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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

vepartment of the Treasury

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

8/1/2014 7/31/2015 For the 2014 calendar year, or tax year beginning and ending C Name of organization Chabad on Campus International, Inc. D Employer identification number Check if applicable Doing business as Address change Number and street (or P O box if mail is not delivered to street address) 20-0078855 Name change 719 Eastern Parkway E Telephone number ZIP code Initial return City or town (718) 510-8181 Brooklyn NY 11213 Final return/terminated Foreign postal code Foreign country name Foreign province/state/county 4.706.963 G Gross receipts \$ Amended return F Name and address of principal officer Yes X No Application pending H(a) Is this a group return for subordinates? Moshe Kotlarsky 719 Eastern Parkway, Brooklyn, NY 11213 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list (see instructions) 4947(a)(1) or 527 501(c)) < (insert no) Tax-exempt status Website: ▶ www chabad edu H(c) Group exemption number ▶ K Form of organization X Corporation Association Other ▶ L Year of formation M State of legal domicile 2004 NY Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance assist 200 local Chabad on Campus student centers and to promote activities and to enrich Jewish life on college and university campuses throughout the United State and Worldwide Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12. 7a Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h). 3,838,756 4,397,006 277,745 297,432 9 Program service revenue (Part VIII, line 2g) . Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,690 12,525 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4.706.963 12 4,154,191 495,734 Grants and similar amounts paid (Part IX, column (A), lines 1-3).... 476.883 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 721,137 15 623,689 Professional fundraising fees (Part IX, cotumn (A), line 11e) 16a Total fundraising expenses (Part IX, column (D) Line 25) 3,268,438 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,264,752 Total expenses. Add lines 13-17 (must equal Partix) column (A), line 25) 18 4,369,010 4,481,623 Revenue less expenses Subtract line 18 from line 12 225,340 19 -214,819 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . . . 712.997 889.122 21 Total liabilities (Part X, line 26) . . . 599,624 864,758 Net assets or fund balances. Subtract line 21 from line 20 113,373 24,364 Signature Block Under penalties of penjury, 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 6/9/2016 Sign Signature of officer Here mushe DOPLOMZE Type or print name and title Print/Type preparer's name Preparer's signature Check Paid 6/9/2016 self-employed P01208897 Avrohom N Roth Preparer Firm's name A. Roth & Co Public Accountants Firm's EIN ► 45-2087764 **Use Only** Firm's address ▶ 951 NE 167th Street #114, North Miami Beach, FL 33162

For Paperwork Reduction Act Notice, see the separate instructions.

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

X Yes Form 990 (2014)

(305) 785-3172

Phone no

Form 9	1990 (2014) Chabad on Campus International, Inc.		20-0078855	Page ∠
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Par	t III		
1	Briefly describe the organization's mission			
	Our mission is to support and work with local Chabad student centers providing social,		·	
•	educational and cultural programming for students at hundreds of college and university			
	campuses.		·	
2	Did the organization undertake any significant program services during the year which were	not listed on		
2	the prior Form 990 or 990-EZ?	Hot listed on	. Yes	X No
	If "Yes," describe these new services on Schedule O			<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any	program		
	services?		Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest p	orogram services, a	s measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	of grants and alloc	ations to others,	
	the total expenses, and revenue, if any, for each program service reported.			
4-	/Code \/ (Evpansos \$ 2.794.755 including grants of \$ 405	724 \ /Payanua	<u> </u>	
4a	(Code) (Expenses \$ 3,784,755 including grants of \$ 495 Provide funding and services to Chabad on Campus student centers and students worldwid			
	*		<i>.</i>	
			•••••	
		•	·	
4b	(Code) (Expenses \$ Including grants of \$) (Revenue	\$)
4c	(Code) (Expenses \$ including grants of \$	(Revenue	\$)
4d	Other program services. (Describe in Schedule O)	<u> </u>		
⇔ ū	(Expenses \$ 0 including grants of \$ 0) (Revenue	\$	0)	
4e				

Part		20-0078855		age 3
гаг	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	x	
2`	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> .	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	. 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	. 8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
	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		х
	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		х
	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		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	X 11e	X	-
	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	<u>11f</u>		х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ye and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a	1	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	446		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	14b		

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .

If "Yes," complete Schedule G, Part III

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

17

18

19 20a

20b

		20-0078855	Р	age 4
Par	t IV Checklist of Required Schedules (continued)		Γ.	T
24	Dud the expension report more than \$5,000 of groups or other acceptance to any demonts arganization or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	x	
22`	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	├^	├-
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	. 22		 ^
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	. 23		 ^
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	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		· · - · ·		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		L	_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<u>28c</u>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M.	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			١.,
	If "Yes," complete Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	├	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1 24	1	l
25-	III, or IV, and Part V, line 1	34	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Vest" to line 35s, did the organization receive any payment from or engage in any transaction with a controlled	. 35a	-	 ^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	. 350	\vdash	
36	organization? If "Yes," complete Schedule R, Part V, line 2	36	1	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 36	 	 ^
U 1	Did the organization conduct more than one or to detrice through an entry that is not a related organization	1	1	1

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

19? Note. All Form 990 filers are required to complete Schedule O.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

VI

37

38

	90 (2014) Chabad on Campus International, Inc. 20-007	3855	P	age 5
Par				\Box
	Check if Schedule O contains a response or note to any line in this Part V	• •	•	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c		
2-	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16		
2a	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	_	Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<u>'</u>] ,
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	*		
а	and services provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	 ^
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
•	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			ļ
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b		1
10_	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12			ļ
ь 11	Section 501(c)(12) organizations. Enter	1		İ
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ī
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	Į	1	
С	Enter the amount of reserves on hand	 	<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

14b

Part VI

<u> SEČI</u>	ion A. Governing Body and Management				
4-		١	. —	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	1a - 1	의 <u>'</u> 를	0.0	X
	If there are material differences in voting rights among members of the governing body, or			\$.	,
	of the governing body delegated broad authority to an executive committee or similar		, gar	. 692	٠ ،
	committee, explain in Schedule O.		,	St. A	E. !
b	Enter the number of voting members included in line 1a, above, who are independent		7 1	25,	,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	ship with		: 	
	any other officer, director, trustee, or key employee?	•	2		X
3	Did the organization delegate control over management duties customarily performed by or under		1		
	supervision of officers, directors, or trustees, or key employees to a management company or other	-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?	•	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	5,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	*		
	the year by the following		أسلمت		
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	•	9		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code		
				Yes	No
10a	• • • • • • • • • • • • • • • • • • • •		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	· · · · · · · · · · · · · · · · · · ·			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	-	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	1	,	1
4.0	describe in Schedule O how this was done		12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro	-	٠.	*	li
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			[']
a	The organization's CEO, Executive Director, or top management official	•	15a	X	\vdash
b	Other officers or key employees of the organization		15b	^	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	nement .			۸. ا
104	with a taxable entity during the year?	gement	160		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the organization of the control of the organization of the organ	uate ite	16a		X
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				'
	the organization's exempt status with respect to such arrangements?	guaru	16b		1
Sact	ion C. Disclosure	· · ·	TIOD		<u> </u>
<u>3eci</u> 17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	00-T (Section 501/c)/	3)s only	 /)	
	available for public inspection. Indicate how you made these available. Check all that apply		,,	,	
		xplaın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	•		ıd	
. •	financial statements available to the public during the tax year		, ui	· 	
20	State the name, address, and telephone number of the person who possesses the organization's	books and records	•		
	The Organization	/710\ 510 010	1		
	719 Eastern Parkway Suite 1, Brooklyn, NY 11213				

Form 990 (2014)	Chabad on Campus International,	Inc.								20-00788	55 Page 7
Part VII	Compensation of Officers, Dire		es, K	(ey	En	nplo	oyee	s, I	lighest Comp	ensated	
-	Employees, and Independent C							_			_
	Check if Schedule O contains a r				_					· · · · ·	· · · <u> </u>
Section A.	Officers, Directors, Trustees, Key E										
	this table for all persons required to be	listed. Report co	mper	ısatı	on 1	for t	he ca	lend	dar year ending v	vith or within the	
organization's	-		/ lm	- -			مامييا				4
	of the organization's current officers, di ion Enter -0- in columns (D), (E), and (uais	or o	rganizations), re	gardiess of amo	unt
	of the organization's current key emplo						defin	ıtıor	of "key employe	ee "	
who received	organization's five current highest con reportable compensation (Box 5 of For and any related organizations.										yee)
-	of the organization's former officers, ke	v employees ar	nd hia	ihes	t co	mne	encat	ed e	employees who r	ecewed more th	an
	eportable compensation from the organ							cui	imployees wile i	eccived more an	2 11
	of the organization's former directors	=			_			ity a	as a former direc	tor or trustee of	the
organization, i	more than \$10,000 of reportable compe	ensation from the	e orga	anız	atıo	n an	nd any	rel	ated organization	ns.	4.30
	n the following order individual trustees	or directors, ins	titutio	nal	trus	tee	s, offi	cers	s, key employees	s, highest	- 21
 '	employees, and former such persons										
Check thi	s box if neither the organization nor an	y related organiz	ation	cor	npe	nsat	ted a	ту с	urrent officer, dir	ector, or trustee.	·
						C)					
	(A)	(B)	(do r	not cl		ition more	than o	ne	(D)	(E)	(F)
	Average	Ďοx,	unle	ess person is both an ind a director/trustee)				Reportable	Reportable	Estimated	
		hours per week (list any				Irecti	or/trust		compensation from	compensation from related	amount of other
		hours for related	Individual trustee or director	Stit	Officer	ey e	mple	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	dual	혛	៉	ğ	st cc	۳	(W-2/1099-MISC)	(**-2/1033-181100)	organization
		below dotted line)	r tas	함		oye e	d L				and related organizations
		,	e e	Institutional trustee		"	ensa			i	0.94
				"			Highest compensated employee				
(1) Moshe	Kotlarsky	5.00									
Chairman		0 00	X							0	
(2) Necher	nia Vogel	5 00									
Treasurer		0 00	X	┡	┝	<u> </u>	├		0	0	0
(3) Eitan W	Vebb	5 00	١.,		l						
Secretary	70-0h	0 00		├	┢	\vdash	╁		0	0	0
(4) Hirsch Z Vice Presiden		5 00 0 00	1		l						. sept
(5) Menach		5 00		╁	 	H		\vdash			
President	Toni Commun.	0 00	1								
(6) Dov Gr	eenberg	5 00	_		1						
Vice Presiden		0 00	x								
(7) Joseph	Gordon	40 00									
Executive Vic	e President	0 00		X		Х	X	L	72,000		_
	C. Dubrowski	40.00									
Chief Financia		0 00		┞	<u> </u>	X		<u> </u>	40,000		
	m C. Weinstein	40 00				١					
Director of Ad	ministration	0 00	<u> </u>	\vdash	\vdash	X	 	<u> </u>	54,288		
(10)											
(11)	· - · · -	<u> </u>		\vdash	\vdash	\vdash		-		-	
7:17											
(12)				T	T	1	1				
(13)						1					
			1	1	i			1			

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	ot ch unles	Pos ieck is pe d a d	c) ition more rson irecti	than out	one an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	Es am com fr orga	(F) turnated nount of other pensation om the agration d related unizations
(15)		·- -						_			 	
(16)						-					+	
(17)						<u> </u>			_			
(18)											 	<u> </u>
(19)												
(20)										,	 	
(21)												
(22)												
(23)												
(24)						_						
(25)										-	1	
1b c d	Sub-total	mited to those lis	sted a	ıbov	e) v			▶ ▶ ved	166,288 0 166,288 I more than \$100	0,000 of	0 0 0	0 0 0
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>	ector, or trustee, ule J for such in	key e dıvıdı	emp ual	oye						3	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual	ter than \$150,00	00? <i>If</i>	"Υε	es, "	con	nplete	e Sc	chedule J for suc 	•	4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "You									vidual	5	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest compe compensation from the organization Report co year.	•									s tax	
	(A) (B) Name and business address Description of serving						vices	(C) Compen				
												0
									-			0
_	~							L.				0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	tea to ►	INO	se I	ıste	d abo	ve)	wno received	,	·	

Form 9	90 (201	14) Chabad on Campus Internation	nal, <u>Inc</u> .				20-00788	355 Page 9
Par	t VIII							
		Check if Schedule O contains a r	esponse or n	ote to any line in	this Part VIII			. \square
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
is is	1a	Federated campaigns	. <u>1a</u>	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1b	0				
وَ ق	С	Fundraising events	1c	0				
Sifts lar /	d	Related organizations	1d	0				
ns, (e	Government grants (contributions)	1e	0				
ution er S	f	All other contributions, gifts, grants,						
를 됨		similar amounts not included above		4,397,006				
Son	g	Noncash contributions included in lines	1a-1f. \$	0				
	h	Total. Add lines 1a–1f .	·		4,397,006			**
		_		Business Code				<u> </u>
Program Service Revenue	2a	Program fee income		900099	297,432			
ă,	b				0			
울	C							
s l	d				0			
Jran	e	All other program service revenue			0			
Š	ď	Total. Add lines 2a–2f	-	•	297,432		t.	
	3	Investment income (including divide			201,102			
		other similar amounts)		▶	o			
	4	Income from investment of tax-exem		eeds ►	0		·	
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less. rental expenses						
	С	Rental income or (loss)	0	<u> </u>				
	d	Net rental income or (loss) .		•	<u> </u>	***		,
	7a		(i) Securities	(II) Other	*	*	,	
		assets other than inventory	0	0				
	b	Less cost or other basis	0					
		and sales expenses Gain or (loss)	0	0				*
	c d	Net gain or (loss)			0			
		Net gain or (1033)			0			
<u>e</u>	8a	Gross income from fundraising						
enr		events (not including \$	0					
ev.		of contributions reported on line 1c)]	
E E		See Part IV, line 18	. a	o				1
Other Revenue	b	Less direct expenses	b	0				
0	С	Net income or (loss) from fundraising	g events .	•	0			
	9a	Gross income from gaming activities						
		See Part IV, line 19		0				
	b	Less direct expenses		0				
	C	Net income or (loss) from gaming ac	ctivities .	▶	0			
	10a	Gross sales of inventory, less	_					
	[a	0				
	b	•	b					
	ᆣ	Net income or (loss) from sales of in Miscellaneous Revenue	ventory.	Business Code	0		 -	-
	112	Membership dues		Duamess Coue	12,525			
,	b	Weinbership dues			12,323			1
	c				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d		•	12,525			
	12	Total revenue. See instructions		<u></u>	4,706,963		0	0

Form 990 (2014) Chabad on Campus International, Inc. 20-0078855 Page 10 Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (B) (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 392.645 392.645 domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. 103,089 103,089 Benefits paid to or for members . . . Compensation of current officers, directors, 114,000 45,000 45,000 trustees, and key employees. 24.000 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 . 507,664 304,598 177,682 25,384 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 99,473 2,250 97,223 9 Other employee benefits 10 Payroll taxes 0 . . . 11 Fees for services (non-employees) Management . . . 0 16.904 16.679 Legal. b Accounting 1,135 1,135 C Lobbying 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 170,554 147,342 4,003 19.209 12 Advertising and promotion . 16,639 9,325 6,714 600 13 Office expenses 22,026 2,997 18,218 811 14 Information technology. 41,521 20,133 21,388 Royalties 15 0 Occupancy 76,255 16 76,255 275,028 17 Travel. 314,260 21,131 18,101 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 8,213 0 8,213 563 563 20 Interest . . . 21 Payments to affiliates . 45,104 0 45,104 0 22 Depreciation, depletion, and amortization 37,461 40,786 3,325 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Religious articles 5,094 37,937 25,813 7.030 Credit card processing and bank fees 49,215 30,070 19,145 2,357,466 Direct cost of programs 2,357,466 Printing, Postage and mailing 2,405 44,293 8,532 33,356 21,881 6,327 10,984 4,570 All other expenses Total functional expenses. Add lines 1 through 24e 4,481,623 3,784,755 557,530 139,338 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Part X . Balance Sheet

	-	Check if Schedule O contains a response or	note to any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		54,606	1	70,984
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		184,994	3	285,356
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensation	ated employees			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person	ns (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing employers and	*		. *
		sponsoring organizations of section 501(c)(9) voluntary e	nployees' beneficiary	,		<u> </u>
য়	•	organizations (see instructions) Complete Part II of Sche		6		
Assets	7	Notes and loans receivable, net		6,277	7	1,827
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or		â	¥. "	
		other basis. Complete Part VI of Schedule D	10a 278,196		ř	
	b	Less accumulated depreciation	10b 73,480	138,481	10c	204 <u>,716</u>
	11	Investments—publicly traded securities		0	11	. 0
	12	Investments—other securities See Part IV, line	0	12	0	
	13	Investments—program-related. See Part IV, line	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11		328,639	15	326,239
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	712,997	16	889,122
	17	Accounts payable and accrued expenses .		499,624	17	737,667
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete I		**	21	
Liabilities	22	Loans and other payables to current and former				
ij		trustees, key employees, highest compensated	• •	4° ,		<u> </u>
iab		disqualified persons. Complete Part II of Schedu			22	_
_	23	Secured mortgages and notes payable to unrela	•	0	23	0
	24	Unsecured notes and loans payable to unrelate		100,000	24	100,000
	25	Other liabilities (including federal income tax, pa	· ·			
		parties, and other liabilities not included on lines		,	25	27.004
	20	Part X of Schedule D		599,624	25 26	27,091
	26	Total liabilities. Add lines 17 through 25		599,024	20	864,758
ø		Organizations that follow SFAS 117 (ASC 958	·	•		pás
၂၄၉		complete lines 27 through 29, and lines 33 ar				
alaı	27	Unrestricted net assets		113,373		24,364
Ä	28	Temporarily restricted net assets			28	
ביי	29	Permanently restricted net assets			29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958),	check here ► and			! !
ō		complete lines 30 through 34.			. <u> </u>	
ets	30	Capital stock or trust principal, or current funds	•		30	
488	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets	32	Retained earnings, endowment, accumulated in	come, or other funds.		32	
Ž	33	Total net assets or fund balances		113,373		24,364
	34	Total liabilities and net assets/fund balances		712,997	34	889,122

опп	990 (2014) Chabad on Campus International, Inc.	20-0078	855	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		4	,706	,963
2	Total expenses (must equal Part IX, column (A), line 25)		4	,481	,623
3	Revenue less expenses Subtract line 2 from line 1			225	,340
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			113	3,373
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)			-314	,349
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	L		24	,364
art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			.	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_			
	Schedule O.	L			, ,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	ſ			
	reviewed on a separate basis, consolidated basis, or both		- 1		
	Separate basis X Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	-	2b		X
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	F		,	
	separate basis, consolidated basis, or both		- 1		
	Separate basis Consolidated basis Both consolidated and separate basis	- 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	-		-:-	'
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				**
Δ-	Schedule O.	-			<u>«·</u>]
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				V
	the Single Audit Act and OMB Circular A-133?	·	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<u>. </u>		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		i

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

s.gov/form990. Inspection

Open to Public

OMB No 1545-0047

Employer identification number Name of the organization 20-0078855 Chabad on Campus International, Inc 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 lχ 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.) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 0 f Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

	Part III. If the organization fail	ls to qualify un	der the tests lis	ted below, plea	ise complete P	art I <u>II.)</u>	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,714,077	1,970,517	2,336,726	3,838,756	4,412,494	14,272,570
2	Tax revenues levied for the organization's	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5,555,155	, -, -, -, -,	· //= / = / <u>0.</u>
_	benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						0
4	Total. Add lines 1 through 3	1,714,077	1,970,517	2,336,726	3,838,756	4,412,494	14,272,570
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%	4		:	, `	* *	
	of the amount shown on line 11,		*	*			
	column (f)						3,030,936
	Public support. Subtract line 5 from line 4						11,241,634
	tion B. Total Support	(-) 0040	(b) 0044	(-) 0040	(4) 0040	(-) 0044	(D. T+-I
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	1,714,077	1,970,517	2,336,726	3,838,756	4,412,494	14,272,570
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						0
9	Net income from unrelated business activities, whether or not the business is						0
	regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)	107,723	138,073	159,751	268,101	294,469	968,117
11	Total support. Add lines 7 through 10	~* ^			*	* *	15,240,687
12	Gross receipts from related activities, etc. (see	e instructions)			[12	
13	First five years. If the Form 990 is for the organization, check this box and stop here .	_	second, third, fourth	, or fifth tax year as	s a section 501(c)(▶□
Sec	tion C. Computation of Public Sup	port Percenta	age				
14	Public support percentage for 2014 (line 6, co	olumn (f) divided b	y line 11, column (f			14	73.76%
15	Public support percentage from 2013 Schedu	ıle A, Part II, line 1	4		[15	93.18%
16a	33 1/3% support test—2014. If the organization dualifies as			and line 14 is 33 1	/3% or more, ched	k this box	▶ [X
b	33 1/3% support test—2013. If the organization and stop here. The organization qualifie				33 1/3% or more,	, check this	. ▶
17a	10%-facts-and-circumstances test—2014. is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization".	s the "facts-and-cu	rcumstances" test, o	check this box and	stop here. Explai	n in	▶□
b	10%-facts-and-circumstances test—2013. 15 is 10% or more, and if the organization me Part VI how the organization meets the "facts supported organization	eets the "facts-and	l-circumstances" tes	st, check this box a	nd stop here. Ex		-
18	Private foundation. If the organization did n instructions				this box and see		. ▶□

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	ii tile organization lans to qu	any under the	tooto notoa bot	or, picase con	picte i art ii.		
	tion A. Public Support	T			T		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants ")	<u> </u>					0
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]					0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						0
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3	<u> </u>	0	0		-	
ı a	· ·						0
_	received from disqualified persons .						U
D	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						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from				, ,		_
	line 6.)	L	<u> </u>	** ** ** <i>*</i> **	4 · '%	ÿ \$ 💥 📗	. 0
	tion B. Total Support	4) 0040	43.0044	() 0010	T + 1) 00 40		<u> </u>
	endar year (or fiscal year beginning in)		(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,					ļ	
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or				•		
	loss from the sale of capital assets						
	(Explain in Part VI) .						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						▶ _
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2014 (line 8, c	column (f) divided b	y line 13, column (f))		15	0 00%
16	Public support percentage from 2013 Sched		•	•		16	0 00%
	tion D. Computation of Investmen					•	
17	Investment income percentage for 2014 (line			olumn (fi) .		17	0 00%
18	Investment income percentage from 2013 S					18	0 00%
	33 1/3% support tests—2014. If the organi				ore than 33 1/3%		3 3 3 7 8
	not more than 33 1/3%, check this box and s				•		• 🗆
b	33 1/3% support tests—2013. If the organi				-		
	line 18 is not more than 33 1/3%, check this						▶□
20	Private foundation. If the organization did						▶ 🗂

Part IV Supporting Organizations

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

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

_		Yes	No
}-	1		
ŀ	•		
-	2		
	3a		
Γ		*	
-	3b		
	3с	» ¿	-
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	9b		
-	9c		
Ī			
-	10-		
F	10a		
	10h	 	l'

Part	Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		_	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	٠, ٢	56.3	, Š., ×
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	,		^
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		Ĉ.	* -
	controlled the organization's activities If the organization had more than one supported organization,	,	# .F	·
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_27	- · · · ·	3
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	٠	
2	Did the organization operate for the benefit of any supported organization other than the supported	* *	,	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1,8		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
04	supervised, or controlled the supporting organization	2		<u> </u>
Secti	on C. Type II Supporting Organizations		V	
4	More a majority of the organization's directors of twistood divine the toy was a day a second of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	3 M	* "	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		ļ
Secti	on D. All Type III Supporting Organizations			<u> </u>
OCCU	On D. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	« ý		
-	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	·	Sec. 1	*
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	S.	7.3a	> .33
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		×	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		雀	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's	۰ ۶		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	_3_		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ii	struc	tions)
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h	Ī	1

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	<u> Orgar</u>	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trus	st on Nov 20, 1970 See ins	tructions. All
other Type III non-functionally integrated supporting organizations must co	mplet	te Sections A through E.	·
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	-	å <u>.</u>	. *
instructions for short tax year or assets held for part of year)		2	
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	
e Discount claimed for blockage or other			\$* * \
factors (explain in detail in Part VI)		*	<u> </u>
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	o	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	. 0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1_		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4	/	0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	· · · · · ·	
7 Check here if the current year is the organization's first as a non-functional instructions)	lly-ınt	egrated Type III supporting	organization (see

Page 7

	A (Form 990 or 990-EZ) 2014 Chabad on Campus Internation			0-0078855 Page 7
Part) Supporting Organi	zations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6				
	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0.000
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			*
3	Excess distributions carryover, if any, to 2014			
a				
b	<u> </u>	\$		
<u>C</u>				
d				
е	From 2013			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2014 distributable amount			0
i	Carryover from 2009 not applied (see instructions)	**	.` •	^,
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2014 from Section			
	D, line 7 \$ 0	₩.	4	.
a	Applied to underdistributions of prior years		0	
b	Applied to 2014 distributable amount			0
c	Remainder Subtract lines 4a and 4b from 4.	0	* *	4
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		0	
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			0
7	Excess distributions carryover to 2015. Add lines 3 _j			
	and 4c	0		
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013 . 0			
•	Excess from 2014			

Schedule A (I	Form 990 or 990-EZ) 2014	Chabad on Campus Internation	nal, Inc	20-0078855 Page 8
Part VI	Supplemental I	nformation. Provide the expla	nations required by Part II, line	10; Part II, line 17a or 17b; and
	Part III line 12	Also complete this part for any	additional information (See ins	etructions)
	r are m, mro re.	and demplete the part for any	additional information (Occ ins	structions).
•				
		,		
				·
				
		`		

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

20**14**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Chabad on Campus International, Inc. 20-0078855 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 value of contributions to (during year). 3 Aggregate value of grants from (during year) 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? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 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 Tax Year Total number of conservation easements. 2a Total acreage restricted by conservation easements 2b b 2c С Number of conservation easements on a certified historic structure included in (a). Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIII, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included in Form 990, Part VIII, line 1. . . (ii) Assets included in Form 990, Part X . . . 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 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1. Assets included in Form 990, Part X

	ule D (Form 990) 2014 Chabad on Campus II			•	<u></u>		20-007		_	Page 2
Part									tinued	<u> </u>
3 .	Using the organization's acquisition, acceuse of its collection items (check all that a		records, c			-	-			
а	Public exhibition		d 📙	Loan	or exchange _l	prograr	ns			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's Part XIII		explain ho	w they fu	ırther the orga	anızatıc	on's exempt purp	ose in		
5	During the year, did the organization solid assets to be sold to raise funds rather that							Пу	es 🗀	No
Part										
	Complete if the organization at 990, Part X, line 21.		to Form	990, Par	rt IV, line 9,	or rep	orted an amou	nt on Fo	orm	
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?.	todian or other in	ntermediary 	for contr	ributions or ot	her ass	sets not	Y	es 🗌	No
b	If "Yes," explain the arrangement in Part 2	XIII and complete	e the follov	ving table						
								Amount		
С	Beginning balance					10				0
d	Additions during the year		•	•	•	10	- 			
е	Distributions during the year					16				
f	Ending balance			•		11				0
2a	Did the organization include an amount o	n Form 990, Par	t X, line 21	, for escr	ow or custodi	al acco	unt liability?	Y	es X	No
b	If "Yes," explain the arrangement in Part 2	XIII Check here	if the expla	anation ha	as been provi	ded ın	Part XIII			
Part	V Endowment Funds.									
	Complete if the organization ai	nswered "Yes"	to Form	990, Par	rt IV, line 10	١.				
		(a) Current year	(b) Prio		(c) Two years		(d) Three years bac	k (e) Fo	our years	back
1a	Beginning of year balance	0		0		0		0		0
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses						_	_		
g	End of year balance .	0	1	0	<u> </u>	0	.=	0		0
2	Provide the estimated percentage of the	current year end	balance (I	ine 1g, co	olumn (a)) hel	d as				
а	Board designated or quasi-endowment	•	<u></u>							
b	Permanent endowment	<u></u>								
С	Temporarily restricted endowment	%	-							
_	The percentages in lines 2a, 2b, and 2c s									
3a	Are there endowment funds not in the po	ssession of the c	organizatio	n that are	e neia ana aar	ministe	rea for the		Vaa	Na
	organization by							2=(1)	Yes	No
	(i) unrelated organizations(ii) related organizations .						•	3a(i)		
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	· · · · ·	gurod on 9	 Schodulo			•	3a(ii) 3b		
4	Describe in Part XIII the intended uses of		-			•	•	30		
Part			13 CHUOWII	Terit raina	3.					
rait	Complete if the organization a		to Form	000 Pai	rt IV line 11	a Sec	Form 990 P	art Y lin	10 م	
				•	ost or other					
	Description of property	(a) Cost or o (investri			is (other)		Accumulated depreciation	(a) B	ook valu	C
1a	Land		0		0		•			
b	Buildings		0		0		0			
c	Leasehold improvements .		ō		31,548		2,697			8,851
d	Equipment		ō	· - -	246,648		70,783	-		'5,865
e	Other		0		0		0	-		0
Total	. Add lines 1a through 1e (Column (d) mu	st equal Form 99	90, Part X,	column (l	B), line 10c)		>		20) 4 ,716

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par		r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	⊣	
þ	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-l. l	
d	Other (Describe in Part XIII)	4	_
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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	-¦`` <i>:</i> `	
b	Other (Describe in Part XIII.)	<u> </u>	0
C		4c 5	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		0
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	oer Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	Tal	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
2	Donated services and use of facilities		
a			
b	Other losses	-	
c d	Other (Describe in Part XIII)	٦ ٠,	
e	Add lines 2a through 2d		0
3	Subtract line 2e from line 1	3	0
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 XIII.)	┥ ,	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0
Par	t XIII Supplemental Information.	,, <u>, , , , , , , , , , , , , , , , , ,</u>	
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
			

Schedule D (Form 9		Chabad on Car	mpus Internatior	nal, Inc		20-0078855	Page 5
Part XIII	Supple	mental Inforn	nation (contin	ued)			
					 		
					 	**	
		·			 		
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization					Employer identification number
Chabad on Campus Internation Part I General Info		ctivities Outs	ide the United States.	Complete if the organizat	20-0078855 lon answered
"Yes" on Form	990, Part IV, line	e 14b.			
_	es' eligibility for the?	ne grants or assi	rds to substantiate the amountained and the selection of	riteria used to award 	X Yes No
assistance outside the L	Inited States.				
3 Activities per Region (T	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type of service(s) in region	expenditures for
North America			Program services	Jewish awareness	57.000
South America (2)	0	0	Program services	Jewish awareness	57,998 8,705
Europe (Including (3) Iceland and Greenland)	0	0	Program Services	Jewish awareness	36,386
(4)					
(5)					
(6)					
_(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17) 3a Sub-total	0	0			103,089
b Total from continuation sheets to Part I	0	0			0

0

0

103.089

c Totals (add lines 3a and 3b)

20-0078855

Schedule F (Form 990) 2014 Chabad on Campus International, Inc.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,	Part IV. Ine 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.
art II	

(i) Method of valuation (book, FMV, appraisal, other)						:										
(h) Description of non-cash assistance			(
(g) Amount of non-cash assistance																
(f) Manner of cash disbursement	Check	Check	Check													
(e) Amount of cash grant	57,998	8,705	386,386													
e of (b) IRS code (c) Region (d) Purpose of (e) Amount of cash grant carbo and EIN (fi applicable) (if applicable)	Jewish awareness	Jewish awareness	Jewish awareness													
(c) Region	North America	South America	Europe (Including Iceland and													
(b) IRS code section and EIN (if applicable)															•	
1 (a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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

Enter total number of other organizations or entities 7

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Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

990) 2014 Chabad on Campus International, Inc

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

(a) Type of grant or assistance	rant or assistance (b) Region (c) Nu	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)		,					
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Scher	Schedule F (Form 990) 2014

art	IV Foreign Forms		
1 .	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X 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	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990).	Yes	X No

Schedule F (Fo	orm 990) 2014	Chabad on Campus International, Inc	_20-0078855	Page 5
Part V	Provide the in amounts of in and Part III, co	tal Information formation required by Part I, line 2 (monitoring of funds), Part I, line 3, colunt vestments vs. expenditures per region), Part II, line 1 (accounting method), plumn (c) (estimated number of recipients), as applicable. Also complete this rmation (see instructions)	Part III (accounting method),	_
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		······································		
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

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AB No (C)

Employer identification number

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20-0078855

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International
n Campus
Chabad or

Part I

General Information on Grants and Assistance

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

artis, mic 21, 101 and 100 picture and 100 pictures	ماناع احظاما لأنام	ומני וכסכו לכם וווסוי		מיון כה ממשווהמוכה	than 40,000. Tak in can be admindred in additional space is necessar.	iccaca.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Chabad of Queens College, Inc 144-03 69th Avenue Flushing, NY 113	20-2070019	50103	11,500				Support of Jewish Awareness
(2) Chabad at FIT dba Chabad of Midt	412046538	50403	979				Support of Jewish Awareness
(3) Chabad Libavitch on Campie Dr	L	55	9	•			Support of Jewish
15 Edwards Place Princeton, NJ 0854	05-0576386	501C3	15,700				Awareness
(4) Chabad at Hamilton, Inc							Support of Jewish
8 Dwight Avenue Clinton, NY 13323	47-1647905	501C3	38,440				Awareness
(6) Chabad at KU		0.00	L				Support of Jewish
1201 West 19th Street Lawrence, KS (27-5311/44	50103	5,485				AWGIGIGSS
(6) Chabad of Arizona State University	0.00	7	7				Support of Jewish
9/1 S Ash Avenue Tempe, AZ 85281	86-0441056	50103	11,120				Awareness
(7) Chabad of Champagne Urbana NF 509 S Fourth St Champagn II 61874	20-0267832	50103	10 778				Support of Jewish Awareness
(8) Chabad of Downtown Universities,	1						Support of Jewish
1070 Hampton Street Atlanta, GA 303	45-3759119	501C3	19,792				Awareness
(9) Chabad of Oneonta							Support of Jewish
28 Walnut Street Oneonta, NY 13820	45-5474925	501C3	13,683				Awareness
(10) Chabad Community Center of Rob							Support of Jewish
731 Princeton Kingston Rd Princeton,	21783445	501C3	8,705				Awareness
(11) Chabad Lubavitch of Maryland							Support of Jewish
6701 Old Pimlico Road Baltimore, MD	26-2154019	501C3	006'9				Awareness
(12) Lubavitch Chabad of Evanston							Support of Jewish
2014 Orrington Evanston, IL 60201	36-3912238	501C3	15,566				Awareness
5 Enter total number of section 501(A)(3) and government properties	501/c/(3) and a	Sylerna tagment	offet 1 and of the line 1 table	olde+		A	

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{
m HTA}$

Schedule I (Form 990) (2014)

Chabad on Campus International, Inc

Schedule I (Form 990) (2014)

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III

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(h) Purpose of grant Support of Jewish or assistance ₹ Awareness Awareness Awareness Awareness Awareness Awareness Awareness Awareness **Employer identification number** 20-0078855 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, Continuation of Grants and Other Assistance to Governments and Organizations in the United States (e) Amount of noncash assistance 5,000 19,200 6,225 5,000 7,500 21,000 10,000 5,000 (d) Amount of cash grant (c) IRC section if 50103 applicable 50103 50103 50103 50103 50103 50103 50103 27-3659736 13-3780385 23-7416988 51-0525098 1016 Corey Avenue West Hollywood, CA 9006 32-0457124 04-3567541 20-0780201 (b) EIN (17) Chabad at Florida International Universit (19) Crown Heights Chevras Simchas Shabbi (16) Estrin Elle-Rohr Chabad Jewish Center 596 Montgomery Street Brooklyn, NY 11225 3507 Baring Street Philadelphia, PA 19104 111 N Pleasant Street Oberlin, OH 44074 5200 21st Avenue NE Seattle, WA 98105 10031 SW 15th Terrace Miami, FL 33174 Chabad on Campus International, Inc 4037 Pine Street Philadelphia, PA 19104 (16) Chabad at Oberlin College (14) Chabad Serving Drexel University (a) Name and address of organization 54 Turner Street Waltham, MA 02453 (13) Jewish Heritage Programs or government (18) Chabad of Branders (20) Chabad in the Hills Name of the organization (52)(56) (22)

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	Continuati	on Sheet for	Continuation Sheet for Schedule I (Form 990)	orm 990)	Page 1 of 1
Name of the organization Chabad on Camous International Inc.					Employer identification number 20-0078855
Part III Continuation of Grants and Other Assistance to Individuals in the United States	ner Assistance to In	dividuals in the Ur	nited States		
(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
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name of the organization	Employer identification number
Chabad on Campus International, Inc.	20-0078855
Form 990, Part VI, Section a, Line 10 A copy of the form 990 was provided to each member of	
the board of directors for a period of 7 days prior to filing	
are board of directors for a period of 7 days prior to minig	
Form 990, Part VI, Section b, Line 12c Members of the board annually sign the conflict of	
interest policy	
Form 000 Port VI Control by Line 45b. All components of control of the control of	
Form 990, Part VI, Section b, Line 15b All compensation amounts are approved in advance by	
the board of directors based on comparable salary data for similar positions in our region and	
9	
business category	
5 000 D 114 D 1 1 10 T	
Form 990, Part VI, Section c, Line 19 The organization provides a copy to all such documents	
to members of the general public who request the documents in writing	

Schedule O (Form 990 or 990-EZ) (2014)	
Name of the organization	Employer identification number
Chabad on Campus International, Inc.	20-0078855
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••	