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Form **990-EZ**

Department of the Treasury

Short_Form **Return of Organization Exempt From Income Tax**

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2006 calendary year, or tax year beginning July 1 2008, and ending June 30 20 99 20 20 20 20 20 20 20 20 20 20 20 20 20	Inte	rna! Reveni	ue Service		The organization	ion may have to use	a copy of this r	return to satisfy sta	ate reportin	g requirements		mspe	
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Section 501(c)(3) organizations and 4947(e)(1) noneaempt charitable triusts must attach of the completed Schedule A (Form 950 or 990-EZ). Website: ▶ www.msuhillel.org	Ħ				East Lansir	ng, MI 48823							3736
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Website: ▶ www.msuhillel.org		- 000111	011 00 1(0)(0)					trusto must at		=			
Website: ▶ www.msuhillel.org required to attach Schedule B (Form 990).	_				·								
3 Organization type (check only one)		Wahsit	www	.msuh	illel.org				1			•	
K Check ▶ ☐ If the organization is not a section SOS(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to life a return, be sure to life a complete return. And lines 56, 65, and 75, to line 95 to determine gross receipts, 817,000,000 or more, file Form 990 instead of Form 990-E2 ▶ \$ 818,486 Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Corinbutions, grits, grants, and similar amounts received. 1 1 699,188 2 Program service revenue including government fees and contracts 3 3 3 Membership dues and assessments 4 1 investment income 5 4 1 113,26 3 Membership dues and assessments 4 1 investment income 5 4 1 115,972 5a Gross amount from sale of assets other than inventory 5 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				_		:01/a) / 3) 4 /:aa	od 20) 🗍	4047/a\/1\ an [7507	•		ichedale b (i	OIII 550,
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Page 2

FORTH 990-EZ (2008)					Page 4
Part III Statement of Program Service Acco			III.)	Γ.	Expenses
What is the organization's primary exempt purpose?	Enriching the lives of Jew	ish students.		(Rec	uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organ describe the services provided, the number of persons to	ization's exempt purposes. It	n a clear and cond	cise manner, program title	and	4947(a)(1) trusts, onal for others)
28 Shabbat and Holiday meals and services are o	fered as appropriate. The v	weekly		<u> </u>	
Shabbat meal attracts an average of 200 stude					
estemated that we interact with 200 students the	rough the other programs	as well.	ise manner, rogram title		
	cludes foreign grants, check		. ▶ □	28a	44,114
29 Student growth and leadership development: A					
500 student event celbrating the bar mitzvah ri					
other smaller programs which raise student aw					
	cludes foreign grants, check		<u>. ▶ □</u>	29a	64,844
30 Israel Fellow: placed a recent Israeli college gr					
and teach students about Israel. Includes class		dinners,			
and seminars. Approximitly 300 students parto					
	cludes foreign grants, check	here	. ▶ 📙	30a	7,065
31 Other program services (attach schedule)					
(Grants \$) If this amount in	cludes foreign grants, check	here	. ▶ Ц	31a	137,984
32 Total program service expenses (add lines 28a				32	254,007
Part V. List of Officers, Directors, Trustees, and Ke					
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,			(e) Expense account and
	devoted to position	enter -0-)	deferred compe	nsation	other allowances
Hughey, Cındy	Director - 45 Hours				
360 Charles Street, East Lansing, MI 48823		94,634	2	2,336	
Phillips, Patrice	President - 1 Hours				
360 Charles Street, East Lansing, MI 48823		0		0	
Kerwin,Cheryl	Vice President - 1/2				
360 Charles Street, East Lansing, MI 48823	Hour	0		0	
Elkus, Ron	Vice President- 1/2				
360 Charles Street, East Lansing, MI 48823	Hour	0		0	
Spoon, Elliot	- Vice President- 1/2	ļ			
360 Charles Street, East Lansing, MI 48823	Hour	0		0	<u> </u>
Magen, Ruth	Treasurer- 1/2 Hour				
360 Charles Street, East Lansing, MI 48823		0		0	
Soifer, Sandy	Secretary- 1/2 Hour				
360 Charles Street, East Lansing, MI 48823		0		0	
Bassirpour, Michael	Board Member- 1/2 Hou	ļ			
360 Charles Street, East Lansing, MI 48823		0		0	
Bernstein, Stephen R	Board Member- 1/2				
360 Charles Street, East Lansing, MI 48823	Hour	0		0	
Bloom, Pamela	Board Member- 1/2 Hou				
360 Charles Street, East Lansing, MI 48823		0		0	
Cohen, Marc	Board Member- 1/2			1	
360 Charles Street, East Lansing, MI 48823	Hour	0		0	
Colman, Andy	Board Member- 1/2 Hour				
360 Charles Street, East Lansing, MI 48823		0		0	
Deutsch, Dennis	Board Member- 1/2 Hour				
360 Charles Street, East Lansing, MI 48823		0		0	
Duke, Melissa	Board Member- 1/2 Hour				
360 Charles Street, East Lansing, MI 48823	Board McMber - 1/2 Flour	0		0	
Goldenberg, David	Board Member- 1/2 Hour			-	
360 Charles Street, East Lansing, MI 48823	Soura Member- 1/2 Hour	0		0	
Himelhoch, Jeffrey	Board Member- 1/2			Ţ	
360 Charles Street, East Lansing, MI 48823	Hour	0		0	
Horowitz, Carol	Board Member- 1/2				
360 Charles Street, East Lansing, MI 48823	Hour	0		0	
Langer, Arthur	Board Member- 1/2				
360 Charles Street, East Lansing, MI 48823	Hour	ol		0	

ŀε	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	1 11 11 11 11 11 11 11 11 11 11 11 11 1	1 2 18 4 2 18 4 4 10	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		L
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a]		* }	10.3
b	Did the organization file Form 1120-POL for this year?	37b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	، مہ کو ،	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	1,46	13	1.64
39	Section 501(c)(7) organizations. Enter:			1
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities.			1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Gress receipts, included on line 5, for public use of club facilities	-{ · ` . ` . '		P.S.
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		197 to	TOWN
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L. Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization	1 43	33	ا پايداري
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<u>ئىر ئىچ</u>	✓
41	List the states with which a copy of this return is filed ▶ Michigan			
42a	The books are in care of ▶ Cindy Hughey Located at ▶ 360 Charles Street, East Lansing, MI ZIP + 4 ▶) 33 488	32-19 23	16
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ļ	V	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	40h	Yes	No
	account)?	42b	. 7	V 2
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c	At any time during the calendar year, did the organization maintain an office outside of the US? If "Yes," enter the name of the foreign country:	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	Did the experience maintain and decreased and for the William Towns 200	79.	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	* (✓
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	() l ₂ 45	, j	(f. \\ \lambda \)
	E.	QQ1	1_E7	(0000)

Par	Section 501(c)(3) organizations only and complete the tables for lines 50 a	r. All section 501(c)(3) o ind 51.	rganizations mu	ıst answer questi	ons 4	6–49
46	Did the organization engage in direct or indirect p	political campaign activities	s on behalf of or i	n opposition to		Yes No
	candidates for public office? If "Yes," complete S		on benan or or i	n opposition to	46	1
47	Did the organization engage in lobbying activities'	? If "Yes," complete Sche	dule C. Part II		47	✓
	Is the organization operating a school as describe			ete Schedule E .	48	✓
	Did the organization make any transfers to an exe				49a	✓
	If "Yes," was the related organization(s) a section				49b	
50	Complete this table for the five highest compensate each received more than \$100,000 of compensate	ated employees (other than non from the organization	n officers, director If there is none, e	rs, trustees and key enter "None "	emple	oyees) who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expense ount and allowances
NON	E				_	
					•	
Total	number of other employees paid over \$100,000		1		-	
	compensation from the organization. If there is no (a) Name and address of each independent contractor p		(b) Ty	pe of service	(c) Con	npensation
NON	E					
otal	number of other independent contractors each re	ceiving over \$100,000	. ▶			
Sign Here	Under penalties of perjury. I declare that I have examin and belief it is true, correct, and complete Declaration	ned this return including accomp	Divector	statements, and to the benation of which prepared Z 16 Date	est of m has an	y knowledge y knowledge
aid repai	Preparer's	Date	Check if self-employed	Preparer's Identifying I	Number (S	ee instructions
Jse O	niy if self-employed), address, and ZIP + 4		P	Phone no ► ()		
∕lay t	he IRS discuss this return with the preparer show	n above? See instructions		>	☐ Ye	es No D-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

				Student Center					38 ;		034/66
Pa	t I	Reason	for Public Ch	narity Status (All or	ganızatio	ons mus	t compl	ete this	part.) (se	<u>e instruc</u>	ctions)
The	org	anization is n	ot a private four	idation because it is:	(Please o	check onl	y one org	ganizatioi	n.)		
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(A	A)(i).	
2		A school de	scribed in secti o	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital of	r a cooperative	hospital service organ	nization d	escribed	ın sectio	n 170(b)	(1)(A)(iii).	(Attach S	ichedule H)
4			esearch organiza	ation operated in conj	•		•			170(b)(1)(A)(iii). Enter the
5		•	•	the benefit of a colle						arnmental	Lunit described in
J		-	(b)(1)(A)(iv). (Co		ge or am	versity of	wiled of t	operateu	by a gove	eriinenta	dilit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d ın sect	ion 170 (l	b)(1)(A)(v)		
7	✓	-		y receives a substanti (1)(A)(vi). (Complete F		its suppo	ort from a	governm	nental uni	t or from t	the general public
8				d in section 170(b)(1)		Complete	Part II)				
9		An organizat receipts from support from	n activities related gross investment	y receives: (1) more the ed to its exempt function and unre and unre after June 30, 1975	an 33½ % tions—su elated bu	of its su ibject to o siness ta:	pport fro certain ex xable inc	xceptions come (les	s, and (2) s section	no more	than 331/3 % of its
10		An organizat	tion organized a	nd operated exclusive	ely to tes	t for publ	ic safety	See sec	tion 509	a)(4). (se	e instructions)
11				and operated exclusiv							
			•	blicly supported orgai							,
		_		at describes the type						_	
		a ∐ Type		= -		e III-Fun	-	-			Type III-Other
е	Ш			tify that the organiza							
			er than foundationsection 509(a)(2)	on managers and othe	r than on	e or more	publicly	supporte	ed organiz	ations de	scribed in section
f g		organization	, check this box at 17, 2006, has	a written determinat the organization acce							III supporting
		(i) A persor	who directly o	r indirectly controls, e	either alo	ne or tog	ether wit	th persor	ns describ	ed in (ii)	Yes No
		and (III) b	pelow, the gover	ning body of the sup	ported or	ganızatıo	n? ,				11g(i)
		(iı) A famıly	member of a pe	erson described in (i) a	above?						11g(ii)
		(iii) A 35% c	ontrolled entity	of a person described	t in (i) or	(II) above	?				11g(iii)
h		Provide the	following inform	ation about the organ	izations 1	the organ	ization s	upports		<u> </u>	,
(i)		e of supported ganization	(II) EIN	(ui) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	rou notify nization in of your port?	(vi) la organizati (i) organiz U S	on in col ed in the	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
-											
								 	-		
											· . <u></u>
										Ţ	_
					16.4 %	32,	ه يَوْدُ وْ يُوْدُ	[N 3]		- 151.04 403.72	
Γota	ı				2.1		200	- T	[*****	454 T	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not 482.134 680.636 556,733 802,240 661,997 3,183,740 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 organization without charge 482.134 680.636 556.733 802.240 661.997 3.183.740 Total. Add lines 1-3 , The portion of total contributions by each person (other than a governmental unit or Haten publicly supported organization) included on line 1 that exceeds 2% of the amount ۳ E 0 shown on line 11, column (f) 3,183,740 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) > (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 482,134 680,636 556,733 802,240 661,997 3,183,740 7 Amounts from line 4 Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar 9,155 10,531 13,018 16,972 49,676 sources Net income from unrelated business activities, whether or not the business is 0 regularly carried on . . Other income. Do not include gain or 10 loss from the sale of capital assets 10.726 10.726 (Explain in Part IV) 45 4 213 118 3 3,244,142 Total support. Add lines 7 through 10 ... 11 462,323 12 Gross receipts from related activities, etc (see instructions) . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 98.14% 14 90.70% 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization▶ 🛭 b 33\% % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization... b 10%-facts-and-circumstances test-2007 If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more and if the organization meets the "facts-and-circumstances" test check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Attachments to IRS Form 990-EZ Lester & Jewell Morris Hillel Jewish Student Center 38-3034766

Tax Year 2008

Description		Amount
1 Supplies		6,993
2 Telephone		5,16 4
3 Equipment	rental and maintenance	6,919
4 Travel		7,885
5 Conference	s, conventions, etc	3,800
6 Interest		8,508
7 Other Progr	ram Expenses	132,081
8 Other Fund	raising Expenses	74,563
Total	- ·	245,913

Attachement 2 to IRS Form 990-EZ Lester & Jewell Morris Hillel Jewish Student Center EIN 38-3034766 Tax Year 2008

redule	2 Part IV - List of Officers, Directors, Trustees,	and Key Employees			
				(d) Benefit Plans &	(e) Expense account
		(b) Title and average hours per week		deferred	and other
	(a) Name and Address	devoted to position	(c) Compensation	compensation	allowances
	Braver Mindell, Laurie				
19	360 Charles Street, East Lansing, MI 48823	Board Member- 1/2 Hour	0	0	
	Owen, Faylene				
20	360 Charles Street, East Lansing, MI 48823	Board Member- 1/2 Hour	0	0	
	Paneth, Nigel				
21	360 Charles Street, East Lansing, MI 48823	Board Member- 1/2 Hour	0	0	
	Rapp, Judi				
22	360 Charles Street, East Lansing, MI 48823	Board Member- 1/2 Hour	0	0	
	Rudick, Donald				
23	360 Charles Street, East Lansing, MI 48823	Board Member- 1/2 Hour	0	0	
	Serling, Michael B				
24	360 Charles Street, East Lansing, MI 48823	Board Member- 1/2 Hour	0	0	
	Sircus, Linda			Alexandra (Contract	
25	360 Charles Street, East Lansing, MI 48823	Board Member- 1/2 Hour	0	0	
	Sırlın, Keith		2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
26	360 Charles Street, East Lansing, Mi 48823	Board Member- 1/2 Hour	0	0	
	Vieder, Carol				
27	360 Charles Street, East Lansing, MI 48823	Board Member- 1/2 Hour	0	0	~~~~~~~~~~~