
| а | | verance payment or change-of-control payment? | | . 4a | | Х |
| b | Participate in | , or receive payment from, a supplemental nonqualified retirement pla | an? | . 4b | Х | |
| С | | , or receive payment from, an equity-based compensation arrangement | | . 4c | | X |
| | If "Yes" to an | ny of lines 4a-c, list the persons and provide the applicable amount | s for each item in Part III. | | | |
| | | | | | | |
| - | - | 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete | | | | |
| 5 | • | listed on Form 990, Part VII, Section A, line 1a, did the organization p n contingent on the revenues of: | ay or accrue any | | | |
| а | - | tion? | | . 5a | | X |
| | | organization? | | | | X |
| ~ | | ne 5a or 5b, describe in Part III. | | | | |
| 6 | | listed on Form 990, Part VII, Section A, line 1a, did the organization p | ay or accrue any | | | |
| | | n contingent on the net earnings of: | · | | | |
| а | - | tion? | | | | X |
| b | • | organization? | | . 6b | | X |
| | | ne 6a or 6b, describe in Part III. | | | | |
| 7 | | listed on Form 990, Part VII, Section A, line 1a, did the organ t described on lines 5 and 6? If "Yes," describe in Part III. | | | x | |
| 8 | | nounts reported on Form 990, Part VII, paid or accrued pursuant to a | | | | |
| | - | I contract exception described in Regulations section 53.4958 | - | be | | |
| | | | | | | X |
| 9 | | line 8, did the organization also follow the rebuttable presump | | | | |
| | Regulations s | section 53.4958-6(c)? | <u></u> | . 9 | | |

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

Schedule J (Form 990) 2018

Page 2

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

For each individual whose compensation must be reported on 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 aren't 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.

| | Ţ | (B) Breakdown of | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------------------------------|------|--------------------------|--|---|-----------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| BETH MCCOY | (i) | 532,143. | 65,000. | 22,577. | 40,417. | 32,773. | 692,910. | 0. |
| 1 ^{CHIEF EXECUTIVE OFFICER} | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ELISSA FISHMAN | (i) | 278,425. | 25,000. | 0. | 12,375. | 29,369. | 345,169. | 0. |
| 2 ^{CHIEF FINANCIAL OFFICER} | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| MONICA LOEBL | (i) | 294,216. | 25,000. | 0. | 24,750. | 11,345. | 355,311. | 0. |
| NAT'L DIRECTOR OF DEVELOPMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| SUZANNE PONSOT | (i) | 295,391. | 10,000. | 0. | 12,375. | 30,697. | 348,463. | 0. |
| 4 EXECUTIVE DIRECTOR - NY REG. | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| SHERI KAUFER | (i) | 247,777. | 22,500. | 0. | 22,708. | 24,391. | 317,376. | 0. |
| 5 EXECUTIVE DIR WESTERN REGION | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| EILEEN HUME | (i) | 239,228. | 20,000. | 0. | 11,328. | 45,032. | 315,588. | 0. |
| 6 6 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| DANIEL RUTBERG | (i) | 231,475. | 0. | 0. | 8,920. | 24,662. | 265,057. | 0. |
| 7CHIEF OPERATIONS OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| GLENNYS HUHN | (i) | 214,528. | 20,000. | 0. | 14,296. | 3,537. | 252,361. | 0. |
| 8 CHIEF HUMAN RESOURCES OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _16 | (ii) | | | | | | | |

Schedule J (Form 990) 2018

Part ||| Supplemental Information

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.

FORM 990, SCHEDULE J, PART I, LINE 1

THE CHIEF EXECUTIVE OFFICER, BETH MCCOY, RECEIVED A TAX GROSS-UP IN

CALENDAR YEAR 2018. THE AMOUNT IS INCLUDED ON HER FORM W-2 AND DISCLOSED

ON THIS RETURN AS OTHER REPORTABLE COMPENSATION.

FORM 990, SCHEDULE J, PART I, LINE 4(B)

AMERICAN FRIENDS OF HEBREW UNIVERSITY ("AFHU") IMPLEMENTED A SECTION

457(F) PLAN IN FISCAL YEAR 2018. CHIEF EXECUTIVE OFFICER, BETH MCCOY,

PARTICIPATES IN THE SECTION 457(F) PLAN AND RECEIVED AN EMPLOYER-FUNDED

CONTRIBUTION OF \$15,667 IN CALENDAR YEAR 2018.

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 2018. ALL BONUS/SALARY RECOMMENDATIONS FOR SENIOR STAFF MEMBERS ARE RECOMMENDED BY THE CHIEF EXECUTIVE OFFICER TO THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS COMPRISED OF THE PRESIDENT, TREASURER AND CHAIRMAN OF THE BOARD. THE COMPENSATION COMMITTEE REVIEWS MATERIALS PROVIDED BY THE CHIEF

EXECUTIVE OFFICER AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE.

Schedule J (Form 990) 2018

Part III Supplemental Information

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.

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.

| SCH | EDULE L | Tra | insactio | ons V | With | n Interes | ted | Persons | | F | OME | 3 No. 1 | 545-00 | 047 | |
|----------|--|------------------------------------|--------------------------------------|---------|-------------------------------|---|----------|------------------------|----------------------|-----------|--|---------------|-------------|--------------------------|---------|
| | n 990 or 990-EZ) ► Connent of the Treasury | omplete if the o | 28b, or 28c | , or Fo | orm 990 | s" on Form 99 0-EZ, Part V, I 990 or Form | ine 38a | a or 40b. | , 26, 27, 2 | 28a, | | 20' pen To | 18 Publi | С | |
| | Revenue Service | ►Go to | | | | | | latest information. | | | | specti | | | |
| Name c | f the organization | | | | | | | | Employer | identif | ication | numbe | er | | |
| AMER | ICAN FRIENDS O | F HEBREW U | NIVERSIT | Y, II | NC. | | | | 13- | 1568 | 923 | | | | |
| Part | Excess Benefit | Transactions | (section 501 | (c)(3) | , secti | ion 501(c)(4) | , and | 501(c)(29) orgar | nizations | only). | | | | | |
| | Complete if the | organization a | inswered "Ye | es" or | n Form | n 990, Part IV | /, line | 25a or 25b, or Fo | orm 990- | -EZ, P | Part V, | line 4 | 0b. | | |
| 1 | (a) Name of disqualified | d person | (b) Relatio | | oetween organiz | disqualified personation | on and | (c) De | escription | of trans | saction | | Ľ. | | rected? |
| (1) | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | | |
| 2 | Enter the amount of | tax incurred b | y the organiz | zation | mana | agers or disqu | ualified | d persons during | the year | ar | | | | | |
| | under section 4958 | | | | | | | | | | ► \$_ | | | | |
| 3 | Enter the amount of t | tax, if any, on li | ne 2, above, | reimb | oursed | l by the orgar | nizatio | m | | | ►\$_ | | | | |
| | | | | | | | | | | | | | | | |
| Part | | | | | | | | | | | | | | | |
| | Complete if the organization rep | | | | | | | ine 38a or Form 9 | 90, Par | t IV, lir | ne 26; | or if tl | ne | | |
| (a) | Name of interested person | (b) Relationship with organization | (c) Purpose of Ioan | fron | an to or n the ization? | (e) Origina principal am | | (f) Balance due | (g) In defaul | | Ilt? (h) Approved by board or committee? | | | (i) Writter agreement | |
| | | | | To | From | | | | Yes | No | Yes | No | Yes | 1 | No |
| (1) | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | | |
| Total | <u></u> | | | | | | . ► | \$ | | | | | | | |
| Part | III Grants or Assis Complete if the | | | | | | line 2 | 27. | | | | | | | |
| (a) | Name of interested person | | p between intere the organizatior | | :) Amou | int of assistance | | (d) Type of assistance | | (e) |) Purpos | se of as | sistanc | e | |
| (1) | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | | |
| <u> </u> | perwork Reduction Ac | t Notice, see the | e Instructions | for Fo | orm 990 |) or 990-EZ. | | | Sch | edule L | _ (Form | 990 or | 990-E | Z) 2 | 2018 |

.

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | - | naring of ization's nues? |
|-------------------------------|---|---------------------------|--------------------------------|-----|---------------------------------|
| | | | | Yes | No |
| (1) MICHAEL KURTZ | BOARD MEMBER | 28,397. | INVESTMENT MANAGEMENT FEES | | х |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| 10) | | | | | |

Tt V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART VI

AFHU HOLDS AN INVESTMENT IN BETAVISOR, LLC, WITH AN APPROXIMATE FMV OF

\$10,549,046, WHICH IS UNDER THE CONTROL OF A FAMILY MEMBER OF BOARD

MEMBER, MICHAEL KURTZ. AFHU PAID THE FIRM \$28,397 IN INVESTMENT

MANAGEMENT FEES IN THE FISCAL YEAR ENDING SEPTEMBER 30, 2019.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

| 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

| | | - | | UNIVERSITY, | INC. |
|----------|-------------|------|-----|-------------|------|
| Part I T | ypes of Pro | oper | rty | | |

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method o noncash con | | | |
|--------|--|--------------------------------------|---|--|-------------------------|------|------|----|
| 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 | | | 0.105.410 | ~~~~ | | | |
| 9 | Securities - Publicly traded | | 31. | 2,127,410. | COST OR S | SALE | PRIC | 7E |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution - Historic | | | | | | | |
| 14 | structures Qualified conservation | | | | | | | |
| 14 | 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) | | 4. | 80,500. | | | | |
| 26 | Other ►() | | | | | | | |
| 27 | Other ►() | | | | | | | |
| 28 | Other ►() | | | | | | | |
| 29 | Number of Forms 8283 received | | | | | | | |
| | which the organization completed I | orm 8283, | Part IV, Donee Acknowledg | ement | 29 | | Yes | No |
| 20- | During the year did the exception | | by contribution any propo | why reported in Dort I line | a 1 through | | res | No |
| 30a | During the year, did the organizat 28, that it must hold for at least the second secon | | | | - | | | |
| | to be used for exempt purposes for | - | | | | 30a | | Х |
| b | If "Yes," describe the arrangement i | | | | | 000 | | |
| 31 | Does the organization have a | | tance policy that require | es the review of any | nonstandard | | | |
| •• | contributions? | | | - | | 31 | Х | |
| 32a | Does the organization hire or use | | | | | | | |
| | contributions? | | • | • | | 32a | Х | |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an | amount in c | olumn (c) for a type of pro | perty for which column (a) | is checked, | | | |
| | describe in Part II. | | | - () | | | | |
| For Pa | Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018 | | | | | | | |

Part II Supplemental Information. 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.

Schedule M (Form 990) (2018)

Part II Supplemental Information. 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

| DESCRIPTION | (A) CHECK | (B) NUMBER OF CONTRIBUTIONS | (C) REVENUES REPORTED | (D) METHOD OF DETERMINING |
|-----------------------|-----------|--------------------------------|--------------------------|------------------------------|
| STATE OF ISRAEL BONDS | Х | 4. | 80,500. | COST OR SALE PRICE |
| TOTALS | = | 4. | 80,500. | |

SCHEDULE O (Form 990 or 990-EZ)

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.



| Department of the Treasury Internal Revenue Service | | | | | | | |
|--|----------------------------|------------------|----------------|--|--|--|--|
| Name of the organization | | Employer identif | ication number | | | | |
| AMERICAN FRIENDS (| OF HEBREW UNIVERSITY, INC. | 13-1568 | 923 | | | | |

FAMILY RELATIONSHIP DISCLOSURE

FORM 990, PART VI, SECTION A, LINE 2

ROBERTA BOGEN, DIRECTOR AND STANLEY M. BOGEN, DIRECTOR HAVE A FAMILY

RELATIONSHIP.

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

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. IN APRIL OF 2018, THE ORGANIZATION'S OUTSIDE ACCOUNTING FIRM PRESENTED THE FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS TO ENABLE THEM TO FULFILL THEIR DUE DILIGENCE AND OVERSIGHT RESPONSIBILITIES. ONCE APPROVED FOR FILING BY THE AUDIT COMMITTEE, THE FORM 990 IS MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT FORM 990, PART VI, LINE 12

EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF THE ORGANIZATION IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF THEIR EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE ORGANIZATION. THE ORGANIZATION MONITORS COMPLIANCE WITH ITS CONFLICT OF

| Schedule O (Form 990 or 990-EZ) 2018 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC. | 13-1568923 |

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 CHIEF EXECUTIVE OFFICER 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 CHIEF EXECUTIVE OFFICER 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 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

JSA

V 18-8.3F

| Schedule O (Form 990 or 990-EZ) 2018 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC. | 13-1568923 |

DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE MADE AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VII - BOARD RELATIONSHIPS AFHU HOLDS MARKETABLE SECURITIES WITH AN APPROXIMATE VALUE OF \$2,274,000 IN A NON-POOLED ENDOWMENT FUND WHICH IS UNDER THE CONTROL OF THE DONOR AND BOARD MEMBER STANLEY BOGEN.

AFHU DOES NOT PAY ANY INVESTMENT MANAGEMENT FEES TO MR. BOGEN'S INVESTMENT FIRM; ACCORDINGLY THIS TRANSACTION DOES NOT NEED TO BE DISCLOSED ON FORM 990, SCHEDULE L. IN THE INTERESTS OF FULL DISCLOSURE, AFHU IS REPORTING THIS RELATIONSHIP ON ITS FORM 990.

| OTHER CHANGES IN NET ASSETS | |
|--|-------------|
| FORM 990, PART XI, LINE 9 | |
| CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS | \$ 131,305 |
| CHANGES IN ASSETS OF TRUSTS AND OTHER SPLIT-INTEREST | |
| AGREEMENTS HELD BY OTHERS | \$ (13,476) |
| PENSION RELATED EXPENSES OTHER THAN NET PERIODIC | |
| PENSION COST | \$ 42,142 |
| | |
| TOTAL | \$ 159,971 |
| | |

0176659-00004

Schedule O (Form 990 or 990-EZ) 2018

| Schedule O (Form 990 or 990-EZ) 2018 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC. | 13-1568923 |
| A | TTACHMENT 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 THE 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 THE HEBREW UNIVERSITY, PROMOTE GREATER UNDERSTANDING OF THE UNIVERSITY'S CONTRIBUTIONS IN FIELDS RANGING FROM TECHNOLOGY, MEDICINE AND LAW TO AGRICULTURE, PUBLIC POLICY AND JEWISH STUDIES. FOUNDED BY THE AMERICAN PHILANTHROPIST, FELIX M. WARBURG IN 1925, AFHU HAS BEEN A CENTRAL FORCE IN HEBREW UNIVERSITY'S RISE TO INTERNATIONAL PROMINENCE.

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

| Schedule O (Form 990 or 990-EZ) 2018 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC. | 13-1568923 |
| | ATTACHMENT 2 |
| FORM 990, PART VI, LINE 17 - STATES | |

AL, AK, AR, CA, CO, CT,

DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI,SC,TN,UT,VA,WA,WV,WI,

ATTACHMENT 3

| 990, PART VII- COMPENSATION OF THE FIVE HIGHEST | PAID IND. CONTRACTORS | |
|---|-------------------------|--------------|
| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
| OBERLAND, INC. 254 CANAL STREET, SUITE 5000 NEW YORK, NY 10013 | MARKETING & ADVERT. | 952,030. |
| ONLINE COMPUTERS AND COMMUNICATIONS, LLC 110 SOUTH JEFFERSON ROAD, SUITE 200 WHIPPANY, NJ 07981 | IT CONSULTING | 338,558. |
| DONOR POINT/BKV.DRUM 3390 PEACHTREE ROAD NE, 10TH FLOOR ATLANTA, GA 30326 | DIGITAL MARKETING | 309,016. |
| GRANT THORNTON LLP 757 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10017 | AUDITING & TAX | 189,210. |
| DUKAS LINDEN PUBLIC RELATIONS, INC. 100 W. 26TH ST NEW YORK, NY 10001 | MARKETING | 105,692. |

V 18-8.3F

0176659-00004

| SCHEDU | LE R |
|----------|------|
| (Form 99 |))) |

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.



13-1568923

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC.

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

| (a) | (b) | (C) | (d) | (0) | (f) |
|---|------------------|--|----------------------------|---------------------------|--|
| (a) Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) | | | | | |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| | | | | | |

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | contr | g) 512(b)(13) rolled ity? |
|---|--------------------------------|---|----------------------------|---|-------------------------------------|-------|---|
| | | | | | | Yes | No |
| (1) AFHU CHARITABLE COMMON FUND 13-3525587 | | | | | | | |
| ONE BATTERY PARK PLAZA NEW YORK, NY 10004 | DONOR ADVISED | NY | 501(C)(3) | PRIVATE FDN | AFHU | Х | |
| (2) HEBREW UNIVERSITY OF JERUSALEM 23-7285905 | | | | | | | ĺ |
| MT SCOPUS CAMPUS JERUSALEM, IS 91905 | EDUCATION | IS | 501(C)(3) | SCHOOL | N/A | | Х |
| (3) | | | | | | | ĺ |
| | | | | | | | |
| (4) | | | | | | | |
| | | | | | | | |
| (5) | | | | | | | |
| | | | | | | | |
| (6) | | | | | | | |
| | | | | | | | |
| (7) | | | | | | | |
| | | | | | | | |

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

Schedule R (Form 990) 2018

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.

| | inoro rolatoa org | | | aranoromp aaring ar | o lax your. | | | | | | | |
|--|--------------------------------|--|--|---|--|---|---------|-----------------------------|---|-------------|---------------------------------------|---------------------------------------|
| (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 | Disprop | h) portionate ations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man | j) eral or aging ner? | (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) | | (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 (6) | _ | | | | | | | |
| | INVESTMENT | | AFHU | | | | 100.0000 | x |
| (2) CHARITABLE REMAINDER UNITRUST (13) | _ | | | | | | | |
| | INVESTMENT | | AFHU | | | | 100.0000 | x |
| (3) | - | | | | | | | |
| (4) | - | | | | | | | |
| (5) | - | | | | | | | |
| (6) | _ | | | | | | | |
| (7) | - | | | | | | | |

AMERICAN FRIENDS OF HEBREW UNIVERSITY, INC.

13-1568923

| ote: (| Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | 1 |
|--|---|--|---------------------------------------|---------------------------------------|--|-----|---|
| D | uring the tax year, did the organization engage in any of the following transactions with one o | or more related organizations li | sted in Parts II-IV? | | | | |
| a Re | eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | |
| | ift, grant, or capital contribution to related organization(s) | | | | 1b | X | |
| | ift, grant, or capital contribution from related organization(s) | | | | 1c | X | |
| | oans or loan guarantees to or for related organization(s) | | | | 1d | | |
| | oans or loan guarantees by related organization(s) | | | | 1e | | - |
| f Di | ividends from related organization(s) | | | | 1f | | |
| | ale of assets to related organization(s) | | | | 1g | | _ |
| h Pu | urchase of assets from related organization(s) | | | | 1h | | _ |
| | xchange of assets with related organization(s). | | | | 1i | | _ |
| j Le | ease of facilities, equipment, or other assets to related organization(s). | | | | <u>1j</u> | | |
| k Le | ease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | |
| I Pe | erformance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | X | |
| | erformance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | |
| | haring of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | X | |
| | haring of paid employees with related organization(s) | | | | 10 | Х | |
| | | | | | | | T |
| | | | | | 1n | x | |
| p Re | eimbursement paid to related organization(s) for expenses | | | | 1p | x | |
| p Re | | | | | 1p 1q | X | |
| p Ro q Ro | eimbursement paid to related organization(s) for expenses | | | | 1q | X | |
| p Ro q Ro r Ot | eimbursement paid to related organization(s) for expenses. | | | | 1q 1r | X | |
| p R q R r O s O | Teimbursement paid to related organization(s) for expenses. | omplete this line, including cov | ered relationships and trans | · · · · · · · · · · · · · · · · · · · | 1q 1r 1s eshold | | |
| p Ro q Ro r Ot s Ot | Teimbursement paid to related organization(s) for expenses. | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | saction three | 1q 1r 1s eshold (d) | S. | |
| p Ro q Ro r Of s Of If | the answer to any of the above is "Yes," see the instructions for information on who must co | omplete this line, including cov (b) Transaction | ered relationships and trans | saction three | 1q 1r 1s eshold (d) of dete | S. | |
| p Ro q Ro r Of s Of lf | teimbursement paid to related organization(s) for expenses. | omplete this line, including cov (b) Transaction type (a-s) | ered relationships and trans | Saction three Method amou | 1q 1r 1s eshold (d) of dete | S. | |
| p R(q R(s Or lf) A | teimbursement paid to related organization(s) for expenses. | omplete this line, including cov (b) Transaction type (a-s) | ered relationships and trans | Saction three Method amou | 1q 1r 1s eshold (d) of dete | S. | |
| p R(q R(s O(lf) A | teimbursement paid to related organization(s) for expenses. | omplete this line, including cov (b) Transaction type (a-s) | ered relationships and trans | Saction three Method amou | 1q 1r 1s eshold (d) of dete | S. | |
| p R (q R) r O' s O' lf]) A | teimbursement paid to related organization(s) for expenses. | omplete this line, including cov (b) Transaction type (a-s) | ered relationships and trans | Saction three Method amou | 1q 1r 1s eshold (d) of dete | S. | |
| p R(q R(s O) : If | teimbursement paid to related organization(s) for expenses. | omplete this line, including cov (b) Transaction type (a-s) | ered relationships and trans | Saction three Method amou | 1q 1r 1s eshold (d) of dete | S. | |

Schedule R (Form 990) 2018

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) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| 10) | | | | | | | | | | | | | |
| 11) | | | | | | | | | | | | | |
| 12) | | | | | | | | | | | | | |
| 13) | | | | | | | | | | | | | |
| 14) | | | | | | | | | | | | | |
| 15) | | | | | | | | | | | | | |
| 16) | | | | | | | | | | | | | |
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| Schedule R (Form 990) 2018 | | | | | | |
|----------------------------|--|--|--|--|--|--|
| Part VII | Supplemental Information | | | | | |
| | Provide additional information for responses to questions on Schedule R. See instructions. | | | | | |

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