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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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

Doing Business As

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

800 8TH STREET NW

Room/suite

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

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW HILLEL ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1984

M State of legal domicile

DC

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	74
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	74
Revenue	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,591
	6	Total number of volunteers (estimate if necessary)	6	74
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	25,628,172	24,498,105
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	325,471	704,913
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	326,631	708,362
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,673	8,637
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,286,947	25,920,017
	14	Benefits paid to or for members (Part IX, column (A), line 4)	9,591,755	8,944,817
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	8,578,692	8,062,219
	b	Total fundraising expenses (Part IX, column (D), line 25) 3,482,378	46,996	43,833
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,181,204	11,221,869
	19	Revenue less expenses Subtract line 18 from line 12	27,398,647	28,272,738
			-1,111,700	-2,352,721
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	42,034,622	38,689,349
	21	Total liabilities (Part X, line 26)	10,119,619	10,220,947
	22	Net assets or fund balances Subtract line 21 from line 20	31,915,003	28,468,402

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

ARYEH FURST CHIEF FINANCIAL OFFICER

2013-05-14

Date

Paid Preparer's Use Only

Preparer's signature

BERT L SWAIN CPA

Firm's name (or yours if self-employed), address, and ZIP + 4

DIXON HUGHES GOODMAN LLP  
111 ROCKVILLE PIKE 6TH FLOOR  
ROCKVILLE, MD 20850

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00238304

EIN

56-0747981

Phone no

(240) 403-3700

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 21,861,963 including grants of \$ 8,944,817 ) (Revenue \$ 708,821 )

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 \$ 21,861,963

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 instructions)? 	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	<b>Section 501(c)(3) organizations.</b> 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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		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 temporarily restricted endowments, permanent endowments, 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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	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, Part 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, Part 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 	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? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	1a103
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0
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, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return . . . . .	2a1,591
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)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3aNo
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 or securities account)? . . . . .	4aYes
b	If "Yes," enter the name of the foreign country <input type="text" value="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? . . .	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
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? . . . . .	6aNo
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? . . . . .	7aYes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7bYes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7cNo
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? . . . . .	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7fNo
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14aNo
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	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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, HI
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 made 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 made 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 . . . . . ☐

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

Form **990** (2011)

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	2,042,372	0	184,899

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 23

		Yes	No
3	Did the organization list any <b>former</b> 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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	1,706,770			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	22,791,335			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .		24,498,105			
Program Service Revenue	2a	CONFERENCE REGISTRATIO	Business Code 900099	704,913	704,913		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		704,913			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		380,815		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real 222,780	(ii) Personal			
b		Less rental expenses	0				
c		Rental income or (loss)	222,780				
d		Net rental income or (loss) . . . . .			222,780		222,780
7a		Gross amount from sales of assets other than inventory	(i) Securities 9,484,334	(ii) Other			
b		Less cost or other basis and sales expenses	9,156,787				
c		Gain or (loss)	327,547				
d		Net gain or (loss) . . . . .			327,547		327,547
8a		Gross income from fundraising events (not including \$ 1,706,770 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
a			103,250				
b		Less direct expenses . . . . .		321,301			
c		Net income or (loss) from fundraising events . .			-218,051		-218,051
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
a							
b		Less direct expenses . . . . .					
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances . . . . .					
a							
b	Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME	900099	3,908	3,908			
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		3,908				
12	Total revenue. See Instructions . . . . .		25,920,017	708,821	0	713,091	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,989,432	6,989,432		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,955,385	1,955,385		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	944,157		944,157	
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	6,016,619	2,615,636	1,617,112	1,783,871
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	236,753	108,866	67,941	59,946
9	Other employee benefits	404,521	192,577	112,682	99,262
10	Payroll taxes	460,169	182,161	167,776	110,232
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	88,865		88,865	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	43,833			43,833
f	Investment management fees				
g	Other	2,639,423	1,492,114	508,583	638,726
12	Advertising and promotion	21,956	16,981		4,975
13	Office expenses	59,301	20,445	28,558	10,298
14	Information technology	115,110	41,866	56,931	16,313
15	Royalties				
16	Occupancy	121,840	121,840		
17	Travel	441,248	310,376	40,598	90,274
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,487,995	3,467,594	6,350	14,051
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	343,834	254,294	89,540	
23	Insurance	109,815	31,109	78,706	
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	PROGRAM EXPENSE	1,275,609	1,277,632	-2,023	
b	POSTAGE/SHIPPING/DELIVE	1,203,997	8,428	12,886	1,182,683
c	BUILDING MAINTENANCE	576,528	576,528		
d	DEBT SERVICE	285,386	285,386		
e					
f	All other expenses	450,962	1,913,313	-890,265	-572,086
25	Total functional expenses. Add lines 1 through 24f	28,272,738	21,861,963	2,928,397	3,482,378
26	Joint costs. Check here <input 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 . . . . .			4,536,543	2	3,625,184
	3	Pledges and grants receivable, net . . . . .			3,746,228	3	3,488,329
	4	Accounts receivable, net . . . . .			297,291	4	207,640
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			407,257	9	232,694
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	16,970,052	11,116,816	10c	10,845,482
	b	Less accumulated depreciation . . . . .	10b	6,124,570			
	11	Investments—publicly traded securities . . . . .			10,968	11	2,062
	12	Investments—other securities. See Part IV, line 11 . . . . .			21,488,466	12	19,884,802
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			431,053	15	403,156
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			42,034,622	16	38,689,349
Liabilities	17	Accounts payable and accrued expenses . . . . .			2,727,625	17	2,761,121
	18	Grants payable . . . . .			77,672	18	75,903
	19	Deferred revenue . . . . .			107,269	19	252,228
	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 . . . . .			7,000,000	23	6,822,776
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			207,053	25	308,919
	26	Total liabilities. Add lines 17 through 25 . . . . .			10,119,619	26	10,220,947
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 . . . . .			5,037,778	27	3,641,858
	28	Temporarily restricted net assets . . . . .			23,460,322	28	21,409,641
	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 . . . . .			31,915,003	33	28,468,402
	34	Total liabilities and net assets/fund balances . . . . .			42,034,622	34	38,689,349

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	25,920,017
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,272,738
3	Revenue less expenses Subtract line 2 from line 1	3	-2,352,721
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,915,003
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,093,880
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	28,468,402

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

2011

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 **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	34,242,124	28,478,728	22,214,283	25,628,172	24,498,105	135,061,412
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	34,242,124	28,478,728	22,214,283	25,628,172	24,498,105	135,061,412
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)						9,144,426
6 Public Support. Subtract line 5 from line 4						125,916,986

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	34,242,124	28,478,728	22,214,283	25,628,172	24,498,105	135,061,412
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,539,513	91,617	-27,689	531,785	931,142	3,066,368
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	15,248	6,944	16,468	10,877	3,908	53,445
11 Total support (Add lines 7 through 10)						138,181,225

12 Gross receipts from related activities, etc (See instructions )

122,789,496

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 2011 (line 6 column (f) divided by line 11 column (f))	14	91 120 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	92 250 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2011

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

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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 . . . . .	9,981,953	8,714,103	7,707,380	8,190,456	
b Contributions . . . . .	773,747	42,811	676,942	2,263,644	
c Investment earnings or losses . . . . .	-207,302	1,424,642	979,706	-1,467,290	
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	2,674,301	199,603	649,925	1,279,430	
f Administrative expenses . . . . .					
g End of year balance . . . . .	7,874,097	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 ▶ 49 500 %

b

Permanent endowment ▶ 43 400 %

c

Term endowment ▶ 7 100 %

3a

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

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	No
(ii) related organizations . . . . .	3a(ii)	No

b

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

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		2,908,629		2,908,629
b Buildings . . . . .		11,785,645	3,912,872	7,872,773
c Leasehold improvements . . . . .				
d Equipment . . . . .		2,275,778	2,211,698	64,080
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				10,845,482



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,920,017
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,272,738
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,352,721
4	Net unrealized gains (losses) on investments	4	-978,987
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-114,893
9	Total adjustments (net) Add lines 4 - 8	9	-1,093,880
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,446,601

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	26,138,068
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	218,051
e	Add lines 2a through 2d . . . . .	2e	218,051
3	Subtract line 2e from line 1 . . . . .	3	25,920,017
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	25,920,017

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	29,584,669
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	1,093,880
d	Other (Describe in Part XIV) . . . . .	2d	218,051
e	Add lines 2a through 2d . . . . .	2e	1,311,931
3	Subtract line 2e from line 1 . . . . .	3	28,272,738
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	28,272,738

Part XIV

Supplemental 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, 2012 AND 2011. FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2009 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED LOSS ON INTEREST RATE SWAP -101,866 UNREALIZED LOSS ON SPLIT INTEREST AGREEMENTS - 13,027 TOTAL TO SCHEDULE D, PART XI, LINE 8 - 114,893
PART XII, LINE 2D - OTHER ADJUSTMENTS		NET FUNDRAISING LOSS 218,051
PART XIII, LINE 2D - OTHER ADJUSTMENTS		NET FUNDRAISING LOSS 218,051

OMB No 1545-0047

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **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** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activites per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
SOUTH AMERICA	0	0	PROGRAM SERVICE	JEWISH EDUCATION	310,000
RUSSIA AND NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICE	JEWISH EDUCATION	1,228,415
NORTH AMERICA	0	0	PROGRAM SERVICE	JEWISH EDUCATION	160,323
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	JEWISH EDUCATION	256,647
<b>3a</b> Sub-total	0	0			1,955,385
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			1,955,385

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 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	547,134	WIRE			FMV
			RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAM SERVICES	681,281	WIRE			FMV
			MIDDLE EAST AND NORTH AFRICA	PROGRAM SERVICES	30,000	WIRE			FMV
			MIDDLE EAST AND NORTH AFRICA	PROGRAM SERVICES	15,000	WIRE			FMV
			MIDDLE EAST AND NORTH AFRICA	PROGRAM SERVICES	211,647	WIRE			FMV
			SOUTH AMERICA	PROGRAM SUPPORT	130,000	WIRE			FMV
			SOUTH AMERICA	PROGRAM SUPPORT	115,000	WIRE			FMV
			SOUTH AMERICA	PROGRAM SUPPORT	65,000	WIRE			FMV
			NORTH AMERICA	PROGRAM SERVICES	34,808	CHECK			FMV
			NORTH AMERICA	PROGRAM SERVICES	22,350	CHECK			FMV
			NORTH AMERICA	PROGRAM SERVICES	69,520	CHECK			FMV
			NORTH AMERICA	PROGRAM SUPPORT	33,645	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 . . . . . ☐

12

3

Enter total number of other organizations or entities . . . . . ☐

## Part III

**(a) Type of grant or assistance**

**(b) Region**

(c) Number of recipients

**(d)** Amount of cash grant

**(e) Manner of cash disbursement**

(f) Amount of non-cash assistance

**(g) Description  
of non-cash  
assistance**

**(h)** Method of valuation (book, FMV, appraisal, other)

**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

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

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

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 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		1,766,675	43,833	1,722,842
Total . . . . . ▶				1,766,675	43,833	1,722,842

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, HI

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 . . . .	1,412,018	398,002	1,810,020
	2	Less Charitable contributions . . . .	1,308,768	398,002	1,706,770
	3	Gross income (line 1 minus line 2) . . . .	103,250		103,250
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	7,350	1,339	8,689
	7	Food and beverages . . . .	97,785	46,865	144,650
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	140,283	27,679	167,962
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			( 321,301 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			-218,051

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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 listed in the line 1 table . . . . . ▶

94

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

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
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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"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</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 type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</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?		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 Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	311,459	0	4,605	12,250	12,685	340,999	0
	(ii)	0	0	0	0	0	0	0
(2) ARYEH FURST	(i)	296,668	0	11,846	12,250	12,674	333,438	0
	(ii)	0	0	0	0	0	0	0
(3) SCOTT BROWN	(i)	244,419	0	399	12,250	12,653	269,721	0
	(ii)	0	0	0	0	0	0	0
(4) ERAN GASKO	(i)	202,869	0	0	11,411	12,573	226,853	0
	(ii)	0	0	0	0	0	0	0
(5) ROBERT GOLDBERG	(i)	193,595	0	0	9,778	12,477	215,850	0
	(ii)	0	0	0	0	0	0	0
(6) MATTHEW BRAMAN	(i)	190,950	0	0	10,477	12,508	213,935	0
	(ii)	0	0	0	0	0	0	0
(7) TIM COHEN	(i)	241,885	0	215	12,250	12,607	266,957	0
	(ii)	0	0	0	0	0	0	0
(8) RONI KRINSKY	(i)	187,612	0	0	0	12,715	200,327	0
	(ii)	0	0	0	0	0	0	0
(9) LORI KRANCZER	(i)	145,850	0	10,000	0	3,341	159,191	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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
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SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	10	158,575	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? . . . . .

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

Yes

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

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

Cat No 51227J

Schedule M (Form 990) 2011

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 RECEIVED
NON REPORTING OF REVENUE	PART I, LINE 33	\$158,575 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

2011

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 THE 990 IS REVIEWED BY HILLEL'S AUDIT COMMITTEE BEFORE FILING
	FORM 990, PART VI, SECTION B, LINE 12C	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
	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
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -978,987 UNREALIZED LOSS ON INTEREST RATE SWAP -101,866 UNREALIZED LOSS ON SPLIT INTEREST AGREEMENTS -13,027 TOTAL TO FORM 990, PART XI, LINE 5 -1,093,880
	FORM 990 PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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 CEO & PRESIDENT	35 00	X		X				316,064	0	24,935
THOMAS BLUMBERG CHAIRMAN	2 00	X		X				0	0	0
LAURIE BLITZER VICE CHAIR	2 00	X		X				0	0	0
AMY A B BRESSMAN VICE CHAIR	2 00	X		X				0	0	0
DAVID M COHEN VICE CHAIR	2 00	X		X				0	0	0
LEE DRANIKOFF VICE CHAIR	2 00	X		X				0	0	0
LYNNE B HARRISON VICE CHAIR	2 00	X		X				0	0	0
CAROL S SMOKLER VICE CHAIR	2 00	X		X				0	0	0
BRUCE SHOLK TREASURER	2 00	X		X				0	0	0
ANDREW SKLOVER SECRETARY	2 00	X		X				0	0	0
RANDALL KAPLAN PAST CHAIR	2 00	X						0	0	0
BEATRICE S MANDEL IMMEDIATE PAST CHAIR	2 00	X						0	0	0
NEIL MOSS PAST CHAIR	2 00	X						0	0	0
CHARLES NEWMAN PAST CHAIR	2 00	X						0	0	0
SANDRA F CAHN EXECUTIVE COMMITTEE	2 00	X						0	0	0
CASSANDRA GOTTLIEB EXECUTIVE COMMITTEE	2 00	X						0	0	0
STEPHEN M GREENBERG EXECUTIVE COMMITTEE	2 00	X						0	0	0
WILLIAM HELLER EXECUTIVE COMMITTEE	2 00	X						0	0	0
GARY HIRSCHBERG EXECUTIVE COMMITTEE	2 00	X						0	0	0
DEBORAH KALLICK EXECUTIVE COMMITTEE	2 00	X						0	0	0
DAVID KOMEROFSKY EXECUTIVE COMMITTEE	2 00	X						0	0	0
BARRY J LEVIN EXECUTIVE COMMITTEE	2 00	X						0	0	0
KAREN MOSS EXECUTIVE COMMITTEE	2 00	X						0	0	0
DANA RAUCHER EXECUTIVE COMMITTEE	2 00	X						0	0	0
JAMES H SHANE 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**

(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			
DIANE WOHL EXECUTIVE COMMITTEE	2 00	X						0	0	0
DAVID YAFFE EXECUTIVE COMMITTEE	2 00	X						0	0	0
JENNIFER AHDOOT MEMBER	2 00	X						0	0	0
ISABEL BACHER MEMBER	2 00	X						0	0	0
LAWRENCE BACOW MEMBER	2 00	X						0	0	0
SANFORD BAKLOR MEMBER	2 00	X						0	0	0
JEFFREY BARRACK MEMBER	2 00	X						0	0	0
SUSAN BERMAN MEMBER	2 00	X						0	0	0
ANDREW BORANS MEMBER	2 00	X						0	0	0
AMY BORN MEMBER	2 00	X						0	0	0
DANIEL BURACK 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
DAVID EINHORN MEMBER	2 00	X						0	0	0
EDITH EVERETT 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
WALTER HARRISON 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 LANIER MEMBER	2 00	X						0	0	0
DANIELLE LESHAW MEMBER	2 00	X						0	0	0
FREDERIC MARGULIES 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			
EDWARD MARLOWE MEMBER	2 00	X						0	0	0
MARLA MEYERS 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
LEE PERLMAN 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
RUSS ROBINSON MEMBER	2 00	X						0	0	0
BARBARA SHERR ROSWELL MEMBER	2 00	X						0	0	0
MORTON SCHAPIRO MEMBER	2 00	X						0	0	0
REBECCA SIMONS MEMBER	2 00	X						0	0	0
ANDREW STERNLIEB MEMBER	2 00	X						0	0	0
BLUMA STOLLER MEMBER	2 00	X						0	0	0
JEFFREY SUMMIT MEMBER	2 00	X						0	0	0
SUSAN TURNBULL MEMBER	2 00	X						0	0	0
SHARON UNGERLEIDER MEMBER	2 00	X						0	0	0
SAM 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
JOSHUA YUDKIN MEMBER	2 00	X						0	0	0
JUDY YUDOF MEMBER	2 00	X						0	0	0
SARAH BARON MEMBER	2 00	X						0	0	0
ALEXANDER ROFES MEMBER	2 00	X						0	0	0
ALEXANDER JEFFERSON MEMBER	2 00	X						0	0	0
ARYEH FURST CHIEF FINANCIAL OFFICER	35 00				X			308,514	0	24,924

**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			
SCOTT BROWN VP FOR TALENT	35 00				X			244,818	0	24,903
ERAN GASKO VP INSTITUTIONAL ADVANCEMENT	35 00				X			202,869	0	23,984
ROBERT GOLDBERG VP CAMPUS SERVICES	35 00				X			193,595	0	22,255
MATTHEW BRAMAN VP OF IT & ADMINISTRATION	35 00					X		190,950	0	22,985
TIM COHEN SENIOR VP	35 00					X		242,100	0	24,857
RONI KRINSKY VP OF DEVELOPMENT	35 00					X		187,612	0	12,715
LORI KRANCZER DIRECTOR OF PLANNED GIVING AND ENDOWMENT	35 00					X		155,850	0	3,341

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
HILLEL COUNCIL OF NEW ENGLAND 1320 CENTER STREET STE 306 NEWTON CENTRE, MA 024542400	42-2688997	501(C)(3)	7,500		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL AT BRANDEIS INC 415 SOUTH STREET WALTHAM, MA 024549110	27-3185784	501(C)(3)	25,628		FMV		JEWISH EDUCATIONAL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HILLEL FOUNDATION AT TUFTS UNIVERSITY220 PACKARD AVE MEDFORD,MA 02155	04-6139157	501(C)(3)	196,149		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL AT THE UNIVERSITY OF VERMONTALLEN HOUSE 461 MAIN STREET BURLINGTON,VT 05405	81-0554021	501(C)(3)	33,300		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
TANGER HILLEL AT BROOKLYN COLLEGE2901 CAMPUS ROAD BROOKLYN, NY 11210	11-6036253	501(C)(3)	259,667		FMV		JEWISH EDUCATIONAL PROGRAMS
CUNY HUNTER COLLEGE695 PARK AVE HUNTER EAST 1317A HUNTER COLLEGE NEW YORK, NY 10021	13-3853221	501(C)(3)	115,887		FMV		JEWISH EDUCATIONAL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
B'NAI B'RITH HILLEL FOUNDATIN OF QUEENS COLLEGE (QUEENS COLLEGE HILLEL)STDT UNION BLEDG 206 65-30 KISSENA BLVD FLUSHING, NY 11367	11- 3285824	501(C)(3)	226,125		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL- HOFSTRA UNIVERSITYSTDT CENTER 213 A 200 HEMPSTEAD TURNPIKE HEMPSTEAD, NY 11549	52- 1758794	501(C)(3)	122,496		FMV		JEWISH EDUCATIONAL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
B'NAI B'RITH HILLEL FOUNDATION (STONY BROOK)GLORIA MARK SNYDER HILLEL CENTER STONY BROOK UNION STE 201 SONNY BROOK,NY 117943235	11-6112474	501(C)(3)	164,200		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)	129,529		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 BARUCH INC55 LEXINGTON AVE BE-210 NEW YORK, NY 10010	20-4777751	501(C)(3)	231,544		FMV		JEWISH EDUCATIONAL PROGRAMS
NEW YORK UNIVERSITY7 EAST 10TH STREET NEW YORK, NY 10003	13-5562308	501(C)(3)	72,727		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
WESTCHESTER SARAH LAWRENCE COLLEGE 1 MEAD WAY-BOX 130 BRONXVILLE, NY 10708	20-1355458	501(C)(3)	90,312		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL AT THE COLLEGE OF STATEN ISLAND MULTI FAITH CENTER 3A-104 2800 VICTORY BLVD STATEN ISLAND, NY 10314	26-0212010	501(C)(3)	106,996		FMV		JEWISH EDUCATIONAL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HILLEL OF GTR PHILADELPHIA (SKIDMORE COLLEGE) STEINHARDT HALL 215 SOUTH 39TH ST PHILADELPHIA, PA 19104	23-1365179	501(C)(3)	1,000		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)	39,077		FMV		JEWISH EDUCATIONAL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HILLEL OF GREATER PHILADELPHIA (UNIVERSITY OF PENNSYLVANIA) STEINHARDT HALL 215 SOUTH 39TH ST PHILADELPHIA, PA 19104	23-1365179	501(C)(3)	256,811		FMV		JEWISH EDUCATIONAL PROGRAMS
U PENN (DEPT 542) STEINHARDT HALL 215 SOUTH 39TH ST PHILADELPHIA, PA 19104	23-1365179	501(C)(3)	35,091		FMV		JEWISH EDUCATIONAL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HILLEL OF GTR PHILADELPHIA (DREXEL UNIVERSITY) STEINHARDT HALL 215 SOUTH 39TH ST PHILADELPHIA, PA 19104	23-1365179	501(C)(3)	13,665		FMV		JEWISH EDUCATIONAL PROGRAMS
AMERICAN UNIVERSITY HILLEL KAY SPIRITUAL LIFE CENTER 4400 MASS AVE NW WASHINGTON, DC 20016	52-6066696	501(C)(3)	5,000		FMV		JEWISH EDUCATIONAL PROGRAMS

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HILLEL AT THE GEORGE WASHINGTON UNIVERSITY2300 H STREET NW WASHINGTON, DC 20037	52-6081729	501(C)(3)	46,256		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)	203,692		FMV		JEWISH EDUCATIONAL PROGRAMS

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GAINSVILLE HILLEL INC2020 W UNIVERSITY AVENUE UNIVERSITY OF FL GAINSVILLE,FL 32603	65- 1090524	501(C)(3)	63,742		FMV		JEWISH EDUCATIONAL PROGRAMS
GREATER MIAMI HILLEL FOUNDATION INC 1100 STANFORD DRIVE CORAL GABLES,FL 33146	52- 1758796	501(C)(3)	56,400		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 OF THE FLORIDA SUNCOAST13102 N 50TH ST TAMPA,FL 33617	52-1758800	501(C)(3)	41,000		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL OF BROWARD AND PALM BEACH INC 777 GLADES ROAD BLDG LY-3A BOCA RATON,FL 33431	56-2472825	501(C)(3)	74,947		FMV		JEWISH EDUCATIONAL PROGRAMS

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CENTRAL FLORIDA HILLEL4250 ALFAYA TRAIL STE 212-363 OVIEDO,FL 32765	81-0553966	501(C)(3)	21,570		FMV		JEWISH EDUCATIONAL PROGRAMS
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE (JOHN HOPKINS)101 WEST MT ROYAL AVENUE BALTIMORE,MD 21201	52-0607957	501(C)(3)	12,264		FMV		JEWISH EDUCATIONAL PROGRAMS

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE (TOWSON UNIVERSITY101 WEST MT ROYAL AVENUE BALTIMORE, MD 21201	52-0607957	501(C)(3)	20,824		FMV		JEWISH EDUCATIONAL PROGRAMS
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE (UNIVERSITY OF MD101 WEST MT ROYAL AVENUE BALTIMORE, MD 21201	52-0607957	501(C)(3)	7,080		FMV		JEWISH EDUCATIONAL PROGRAMS

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THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE (GOUCHER COLLEGE)101 WEST MT ROYAL AVENUE BALTIMORE, MD 21201	52-0607957	501(C)(3)	10,275		FMV		JEWISH EDUCATIONAL PROGRAMS
JEWISH FEDERATION OF METROPOLITAN CHICAGO (HILLELS OF ILLINOIS)30 S WELLS ST STE 216-600 CHICAGO, IL 60606	36-2167761	501(C)(3)	6,250		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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NORTHWESTERN UNIVERSITY629 FOSTER STREET EVANSTON, IL 60201	36-2167761	501(C)(3)	60,820		FMV		JEWISH EDUCATIONAL PROGRAMS
UNIVERSITY OF ILLINOIS-CHICAGO LEVINE HILLEL CENTER 924 S MORGAN ST CHICAGO, IL 60607	36-2167761	501(C)(3)	47,079		FMV		JEWISH EDUCATIONAL PROGRAMS

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UNIVERSITY OF ILLINOIS-URBANA 503 EAST JOHN STREET CHAMPAIGN,IL 61820	36-2167761	501(C)(3)	35,641		FMV		JEWISH EDUCATIONAL PROGRAMS
CLEVELAND HILLEL FOUNDATION INC 11291 EUCLID AVENUE CLEVELAND,OH 44106	34-1187022	501(C)(3)	28,000		FMV		JEWISH EDUCATIONAL PROGRAMS

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HILLEL AT KENT STATE UNIVERSITY613 E SUMMIT STREET KENT,OH 44240	34-6557290	501(C)(3)	43,650		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL FOUNDATION AT OHIO UNIVERSITY 21 MILL STREET ATHENS,OH 45701	52-1758797	501(C)(3)	14,905		FMV		JEWISH EDUCATIONAL PROGRAMS

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CA STATE UNIVERSITY NORTHRIDGE6505 WILSHIRE BLVD STE 450 LOS ANGELES, CA 90048	95-6134920	501(C)(3)	38,770		FMV		JEWISH EDUCATIONAL PROGRAMS
UNIVERSITY OF CALIFORNIA-LOS ANGELES574 HILGARD AVENUE LOS ANGELES, CA 90024	95-4575930	501(C)(3)	187,245		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 SOUTHERN CA-SANTA BARBARA 781 EMBARCADERO DEL MAR ISLA VISTA, CA 93111	95-4575932	501(C)(3)	45,175		FMV		JEWISH EDUCATIONAL PROGRAMS
UNIVERSITY OF SOUTHERN CALIFORNIA3300 SOUTH HOOVER BOULEVARD LOS ANGELES, CA 90007	95-4867366	501(C)(3)	72,625		FMV		JEWISH EDUCATIONAL PROGRAMS

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SAN FRANCISCO HILLEL JEWISH STUDENT CENTER 33 BRANBURY DRIVE SAN FRANCISCO, CA 94132	94- 3152892	501(C)(3)	130,250		FMV		JEWISH EDUCATIONAL PROGRAMS
CENTER FOR JEWISH CAMPUS LIFE (HILLEL AT STANFORD)565 MAYFIELD AVENUE STANFORD,CA 94305	77- 0492512	501(C)(3)	249,750		FMV		JEWISH EDUCATIONAL PROGRAMS

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BERKELEY HILLEL 2736 BANCROFT WAY BERKELEY, CA 94704	52-1758790	501(C)(3)	364,445		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL AT DAVIS AND SACRAMENTO 328 A STREET DAVIS, CA 95616	36-4499099	501(C)(3)	71,400		FMV		JEWISH EDUCATIONAL PROGRAMS

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SANTA CRUZ HILLEL FOUNDATION222 CARDIFF PLACE SANTA CRUZ, CA 95060	77-0427628	501(C)(3)	68,000		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL OF SONOMA COUNTY PO BOX 3143 ROHNERT PARK, CA 949273143	01-0818620	501(C)(3)	15,000		FMV		JEWISH EDUCATIONAL PROGRAMS

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HILLEL OF SILICON VALLEY 336 EAST WILLIAM STREET SAN JOSE, CA 95112	77-0575153	501(C)(3)	65,000		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL OF SAN LUIS OBISPO BOX 88 CAL POLY SAN LUIS OBISPO, CA 93407	20-1744245	501(C)(3)	10,000		FMV		JEWISH EDUCATIONAL PROGRAMS

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BROWN RISD HILLEL FOUNDATION80 BROWN STREET PROVIDENCE,RI 02906	05-6019146	501(C)(3)	40,097		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL FOUNDATION AT THE UNIVERSITY OF RHODE ISLAND 6 FRATERNITY CIRCLE KINGSTON,RI 02881	05-6019148	501(C)(3)	40,285		FMV		JEWISH EDUCATIONAL PROGRAMS

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HILLEL OF COLORADO2390 S RACE STREET DENVER, CO 80210	52-1758791	501(C)(3)	17,837		FMV		JEWISH EDUCATIONAL PROGRAMS
SAN DIEGO STATE UNIVERSITY5742 MONTEZUMA ROAD SAN DIEGO, CA 92115	33-0519225	501(C)(3)	43,025		FMV		JEWISH EDUCATIONAL PROGRAMS

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UNIVERSITY OF CA-SAN DIEGO 5742 MONTEZUMA ROAD SAN DIEGO, CA 92115	33-0519225	501(C)(3)	42,381		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL OF CHICO BMU RM 213 BOX 36 400 WEST FIRST STREET CHICO, CA 959290755	45-0565454	501(C)(3)	10,000		FMV		JEWISH EDUCATIONAL PROGRAMS

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HILLEL HOUSE AT UMASS AMHERST 388 N PLEASANT ST 15 AMHERST, MA 01002	04- 3110103	501(C)(3)	23,350		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL AT BINGHAMTON UNIVERSITY UNION WEST 208-B BINGHAMTON, NY 13902	01- 0569965	501(C)(3)	152,350		FMV		JEWISH EDUCATIONAL PROGRAMS

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CORNELL HILLEL G-34 ANABEL TAYLOR HALL CORNELL UNIVERSITY ITHACA, NY 14853	16- 6068463	501(C)(3)	86,012		FMV		JEWISH EDUCATIONAL PROGRAMS
SYRACUSE HILLEL INC102 WALNUT PL SYRACUSE, NY 13210	45- 1441843	501(C)(3)	8,000		FMV		JEWISH EDUCATIONAL PROGRAMS

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TRUSTEES OF UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308	14-1338580	501(C)(3)	4,000		FMV		JEWISH EDUCATIONAL PROGRAMS
RUTGERS UNIVERSITY HILLEL 93 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	26-0177367	501(C)(3)	59,142		FMV		JEWISH EDUCATIONAL PROGRAMS

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DICKINSON COLLEGEASBELL CENTER FOR JEWISH LIFE 262 W HIGH STREET CARLISLE, PA 17073	23-1365954	501(C)(3)	46,625		FMV		JEWISH EDUCATIONAL PROGRAMS
DREW UNIVERSITY36 MADISON AVE MADISON, NJ 07940	22-1487164	501(C)(3)	38,170		FMV		JEWISH EDUCATIONAL PROGRAMS

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HILLEL-THE FOUNDATION FOR JEWISH CAMPUS LIFE54 NORTH EAGLEVILLE RD STORRS,CT 06268	06-6071635	501(C)(3)	49,250		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE WEST HARTFORD JEWISH CENTER200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-6068500	501(C)(3)	7,000		FMV		JEWISH EDUCATIONAL PROGRAMS

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PENN STATE HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE114-117 PASQUERILLA SPIRITUAL CENTER UNIVERSITY PARK, PA 16802	25-6078799	501(C)(3)	78,670		FMV		JEWISH EDUCATIONAL PROGRAMS
THE EDWARD AND ROSE BERMAN HILLEL JEWISH UNIVERSITY CENTER (UNIV OF PITTSBU4607 FORBES AVENUE PITTSBURG, PA 15213	25-6065236	501(C)(3)	5,750		FMV		JEWISH EDUCATIONAL PROGRAMS

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KRISTOL CENTER FOR JEWISH LIFE AT THE UNIV OF DELAWARE47 WEST DELAWARE AVENUE NEWARK, DE 197114635	51-0331975	501(C)(3)	207,634		FMV		JEWISH EDUCATIONAL PROGRAMS
THE HILLEL JEWISH CENTER AT THE UNIVERSITY OF VIRGINIA1824 UNIVERSITY CIRCLE CHARLOTTESVILLE, VA 229031886	54-6061871	501(C)(3)	31,684		FMV		JEWISH EDUCATIONAL PROGRAMS

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HILLEL VIRGINIA TECHPO BOX 708 BLACKSBURG, VA 24063	90- 0406012	501(C)(3)	303,641		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE NORTH CAROLINA STATE UNIVERSIT210 WEST CAMERON AVE CHAPEL HILL, NC 27510	56- 6094521	501(C)(3)	61,729		FMV		JEWISH EDUCATIONAL PROGRAMS

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DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	10,750		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLELS OF GEORGIA INC 735 GATEWOOD RD ATLANTA, GA 30322	58-2051970	501(C)(3)	10,380		FMV		JEWISH EDUCATIONAL PROGRAMS

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B'NAI B'RITH HILLEL FOUNDATION AT OHIO STATE UNIVERSITY46 E 16TH AVENUE COLUMBUS, OH 43201	31-1048567	501(C)(3)	214,941		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL JEWISH CAMPUS LIFE UNIVERSITY OF CINCINNATI2615 CLIFTON AVE CINCINNATI, OH 45220	31-6068733	501(C)(3)	5,000		FMV		JEWISH EDUCATIONAL PROGRAMS

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HILLEL FOUNDATION AT EASTERN MICHIGAN UNIVERSITY965 WASHTENAW AVE YPSILANTI, MI 48197	26-1708791	501(C)(3)	50,806		FMV		JEWISH EDUCATIONAL PROGRAMS
UNIVERSITY OF MICHIGAN HILLEL FOUNDATION1429 HILL ST ANN ARBOR, MI 48104	38-6119964	501(C)(3)	29,510		FMV		JEWISH EDUCATIONAL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HILLEL OF METRO DETROITWSU 667 STUDENT CENTER BLDG DETROIT, MI 48202	52-1758804	501(C)(3)	25,274		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL FOUNDATION UNIVERSITY OF WISCONSIN INC (MADISON)611 LANGDON STREET MADISON, WI 53703	39-2035142	501(C)(3)	23,462		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 MILWAUKEE3053 N STOWELL AVE MILWAUKEE, WI 53211	39-1445185	501(C)(3)	8,500		FMV		JEWISH EDUCATIONAL PROGRAMS
VANDERBILT HILLEL INC2421 VANDERBILT PLACE NASHVILLE, TN 37212	62-6073391	501(C)(3)	26,800		FMV		JEWISH EDUCATIONAL PROGRAMS

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HILLEL FOUNDATION OF NEW ORLEANS (TULANE)912 BROADWAY NEW ORLEANS, LA 70118	72-6031116	501(C)(3)	28,562		FMV		JEWISH EDUCATIONAL PROGRAMS
UNIVERSITY OF IOWA LOUIS SHULMAN HILLEL FOUNDATION INC 122 E MARKET ST IOWA CITY,IA 52245	42-6084674	501(C)(3)	5,000		FMV		JEWISH EDUCATIONAL PROGRAMS

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KANSAS UNIVERSITY HILLEL FOUNDATION722 NEW HAMPSHIRE ST LAWRENCE,KS 66044	48-6121370	501(C)(3)	203,677		FMV		JEWISH EDUCATIONAL PROGRAMS
ST LOUIS HILLEL AT WASHINGTON UNIVERSITY6300 FORSYTH BOULEVARD ST LOUIS,MO 63105	43-6065763	501(C)(3)	26,647		FMV		JEWISH EDUCATIONAL PROGRAMS

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEXAS HILLEL FOUNDATION (UNIVERSITY OF TEXAS-AUSTIN) 2105 SAN ANTONIO ST AUSTIN, TX 78705	52-1758802	501(C)(3)	144,175		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE ARIZONA STATE U1012 S MILL AVENUE TEMPE, AZ 85281	86-6053859	501(C)(3)	10,800		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 THE UNIVERSITY OF ARIZONA1245 E 2ND STREET TUCSON,AZ 85719	86-6053800	501(C)(3)	155,750		FMV		JEWISH EDUCATIONAL PROGRAMS
THE HILLEL FOUNDATION OF ORANGE COUNTY 4255 CAMPUS DRIVE STE 250 IRVINE,CA 92612	23-7172074	501(C)(3)	23,270		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 PORTLAND HILLEL PO BOX 1547 PORTLAND,OR 97207	80-0221753	501(C)(3)	18,950		FMV		JEWISH EDUCATIONAL PROGRAMS
HILLEL FOUNDATION FOR JEWISH LIFE AT THE UNIVERSITY OF WASHINGTON 4745 17TH ST NE SEATTLE,WA 98105	91-6067231	501(C)(3)	32,719		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
JCC OF NORTHERN VIRGINIA (JCCNOR)8900 LITTLE RIVER TURNPIKE FAIRFAX, VA 22031	54-1145849	501(C)(3)	10,500		FMV		JEWISH EDUCATIONAL PROGRAMS
JUNIATA COLLEGE (JUNATA)1700 MOORE STREET HUNTINGDON, PA 166522196	23-1352652	501(C)(3)	11,425		FMV		JEWISH EDUCATIONAL PROGRAMS

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment  
Sequence No 179

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 instructions)	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 2010 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 2012 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	343,834

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 2011	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 2011 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 2011 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	343,834
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 ( <b>do not</b> 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 )		
<b>Note:</b> 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 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	