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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2010</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE		D Employer identification number 52-1844823
	Doing Business As		E Telephone number (202) 449-6520
	Number and street (or P O box if mail is not delivered to street address) 800 8TH STREET NW	Room/suite	G Gross receipts \$ 34,909,104
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20001		
	F Name and address of principal officer ARYEH FURST 800 8TH STREET NW WASHINGTON, DC 20001		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number <input type="checkbox"/>	
J Website: <input checked="" type="checkbox"/> WWW.HILLEL.ORG			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1984	M State of legal domicile DC
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ENHANCE JEWISH LIFE FOR COLLEGE AND UNIVERSITY COMMUNITIES IN NORTH AMERICA AND THROUGHOUT THE WORLD		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	93
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	93
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,533
	6 Total number of volunteers (estimate if necessary)	6	101
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	22,214,283	25,628,172
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,460	325,471
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-183,823	326,631
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	172,602	6,673
		22,378,522	26,286,947
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,854,538	9,591,755
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,139,544	8,578,692
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	46,996
	b Total fundraising expenses (Part IX, column (D), line 25) <u>3,119,181</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	9,465,880	9,181,204
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,459,962	27,398,647
	19 Revenue less expenses Subtract line 18 from line 12	-3,081,440	-1,111,700
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	41,242,258	42,034,622
	21 Total liabilities (Part X, line 26)	10,562,433	10,119,619
	22 Net assets or fund balances Subtract line 21 from line 20	30,679,825	31,915,003

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2012-05-15 Date	
	ARYEH FURST CHIEF OPERATING OFFICER AND CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BERT L SWAIN CPA		Preparer's signature BERT L SWAIN CPA		Date
	Check if self-employed <input type="checkbox"/>				PTIN
	Firm's name DIXON HUGHES GOODMAN LLP				Firm's EIN
	Firm's address 111 ROCKVILLE PIKE 6TH FLOOR ROCKVILLE, MD 20850				Phone no (240) 403-3700

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

HILLEL’S MISSION IS TO ENRICH THE LIVES OF JEWISH UNDERGRADUATE AND GRADUATE STUDENTS SO THAT THEY MAY ENRICH THE JEWISH PEOPLE AND THE WORLD

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 22,469,914 including grants of \$ 9,591,755) (Revenue \$ 336,348)

PROVIDE DIRECT FUNDING AND SUPPORTING SERVICES TO LOCAL HILLELS AND STUDENTS AT COLLEGES AND UNIVERSITIES THROUGHOUT NORTH AMERICA AND THE WORLD

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d






















Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e







Total program service expenses \$ 22,469,914

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
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	No
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	No
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	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
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, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV 	16	No
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 Yes	
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 Yes	
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	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	112
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,533
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ARYEH FURST 800 8TH STREET NW WASHINGTON, DC 20001 (202) 449-6520

Check if Schedule O contains a response to any question in this Part VII ☐

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, and **current** key employees 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

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,795,474	0	146,297

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶19

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address		(B) Description of services	(C) Compensation
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 ▶0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a						
	b Membership dues 1b						
	c Fundraising events 1c			1,930,666			
	d Related organizations 1d						
	e Government grants (contributions) 1e						
	f All other contributions, gifts, grants, and 1f similar amounts not included above			23,697,506			
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f ▶			25,628,172			
Program Service Revenue				Business Code			
	2a CONFERENCE REGISTRATIO			900099	325,471	325,471	
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶				325,471		
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶				340,003		340,003
	4 Income from investment of tax-exempt bond proceeds . . ▶						
	5 Royalties ▶						
				(i) Real	(ii) Personal		
	6a Gross Rents			191,782			
	b Less rental expenses						
	c Rental income or (loss)			191,782			
	d Net rental income or (loss) ▶				191,782		191,782
				(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory			8,276,649			
	b Less cost or other basis and sales expenses			8,290,021			
	c Gain or (loss)			-13,372			
	d Net gain or (loss) ▶				-13,372		-13,372
	8a Gross income from fundraising events (not including \$ 1,930,666 of contributions reported on line 1c) See Part IV, line 18 a			136,150			
	b Less direct expenses b			332,136			
	c Net income or (loss) from fundraising events . . ▶				-195,986		-195,986
	9a Gross income from gaming activities See Part IV, line 19 . a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities . . ▶						
	10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS INCOME			900099	10,877	10,877		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶				10,877			
12 Total revenue. See Instructions ▶				26,286,947	336,348	0	322,427

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,011,443	7,011,443		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	2,580,312	2,580,312		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	980,759		980,759	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,410,869	2,888,349	1,549,374	1,973,146
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	256,692	118,315	60,763	77,614
9	Other employee benefits	472,230	205,374	119,917	146,939
10	Payroll taxes	458,142	178,215	147,623	132,304
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	71,320		71,320	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	46,996			46,996
f	Investment management fees				
g	Other	1,562,615	930,833	534,878	96,904
12	Advertising and promotion	13,494		300	13,194
13	Office expenses	62,650	13,297	40,739	8,614
14	Information technology	143,344	68,308	57,182	17,854
15	Royalties				
16	Occupancy	122,266	122,195	71	
17	Travel	500,181	366,968	36,392	96,821
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,916,995	2,879,329	21,036	16,630
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	344,932	260,439	84,493	
23	Insurance	110,047	37,912	72,135	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	POSTAGE/SHIPPING/DELIVE	1,232,402	5,576	12,970	1,213,856
b	PROGRAM EXPENSE	774,804	790,435	-15,631	
c	BUILDING MAINTENANCE	522,428	522,428		
d	DEBT SERVICE	344,000	344,000		
e	MISCELLANEOUS	293,491	7,375	36,034	250,082
f	All other expenses	166,235	3,138,811	-2,000,803	-971,773
25	Total functional expenses. Add lines 1 through 24f	27,398,647	22,469,914	1,809,552	3,119,181
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			5,073,386	2	4,536,543
	3	Pledges and grants receivable, net			3,591,880	3	3,746,228
	4	Accounts receivable, net			485,945	4	297,291
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			137,600	9	407,257
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	16,897,552			
	b	Less: accumulated depreciation	10b	5,780,736	11,231,221	10c	11,116,816
	11	Investments—publicly traded securities			3,857	11	10,968
	12	Investments—other securities. See Part IV, line 11			20,277,738	12	21,488,466
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			440,631	15	431,053
16	Total assets. Add lines 1 through 15 (must equal line 34)			41,242,258	16	42,034,622	
Liabilities	17	Accounts payable and accrued expenses			2,556,476	17	2,727,625
	18	Grants payable			66,712	18	77,672
	19	Deferred revenue			143,696	19	107,269
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			7,400,000	23	7,000,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			395,549	25	207,053
	26	Total liabilities. Add lines 17 through 25			10,562,433	26	10,119,619
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			5,523,096	27	5,037,778
	28	Temporarily restricted net assets			21,739,826	28	23,460,322
	29	Permanently restricted net assets			3,416,903	29	3,416,903
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			30,679,825	33	31,915,003
34	Total liabilities and net assets/fund balances			41,242,258	34	42,034,622	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,286,947
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,398,647
3	Revenue less expenses Subtract line 2 from line 1	3	-1,111,700
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,679,825
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,346,878
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	31,915,003

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

Employer identification number
52-1844823

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	25,915,610	34,242,124	28,478,728	22,214,283	25,628,172	136,478,917
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	25,915,610	34,242,124	28,478,728	22,214,283	25,628,172	136,478,917
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)						7,263,532
6 Public Support. Subtract line 5 from line 4						129,215,385

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	25,915,610	34,242,124	28,478,728	22,214,283	25,628,172	136,478,917
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,389,698	1,539,513	91,617	-27,689	531,785	3,524,924
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	15,256	15,248	6,944	16,468	10,877	64,793
11 Total support (Add lines 7 through 10)						140,068,634
12 Gross receipts from related activities, etc (See instructions.)					12	3,008,150
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	92 250 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	93 110 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. 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—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

Employer identification number
52-1844823

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

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

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

2

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

a

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

b

Assets included in Form 990, Part X▶ \$ _____

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	8,714,103	7,707,380	8,190,456		
b Contributions	42,811	676,942	2,263,644		
c Investment earnings or losses	1,424,642	979,706	-1,467,290		
d Grants or scholarships					
e Other expenditures for facilities and programs	199,603	649,925	1,279,430		
f Administrative expenses					
g End of year balance	9,981,953	8,714,103	7,707,380		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 57 500 %

b

Permanent endowment ▶ 34 200 %

c

Term endowment ▶ 8 300 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,908,629		2,908,629
b Buildings		11,718,167	3,659,722	8,058,445
c Leasehold improvements		20,994	1,979	19,015
d Equipment		2,249,762	2,119,035	130,727
e Other				0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				11,116,816

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,286,947
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,398,647
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,111,700
4	Net unrealized gains (losses) on investments	4	2,153,091
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	193,787
9	Total adjustments (net) Add lines 4 - 8	9	2,346,878
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,235,178

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	28,829,811
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,346,878
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	195,986
e	Add lines 2a through 2d	2e	2,542,864
3	Subtract line 2e from line 1	3	26,286,947
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	26,286,947

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	27,594,633
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 XIV)	2d	195,986
e	Add lines 2a through 2d	2e	195,986
3	Subtract line 2e from line 1	3	27,398,647
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	27,398,647

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	HILLEL'S ENDOWMENTS CONSIST OF FUNDS ESTABLISHED FOR VARIOUS PROGRAMMATIC PURPOSES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	HILLEL IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. HILLEL HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2011. FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2008 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED GAIN ON INTEREST RATE SWAP 188,496 UNREALIZED GAIN ON SPLIT INTEREST AGREEMENTS 5,291
PART XII, LINE 2D - OTHER ADJUSTMENTS		NET FUNDRAISING LOSS 195,986
PART XIII, LINE 2D - OTHER ADJUSTMENTS		NET FUNDRAISING LOSS 195,986

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Part V 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAM SERVICES	339,548	WIRE			FMV
			RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAM SERVICES	32,525	WIRE			FMV
			RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAM SERVICES	26,990	WIRE			FMV
			RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAM SERVICES	65,866	WIRE			FMV
			RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAM SERVICES	417,470	WIRE			FMV
			MIDDLE EAST AND NORTH AFRICA	PROGRAM SERVICES	969,580	WIRE			FMV
			SOUTH AMERICA	PROGRAM SUPPORT	132,185	WIRE			FMV
			SOUTH AMERICA	PROGRAM SUPPORT	255,602	WIRE			FMV
			SOUTH AMERICA	PROGRAM SUPPORT	201,845	WIRE			FMV
			NORTH AMERICA	PROGRAM SERVICES	33,897	CHECK			FMV
			NORTH AMERICA	PROGRAM SERVICES	42,161	CHECK			FMV
			NORTH AMERICA	PROGRAM SERVICES	37,288	CHECK			FMV
			NORTH AMERICA	PROGRAM SUPPORT	25,355	CHECK			FMV

2

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

13

3

Enter total number of other organizations or entities ☐

0

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

[illegible]

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 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 A BUDGET FOR PROGRAM SERVICES IS REQUIRED BEFORE THE GRANT IS FUNDED AND PERIODIC REPORTS ON THE PROGRAM ARE REQUIRED

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

Employer identification number

52-1844823

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | | | |
|----------|-----------------------------------------------------------------------|----------|---------------------------------------------------------------------------|
| a | <input checked="" type="checkbox"/> Mail solicitations | e | <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> Internet and e-mail solicitations | f | <input checked="" type="checkbox"/> Solicitation of government grants |
| c | <input checked="" type="checkbox"/> Phone solicitations | g | <input checked="" type="checkbox"/> Special fundraising events |
| d | <input checked="" type="checkbox"/> In-person solicitations | | |

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DIRECT MAIL PROCESSORS INC 1150 CONRAD COURT HAGERSTOWN, MD 21740	DIRECT MAIL RESPONSE MARKETING	Yes		1,975,084	46,996	1,928,087
Total				1,975,084	46,996	1,928,087

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

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA</u> (event type)	<u>OTHER EVENTS</u> (event type)	<u>(total number)</u>	(Add col (a) through col (c))
Revenue	1	Gross receipts	1,672,616	394,200	2,066,816
	2	Less Charitable contributions	1,536,466	394,200	1,930,666
	3	Gross income (line 1 minus line 2)	136,150		136,150
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	111,117	27,091	138,208
	8	Entertainment			
	9	Other direct expenses	146,924	47,004	193,928
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					-195,986

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name  _____



Address  _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization  \$ _____ and the amount of gaming revenue retained by the third party  \$ _____


c

If "Yes," enter name and address

Name  _____

Address  _____

16 Gaming manager information

Name  _____

Gaming manager compensation  \$ _____

Description of services provided  _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17


Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	RESPONSE PROCESSING AND ACKNOWLEDGEMENT MAILING FOR DIRECT MARKETING

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
52-1844823

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

73

3

Enter total number of other organizations

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 A BUDGET FOR PROGRAM SERVICES IS REQUIRED BEFORE THE GRANT IS FUNDED AND PERIODIC REPORTS ON THE PROGRAM ARE REQUIRED

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

Employer identification number

52-1844823

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WAYNE FIRESTONE	(i)	303,963	0	4,195	10,625	12,288	331,071	0
	(ii)	0	0	0	0	0	0	0
(2) ARYEH FURST	(i)	287,854	0	11,584	10,668	12,288	322,394	0
	(ii)	0	0	0	0	0	0	0
(3) SCOTT BROWN	(i)	230,992	0	0	10,726	12,234	253,952	0
	(ii)	0	0	0	0	0	0	0
(4) TIM COHEN	(i)	224,878	0	0	10,365	12,213	247,456	0
	(ii)	0	0	0	0	0	0	0
(5) MATTHEW BRAMAN	(i)	180,797	0	0	3,462	9,496	193,755	0
	(ii)	0	0	0	0	0	0	0
(6) ERAN GASKO	(i)	174,389	0	0	9,075	12,089	195,553	0
	(ii)	0	0	0	0	0	0	0
(7) ROBERT GOLDBERG	(i)	183,926	0	0	8,384	12,044	204,354	0
	(ii)	0	0	0	0	0	0	0
(8) STEPHEN KUPERBERG	(i)	192,896	0	0	0	340	193,236	0
	(ii)	0	0	0	0	0	0	0
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

Employer identification number
52-1844823

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts						
1 Art—Works of art										
2 Art—Historical treasures										
3 Art—Fractional interests										
4 Books and publications										
5 Clothing and household goods										
6 Cars and other vehicles .										
7 Boats and planes										
8 Intellectual property . .										
9 Securities—Publicly traded	X	8	96,931	AVERAGE DAILY VALUE						
10 Securities—Closely held stock										
11 Securities—Partnership, LLC, or trust interests .										
12 Securities—Miscellaneous										
13 Qualified conservation contribution—Historic structures										
14 Qualified conservation contribution—Other . .										
15 Real estate—Residential .										
16 Real estate—Commercial										
17 Real estate—Other . .										
18 Collectibles										
19 Food inventory										
20 Drugs and medical supplies										
21 Taxidermy										
22 Historical artifacts . .										
23 Scientific specimens . .										
24 Archeological artifacts .										
25 Other ► (_____)										
26 Other ► (_____)										
27 Other ► (_____)										
28 Other ► (_____)										
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29							
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>30a</td><td></td><td>No</td></tr></table>		Yes	No	30a		No
	Yes	No								
30a		No								
b If "Yes," describe the arrangement in Part II				<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>31</td><td>Yes</td><td></td></tr></table>		Yes	No	31	Yes	
	Yes	No								
31	Yes									
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>32a</td><td>Yes</td><td></td></tr></table>		Yes	No	32a	Yes	
	Yes	No								
32a	Yes									
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>33</td><td></td><td></td></tr></table>		Yes	No	33		
	Yes	No								
33										
b If "Yes," describe in Part II										
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II										

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	MERRILL LYNCH FOR STOCKS/BONDS RECEIVED BANK OF NEW YORK ISRAEL BONDS FOR ISRAEL BONDS RECEIVED
NON REPORTING OF REVENUE	PART I, LINE 33	\$96,931 WAS NOT REPORTED AS INCOME BUT WAS REPORTED AS PASS THRU MONIES TO AN AFFILIATE

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE	Employer identification number 52-1844823
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PREPARED BY OUR INDEPENDENT AUDITORS. THE RETURN IS SUBSEQUENTLY REVIEWED BY THE CFO AND THE AUDIT CHAIR.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST IF THE AUDIT COMMITTEE OR BOARD MEMBERS DETERMINE BY CONSENSUS THAT A CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON, IF PRESENT, SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT INVOLVES THE CONFLICT OF INTEREST THE PRESIDENT OR THE AUDIT COMMITTEE CHAIRPERSON SHALL APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT IF ALTERNATIVES ARE INVESTIGATED, THE BOARD OR AUDIT COMMITTEE SHALL DETERMINE WHETHER HILLEL CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE, THE BOARD OR AUDIT COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN HILLEL'S BEST INTEREST AND IS FAIR AND REASONABLE TO HILLEL, AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY IF THE BOARD OR AUDIT COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE RESPONSE AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR AUDIT COMMITTEE DETERMINES THAT THE PERSON HAS IN FACT FAILED TO ADEQUATELY DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION INCLUDING REMOVAL FROM THE BOARD</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	A GROUP OF THE BOARD OF DIRECTORS' OFFICERS MEET TO DISCUSS THE CEO AND CFO'S SALARY THEY ALSO DISCUSS THE SALARIES OF KEY EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S INTRANET AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO THE PUBLIC AND IS ALSO PUBLISHED ON PUBLIC WEBSITES SUCH AS GUIDESTAR

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,153,091 UNREALIZED GAIN ON INTEREST RATE SWAP 188,496 UNREALIZED GAIN ON SPLIT INTEREST AGREEMENTS 5,291 TOTAL TO FORM 990, PART XI, LINE 5 2,346,878

Identifier	Return Reference	Explanation
	FORM 990 PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
	FORM 990 PART IX, LINE 24F	THE NEGATIVE BALANCES IN COLUMNS C AND D ARE FUNDRAISING EXPENSES AND FISCAL MANAGEMENT AND IT SUPPORT EXPENSES THAT WERE ALLOCATED FROM MANAGEMENT AND GENERAL AND FUNDRAISING TO PROGRAM EXPENSES

Additional Data

Software ID:

Software Version:

EIN: 52-1844823

Name: HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE FIRESTONE PRESIDENT	35 00	X		X				308,158	0	22,913
BEATRICE S MANDEL CHAIRMAN	2 00	X		X				0	0	0
AMY AB BRESSMAN VICE-CHAIR	2 00	X		X				0	0	0
STEPHEN M GREENBERG VICE-CHAIR	2 00	X		X				0	0	0
LYNNE B HARRISON VICE-CHAIR	2 00	X		X				0	0	0
KAREN MOSS VICE-CHAIR	2 00	X		X				0	0	0
CAROL S SMOKLER VICE-CHAIR	2 00	X		X				0	0	0
DIANE WOHL VICE-CHAIR	2 00	X		X				0	0	0
BRUCE SHOLK TREASURER	2 00	X		X				0	0	0
DAVID COHEN SECRETARY	2 00	X		X				0	0	0
EDGAR M BRONFMAN EX-OFFICIO	2 00	X						0	0	0
RANDALL KAPLAN EX-OFFICIO	2 00	X						0	0	0
CHUCK NEWMAN PAST CHAIR	2 00	X						0	0	0
NEIL M MOSS PAST CHAIR	2 00	X						0	0	0
LAURIE BLITZER EXECUTIVE COMMITTEE	2 00	X						0	0	0
THOMAS BLUMBERG EXECUTIVE COMMITTEE	2 00	X						0	0	0
SANDRA F CAHN EXECUTIVE COMMITTEE	2 00	X						0	0	0
PAUL CHERNER EXECUTIVE COMMITTEE	2 00	X						0	0	0
PHILIP H COHEN EXECUTIVE COMMITTEE	2 00	X						0	0	0
MARCELO CYNOVICH EXECUTIVE COMMITTEE	2 00	X						0	0	0
LEE DRANIKOFF EXECUTIVE COMMITTEE	2 00	X						0	0	0
EDITH B EVERETT EXECUTIVE COMMITTEE	2 00	X						0	0	0
CASSANDRA GOTTLIEB EXECUTIVE COMMITTEE	2 00	X						0	0	0
WILLIAM HELLER EXECUTIVE COMMITTEE	2 00	X						0	0	0
BARRY J LEVIN EXECUTIVE COMMITTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MORT LOWENTHAL EXECUTIVE COMMITTEE	2 00	X						0	0	0	
DANA RAUCHER EXECUTIVE COMMITTEE	2 00	X						0	0	0	
LINDSEY RYB EXECUTIVE COMMITTEE	2 00	X						0	0	0	
JAMES H SHANE EXECUTIVE COMMITTEE	2 00	X						0	0	0	
ANDREW SKLOVER EXECUTIVE COMMITTEE	2 00	X						0	0	0	
JEFFREY SUMMIT EXECUTIVE COMMITTEE	2 00	X						0	0	0	
CAROL B WISE EXECUTIVE COMMITTEE	2 00	X						0	0	0	
JENNIFER AHDOOT MEMBER	2 00	X						0	0	0	
HAL APPLEBAUM MEMBER	2 00	X						0	0	0	
ISABEL BACHER MEMBER	2 00	X						0	0	0	
LAWRENCE S BACOW MEMBER	2 00	X						0	0	0	
SANFORD BAKLOR MEMBER	2 00	X						0	0	0	
RIVA BERELSON MEMBER	2 00	X						0	0	0	
SUSAN BERMAN MEMBER	2 00	X						0	0	0	
MICHELLE BLUMENBURG MEMBER	2 00	X						0	0	0	
ANDREW S BORANS MEMBER	2 00	X						0	0	0	
AMY BORN MEMBER	2 00	X						0	0	0	
EDWARD EA BROMBERG MEMBER	2 00	X						0	0	0	
MARSHALL BROOKS MEMBER	2 00	X						0	0	0	
DANIEL BURACK MEMBER	2 00	X						0	0	0	
RACHEL CHANNON MEMBER	2 00	X						0	0	0	
ELLEN CHERNEY MEMBER	2 00	X						0	0	0	
JOSEPH CIECHANOVER MEMBER	2 00	X						0	0	0	
NANCY DUBER MEMBER	2 00	X						0	0	0	
BARRY EFFRON MEMBER	2 00	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
DAVID EINHORN MEMBER	2 00	X						0	0	0	
HANNA FISHER-ARFER MEMBER	2 00	X						0	0	0	
DAVID GEDZELMAN MEMBER	2 00	X						0	0	0	
ALEX HALBERSTEIN MEMBER	2 00	X						0	0	0	
ALEX HALPERN MEMBER	2 00	X						0	0	0	
WALTER HARRISON MEMBER	2 00	X						0	0	0	
GARY HIRSCHBERG MEMBER	2 00	X						0	0	0	
ARI ISRAEL MEMBER	2 00	X						0	0	0	
LEIBA KRANTZBERG MEMBER	2 00	X						0	0	0	
MARK LAINER MEMBER	2 00	X						0	0	0	
SCOTT LEFTON MEMBER	2 00	X						0	0	0	
DANIELLE LESHAW MEMBER	2 00	X						0	0	0	
NORMAN LIPOFF MEMBER	2 00	X						0	0	0	
FREDERICK MARGULIES MEMBER	2 00	X						0	0	0	
EDWARD MARLOWE MEMBER	2 00	X						0	0	0	
ROBERT W MATANKY MEMBER	2 00	X						0	0	0	
MARLA MEYERS MEMBER	2 00	X						0	0	0	
PAUL MILLER MEMBER	2 00	X						0	0	0	
LARRY MONETA MEMBER	2 00	X						0	0	0	
STEPHEN OPPENHEIMER MEMBER	2 00	X						0	0	0	
JOSEPH PAPERMAN MEMBER	2 00	X						0	0	0	
LEE PERLMAN MEMBER	2 00	X						0	0	0	
DEBORAH KALLICK MEMBER	2 00	X						0	0	0	
SIDNEY PERTNOY MEMBER	2 00	X						0	0	0	
TINA PRICE MEMBER	2 00	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
RUSS ROBINSON MEMBER	2 00	X							0	0	0
BARBARA ROSWELL MEMBER	2 00	X							0	0	0
MORTON OWEN SCHAPIRO MEMBER	2 00	X							0	0	0
JORDAN SILLS MEMBER	2 00	X							0	0	0
ADAM SIMON MEMBER	2 00	X							0	0	0
EDGAR SNYDER MEMBER	2 00	X							0	0	0
ANDREW M STERNLIEB MEMBER	2 00	X							0	0	0
BLUMA STOLLER MEMBER	2 00	X							0	0	0
SUSAN TURNBULL MEMBER	2 00	X							0	0	0
SHARON M UNGERLEIDER MEMBER	2 00	X							0	0	0
JENNA WEINBERG MEMBER	2 00	X							0	0	0
DAVID WEINBERGER MEMBER	2 00	X							0	0	0
SAMUAL WEINER MEMBER	2 00	X							0	0	0
ELIZABETH WESSEL MEMBER	2 00	X							0	0	0
CAREY WOLCHOK MEMBER	2 00	X							0	0	0
DAVID YAFFE MEMBER	2 00	X							0	0	0
JOSHUA YUDKIN MEMBER	2 00	X							0	0	0
JUDY YUDOF MEMBER	2 00	X							0	0	0
LOIS ZOLLER MEMBER	2 00	X							0	0	0
ARYEH FURST CHIEF OPERATING OFFICER & CFO	35 00				X				299,438	0	22,956
SCOTT BROWN EXECUTIVE VP	35 00				X				230,992	0	22,960
TIM COHEN SENIOR VP	35 00					X			224,878	0	22,578
MATTHEW BRAMAN VP OF INFORMATION TECHNOLO	35 00					X			180,797	0	12,958
ERAN GASKO VP INSTITUTIONAL ADVANCEME	35 00					X			174,389	0	21,164
ROBERT GOLDBERG VP CAMPUS DEVELOPMENT	35 00					X			183,926	0	20,428

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
STEPHEN KUPERBERG EXECUTIVE DIRECTOR OF ISRAEL ON CAMPUS COALITION	35 00					X			192,896	0	340

Software ID:

Software Version:

EIN: 52-1844823

Name: HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
B'NAI B'RITH HILLEL FOUNDATIN OF QUEENS COLLEGESTDT UNION BLDG 206 65-30 KISSENA BLVD FLUSHING,NY 11367	11-3285824	501(C)(3)	166,725		FMV		JEWISH EDUCATIONAL PROGRAMS
HOFSTRA UNIVERSITY STDT CENTER 213 A 200 HEMPSTEAD TURNPIKE HEMPSTEAD,NY 11549	52-1758794	501(C)(3)	136,671		FMV		JEWISH EDUCATIONAL PROGRAMS

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B'NAI B'RITH HILLEL FOUNDATIONS SNYDER HILLEL CENTER STONY BROOK UNION STE 201 STONY BROOK,NY 11794	11-6112474	501(C)(3)	162,204		FMV		JEWISH EDUCATIONAL PROGRAMS
JEWISH CAMPUS LIFE FUND INC (COLUMBIABARNARD U) THE KRAFT CENTER 606 W 115TH ST NEW YORK,NY 10025	23-7077182	501(C)(3)	130,842		FMV		JEWISH EDUCATIONAL PROGRAMS

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HILLEL AT BARUCH55 LEXINGTON AVE BE-210 NEW YORK, NY 10010	20-4777751	501(C)(3)	188,627		FMV		JEWISH EDUCATIONAL PROGRAMS
NEW YORK UNIVERSITY7 EAST 10TH STREET NEW YORK, NY 10003	13-5562308	501(C)(3)	95,993		FMV		JEWISH EDUCATIONAL PROGRAMS

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WESTCHESTERSARAH LAWRENCE COLLEGE 1 MEAD WAY-BOX 130 BRONXVILLE,NY 10708	20-1355458	501(C)(3)	101,512		FMV		JEWISH EDUCATIONAL PROGRAMS
LONG ISLAND UNIVERSITY 1 UNIVERSITY PLAZA S BLDG 2ND FLOOR FLOOR BROOKLYN,NY 11201	37-1558345	501(C)(3)	19,790		FMV		JEWISH EDUCATIONAL PROGRAMS

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HILLEL AT THE COLLEGE OF STATEN ISLANDMULTI FAITH CENTER 3A-104 2800 VICTORY BLVD STATEN ISLAND,NY 10314	26-0212010	501(C)(3)	75,000		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL OF GREATER PHILADELPHIA (JEWISH ACTIVITIES BOARD STEINHARDT HALL 215 SOUTH 39TH ST PHILADELPHIA,PA 19104	23-1365179	501(C)(3)	21,500		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA STEINHARDT HALL 215 SOUTH 39TH ST PHILADELPHIA, PA 19104	23-1365179	501(C)(3)	173,685		FMV		JEWISH EDUCATIONAL PROGRAMS
U PENN (DEPT 542) STEINHARDT HALL 215 SOUTH 39TH ST PHILADELPHIA, PA 19104	23-1365179	501(C)(3)	20,000		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HILLEL AT THE GEORGE WASHINGTON UNIVERSITY2300 H STREET NW WASHINGTON,DC 20037	52-6081729	501(C)(3)	57,175		FMV		JEWISH EDUCATIONAL PROGRAMS
BEN & ESTHER ROSENBLOOM HILLEL CENTER AT THE UNIVERSITY OF MARYLAND7612 MOWATT LANE COLLEGE PARK,MD 20740	52-0749507	501(C)(3)	149,732		FMV		JEWISH EDUCATIONAL PROGRAMS

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GEORGE MASON UNIVERSITY HILLELSUB 1 RM 207 MSN 2C7 4400 UNIVERSIT DRIVE FAIRFAX,VA 220304444	52-2232458	501(C)(3)	5,000		FMV		JEWISH EDUCATIONAL PROGRAMS
GAINSVILLE HILLEL INC 2020 W UNIVERSITY AVENUE UNIVERSITY OF FL GAINSVILLE,FL 32603	65-1090524	501(C)(3)	27,250		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MIAMI HILLEL FOUNDATION INC1100 STANFORD DRIVE CORAL GABLES,FL 33146	52-1758796	501(C)(3)	7,973		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL OF BROWARD AND PALM BEACH777 GLADES ROAD BLDG LY-3A BOCA RATON,FL 33431	56-2472825	501(C)(3)	18,000		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JOHN HOPKINSTHE SMOKLER CENTER 3109 NORTH CHARLES STREET BALTIMORE,MD 21218	52-1758796	501(C)(3)	10,567		FMV		JEWISH EDUCATIONAL PROGRAMS
NORTHWESTERN UNIVERSITY629 FOSTER STREET EVANSTON,IL 60201	36-6143129	501(C)(3)	9,880		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF ILLINOIS-CHICAGO LEVINE HILLEL CENTER 924 S MORGAN ST CHICAGO,IL 60607	36-2167761	501(C)(3)	19,975		FMV		JEWISH EDUCATIONAL PROGRAMS
UNIVERSITY OF ILLINOIS-URBANA 503 EAST JOHN STREET CHAMPAIGN,IL 61820	36-2167761	501(C)(3)	22,708		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND HILLEL11291 EUCLID AVENUE CLEVELAND,OH 44106	34-1187022	501(C)(3)	19,500		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL AT KENT STATE UNIVERSITY202 NORTH LINCOLN ST KENT,OH 44240	34-6557290	501(C)(3)	23,500		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL FOUNDATION AT OHIO UNIVERSITY21 MILL STREET ATHENS,OH 45701	52-1758797	501(C)(3)	8,153		FMV		JEWISH EDUCATIONAL PROGRAMS
LOS ANGELES COUNCIL 6505 WILSHIRE BLVD STE 450 LOS ANGELES,CA 90048	95-1831070	501(C)(3)	20,000		FMV		JEWISH EDUCATIONAL PROGRAMS

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UNIVERSITY OF CALIFORNIA-LOS ANGELES574 HILGARD AVENUE LOS ANGELES,CA 90024	95-4575930	501(C)(3)	224,236		FMV		JEWISH EDUCATIONAL PROGRAMS
UNIVERSITY OF SOUTHERN CA-SANTA BARBARA781 EMBARCADERO DEL MAR ISLA VISTA,CA 93111	95-4575932	501(C)(3)	36,109		FMV		JEWISH EDUCATIONAL PROGRAMS

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UNIVERSITY OF SOUTHERN CALIFORNIA 3300 SOUTH HOOVER BOULEVARD LOS ANGELES,CA 90007	95-4867366	501(C)(3)	44,500		FMV		JEWISH EDUCATIONAL PROGRAMS
SAN FRANCISCO HILLEL JEWISH STUDENT CENTER 33 BRANBURY DRIVE SAN FRANCISCO,CA 94132	94-3152892	501(C)(3)	131,214		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CENTER FOR JEWISH CAMPUS LIFE (HILLEL AT STANDORD)565 MAYFIELD AVENUE STANFORD,CA 94305	77-0492512	501(C)(3)	232,250		FMV		JEWISH EDUCATIONAL PROGRAMS
BERKELEY HILLEL2736 BANCROFT WAY BERKELEY,CA 94704	52-1758790	501(C)(3)	432,596		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL AT DAVIS AND SACRAMENTO328 A STREET DAVIS,CA 95616	36-4499099	501(C)(3)	326,642		FMV		JEWISH EDUCATIONAL PROGRAMS
SANTA CRUZ HILLEL FOUNDATION222 CARDIFF PLACE SANTA CRUZ,CA 95060	77-0427628	501(C)(3)	76,400		FMV		JEWISH EDUCATIONAL PROGRAMS

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL OF SONOMA COUNTYPO BOX 3143 ROHNERT PARK, CA 949273143	01-0818620	501(C)(3)	28,750		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL OF SILICON VALLEY336 EAST WILLIAM STREET SAN JOSE,CA 95112	77-0575153	501(C)(3)	71,750		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWN HILLEL FOUNDATION80 BROWN STREET PROVIDENCE,RI 02906	05-6019146	501(C)(3)	28,650		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL FOUNDATION AT THE UNIVERSITY OF RHODE ISLAND6 FRATERNITY CIRCLE KINGSTON,RI 02881	05-6019148	501(C)(3)	46,290		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO STATE UNIVERSITY5742 MONTEZUMA ROAD SAN DIEGO, CA 92115	33-0519225	501(C)(3)	4,146		FMV		JEWISH EDUCATIONAL PROGRAMS
UNIVERSITY OF CA-SAN DIEGO5742 MONTEZUMA ROAD SAN DIEGO, CA 92115	33-0519225	501(C)(3)	21,350		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL OF CHICOBMU RM 213 BOX 36 400 WEST STREET CHICO,CA 959290755	45-0565454	501(C)(3)	23,750		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL HOUSE AT UMASS AMHERST388 N PLEASANT ST 15 AMHERST,MA 01002	04-3110103	501(C)(3)	20,500		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL AT BINGHAMTON UNIVERSITY UNION WEST 208-B BINGHAMTON,NY 13902	01-0569965	501(C)(3)	141,101		FMV		JEWISH EDUCATIONAL PROGRAMS
CORNELL HILLELG-34 ANABEL TAYLOR HALL CORNELL UNIVERSITY ITHACA,NY 14853	16-6068463	501(C)(3)	31,325		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION COLLEGE RELIGIOUS PROGRAMS OFFICE UNION COLLEGE SCHENECTADY, NY 12309	14-1338580	501(C)(3)	8,161		FMV		JEWISH EDUCATIONAL PROGRAMS
RUTGERS UNIVERSITY HILLEL93 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	26-0177367	501(C)(3)	19,173		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEHIGH UNIVERSITY216 SUMMIT STREET BETHLEHEM,PA 18015	23-6390855	501(C)(3)	6,029		FMV		JEWISH EDUCATIONAL PROGRAMS
DICKINSON COLLEGE ASBELL CENTER FOR JEWISH LIFE 262 W HIGH STREET CARLISLE,PA 17073	23-1365954	501(C)(3)	16,700		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL-THE FOUNDATION FOR JEWISH CAMPUS LIFE 54 NORTH EAGLEVILLE RD STORRS,CT 06268	06-6071635	501(C)(3)	201,000		FMV		JEWISH EDUCATIONAL PROGRAMS
JOSEPH SLIFKA CENTER FOR JEWISH LIFE AT YALE 80 WALL STREET NEW HAVEN,CT 06511	06-1257354	501(C)(3)	22,809		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KRISTOL CENTER FOR JEWISH LIFE AT THE UNIV OF DELAWARE47 WEST DELAWARE AVENUE NEWARD,DE 19711	51-0331975	501(C)(3)	196,033		FMV		JEWISH EDUCATIONAL PROGRAMS
THE HILLEL JEWISH CENTER AT THE UNIVERSITY OF VIRGINIA 1824 UNIVERSITY CIRCLE CHARLOTTESVILLE,VA 229031886	54-6061871	501(C)(3)	191,253		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL VIRGINIA TECHPO BOX 708 BLACKSBURG,VA 24063	90-0406012	501(C)(3)	10,978		FMV		JEWISH EDUCATIONAL PROGRAMS
EMORY UNIVERSITY732 GATEWOOD ROAD ATLANTA,GA 30329	58-2051970	501(C)(3)	5,750		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE NORTH CAROLINA STATE UNIVERSITY210 WEST CAMERON AVE CHAPEL HILL,NC 27510	56-6094521	501(C)(3)	24,750		FMV		JEWISH EDUCATIONAL PROGRAMS
B'NAI B'RITH HILLEL FOUNDATION AT OHIO STATE UNIVERSITY46 E 16TH AVENUE COLUMBUS,OH 43201	31-1048567	501(C)(3)	181,571		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LESTER & JEWELL MORRISON HILLEL JEWISH STUDENT CENTER360 CHARLES ST EAST LANSING,MI 48823	38-3034766	501(C)(3)	30,500		FMV		JEWISH EDUCATIONAL PROGRAMS
UNIVERSITY OF WISCONSIN HILLEL FOUNDATION (MADISON) 611 LANGDON STREET MADISON,WI 53703	39-2035142	501(C)(3)	100,343		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL FOUNDATION OF NEW ORLEANS (TULANE) 912 BROADWAY NEW ORLEANS, LA 70118	72-6031116	501(C)(3)	148,500		FMV		JEWISH EDUCATIONAL PROGRAMS
UNIVERSITY OF KANSAS 940 MISSISSIPPI ST LAWRENCE, KS 66044	48-6121370	501(C)(3)	200,186		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ST LOUIS HILLEL AT WASHINGTON UNIVERSITY6300 FORSYTH BOULEVARD ST LOUIS,MO 63105	43-6065763	501(C)(3)	12,587		FMV		JEWISH EDUCATIONAL PROGRAMS
TEXAS HILLEL FOUNDATION2105 SAN ANTONIO ST ABE AND ANNIE SEIBEL BLDG AUSTIN,TX 787055521	52-1758802	501(C)(3)	197,442		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HILLEL FOUNDATION AT THE UNIVERSITY OF ARIZONA1245 E 2ND STREET TUCSON,AZ 85719	86-6053800	501(C)(3)	145,373		FMV		JEWISH EDUCATIONAL PROGRAMS
THE HILLEL FOUNDATION OF ORANGE COUNTY4255 CAMPUS DRIVE STE 250 IRVINE,CA 92612	23-7172074	501(C)(3)	21,598		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DICKINSON COLLEGE MILTON B ASBELL CTR- JEWISH LIFE PO BOX 1773 CARLISLE, PA 17013	23-1365954	501(C)(3)	14,361		FMV		JEWISH EDUCATIONAL PROGRAMS
JCC OF NORTHERN VIRGINIA (JCCNOR)8900 LITTLE RIVER TURNPIKE FAIRFAX, VA 22031	54-1145849	501(C)(3)	6,500		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HILLEL COUNCIL OF NEW ENGLAND1320 CENTER STREET STE 306 NEWTON CENTER, MA 02459	04-2688997	501(C)(3)	8,000		FMV		JEWISH EDUCATIONAL PROGRAMS
BRANDEIS UNIVERSITYPO BOX 549110 BRANDEIS UNIV MS 205 WALTHAM, MA 02454	27-3185784	501(C)(3)	11,325		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TUFTS UNIVERSITY GRANOFF FAMILY HILLEL CENTER TUFTS UNIVERSITY MEDFORD,MA 02155	04-6139157	501(C)(3)	173,073		FMV		JEWISH EDUCATIONAL PROGRAMS
UNIVERSITY OF VERMONT ALLEN HOUSE 461 MAIN STREET BURLINGTON,VT 05405	81-0554021	501(C)(3)	7,500		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TANGER HILLEL AT BROOKLYN COLLEGE2901 CAMPUS ROAD BROOKLYN, NY 11210	11-6036253	501(C)(3)	235,060		FMV		JEWISH EDUCATIONAL PROGRAMS
CUNY HUNTER COLLEGE 695 PARK AVE HUNTER EAST 1317A HUNTER COLLEGE NEW YORK, NY 10021	13-3853221	501(C)(3)	108,004		FMV		JEWISH EDUCATIONAL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HILLEL WELLESLEY COLLEGE (WELHIL) BILLINGS HALL SECOND FLOOR SCHNEIDER CTR 106 CENTRAL ST WELLESLEY,MA 02481	04-2688997	501(C)(3)	5,400		FMV		JEWISH EDUCATIONAL PROGRAMS

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 52-1844823
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	344,932

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	344,932
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	