	000
Form	330

Return of Organization Exempt From Income Tax

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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Nufermation about Form 000 and its instructions is at .

2016 **Open to Public**

OMB No. 1545-0047

		The Service Information about Form 990 and its instructions is at WWW.	irs.gov/iorm99	0.	mspection
<u>A</u>	For the	e 2016 calendar year, or tax year beginning 07/01 , 2016, and end	<u> </u>	6/30	, 20 17
В	Check in	f applicable: C Name of organization HILLEL THE FOUNDATION FOR JEWISH CAMPUS I	_IFE	D Employ	er identification number
	Address	s change Doing business as VANDERBILT HILLEL			62-6073391
	Name c	change Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telepho	ne number
	Initial re				615-322-8376
	Final retu	urn/terminated City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return NASHVILLE, TN, 37212		G Gross re	eceipts \$ 1,729,129
	Applicat	tion pending F Name and address of principal officer: ERIC JORDAN DUBIN	H(a) Is this a g	group return for	subordinates? 🗌 Yes 🗹 No
		2421 VANDERBILT PLACE, NASHVILLE, TN 37212	H(b) Are all	subordinate	s included? 🗌 Yes 🗌 No
1	Tax-exe	empt status:	If "No," att	ach a list. (s	ee instructions)
J	Website	e: • WWW.VUHILLEL.ORG	H(c) Group	exemption	number ► 3736
		organization: ✔ Corporation ☐ Trust	nation: 2002	M State	of legal domicile: TN
Ρ	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: 10	ENHANCE THE		SITY EXPERIENCE
ce		FOR STUDENTS BY PROVIDING ACTIVITIES THAT STRENGTHEN JEWISH LIFE O	N CAMPUS W	HILE PRO	VIDING
Activities & Governance		(Continued on Schedule O, Statement 1)			
ver	2	Check this box \blacktriangleright if the organization discontinued its operations or disposed	d of more tha	n 25% of	its net assets.
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	37
8 8	4	Number of independent voting members of the governing body (Part VI, line 1	b)	. 4	36
ties	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	0
ť	6	Total number of volunteers (estimate if necessary)		6	30
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0
			Prior Y	ear	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		589,865	1,022,287
Revenue	9	Program service revenue (Part VIII, line 2g)		36,234	25,075
sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	322,515
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,475	358,570
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		649,574	1,728,447
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		305,497	359,076
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) ► 69,524			
ш	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		313,009	321,280
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		618,506	680,356
	19	Revenue less expenses. Subtract line 18 from line 12		31,068	1,048,091
Net Assets or Fund Balances			Beginning of C	urrent Year	End of Year
ssets alan	20	Total assets (Part X, line 16)		45,383	3,616,987
et A: nd B	21	Total liabilities (Part X, line 26)		318,249	152,457
		Net assets or fund balances. Subtract line 21 from line 20		-272,866	3,464,530
P	art II	Signature Block			

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

Sign Here	Signature of officer <u>Eric Dubin, Executive Director</u> Type or print name and title	pr		Date	
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Firm's name		F	irm's EIN ►	
	Firm's address 🕨		P	hone no.	
Here Eric Dubin, Executive Director Type or print name and title Type or print/Type preparer's name Preparer Print/Type preparer's name Image: State of the state of			ions)		. 🗌 Yes 🗌 No
- D.	d. D. d. altra A. d. Matthews and the				Farma 000 (0010

For Paperwork Reduction Act Notice, see the separate instructions.

	0 (2016)	A		Page
art I				_
		esponse or note to any line in this Part	III	L
1	Briefly describe the organization's missic			
		NCE FOR STUDENTS BY PROVIDING ACTIV		
	LIFE ON CAMPUS WHILE PROVIDING EDU	ICATIONAL OPPORTUNITIES THAT COMPL	LEMENT CLASSROOM LEARNING.	
		RSITY-OWNED, SELF-STANDING, 10,000 Second	QUARE FOOT BUILDING WHERE	
	(Continued on Schedule O, Statement 2)	<u> </u>		
	Did the organization undertake any signi prior Form 990 or 990-EZ?			Yes 🗹 No
3	If "Yes," describe these new services on Did the organization cease conducting services?			Yes 🗹 No
	If "Yes," describe these changes on Sche	edule O.		
	Describe the organization's program ser expenses. Section 501(c)(3) and 501(c)(4 the total expenses, and revenue, if any, f	4) organizations are required to report th		
1a	(Code:) (Expenses \$	47.673 including grants of \$) (Revenue \$	2,311)
		DERBILT HILLEL PROVIDES APPROXIMAT		/
		JDING JEWISH RELIGIOUS SERVICES AND		
		HILLEL DOES NOT REQUIRE PRE-REGISTI		 DT
		LEL ESTIMATED AN AVERAGE ATTENDAI		
		ATTENDED BY 80-120 STUDENTS. THE PU		
		PERIENCE TO STUDENTS ON CAMPUS AN		
4b	(Code:) (Expenses \$	52,220 including grants of \$) (Revenue \$	4.097)
4b	(Code:) (Expenses \$ HIGH HOLIDAY AND PASSOVER PROGRA			4,097) OUS
4b	HIGH HOLIDAY AND PASSOVER PROGRA	MMING: VANDERBILT HILLEL PROVIDES M	MULTIPLE DENOMINATION RELIGI	
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Part	0 (2016) V Checklist of Required Schedules			Page 🤇
			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	~	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	~	
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
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		r
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? <i>If "Yes," complete Schedule D, Part I</i>	6		~
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," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	~	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	~	
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		~
b	Schedule D, Parts XI and XII	12a		~
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		レ レ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		r
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		~	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18		
		19	000	

Form **990** (2016)

art	V Checklist of Required Schedules (continued)			
			Yes	No
		20a		~
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		~
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	 24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
6	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? <i>If "Yes," complete Schedule L, Part II</i>	26		
7	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? <i>If "Yes," complete Schedule L, Part III</i>	27		
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b	~ ~	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	· ·	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		v
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	~	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		v
b	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		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
8	Part VI Image: Complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and the organization complete Schedule O for Part VI, line	37		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	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 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	•	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		-
b		30		
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			
		4 -		~
		4a		•
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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
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		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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			
~	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-
0		UTI		L

Form 99	0 (2016)		I	-age 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			~
Secti	on A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<u>'</u>		
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<u>6</u> 2	V	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6		レ レ レ
6 7a	Did the organization have members or stockholders?	0 7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
ь 9	Each committee with authority to act on behalf of the governing body?	8b 9	~	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	-	ode.)	•
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		v
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	~	~
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		r
13	Did the organization have a written whistleblower policy?	13	~	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		~
а	The organization's CEO, Executive Director, or top management official	15a		~
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 arrangement			
	with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		
Secti	on C. Disclosure	16b		<u> </u>
<u>3ecu</u> 17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	Own website I Another's website I Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	policy	/, and

20	State the name, address, and telephone number of the person who possesses the organization's books and records: >
	VALERIE LANDA CPA, (615)322-8376

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per	box,	unles	Pos neck is pe	erson	e than o is both or/truste	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
HANNAH BLOOM-HIRSCHBERG	0.5									
DIRECTOR	0	~						0	0	0
TISH DOOCHIN	0.5									
DIRECTOR	0	~						0	0	0
SHERRIE EISENMAN	0.5									
DIRECTOR	0	~						0	0	0
NANCY GLICK	0.5									
DIRECTOR	0	~						0	0	0
MARK GOLDFARB	0.5									
DIRECTOR	0	~						0	0	0
SANDRA HECKLIN	0.5									
DIRECTOR	0	~						0	0	0
ADAM LANDA	0.5									
DIRECTOR	0	~						0	0	0
STEPHEN LIBOWSKY	0.5									
DIRECTOR	0	~						0	0	0
PHILIP LIEBERMAN	0.5									
DIRECTOR	0	~						0	0	0
DIANE MILLER	0.5									
DIRECTOR	0	~						0	0	0
STEVEN REMER	0.5									
DIRECTOR	0	~						0	0	0
HOWARD SAFER	0.5									
DIRECTOR	0	~						0	0	0
RUSSELL SMITH	0.5									
DIRECTOR	0	~						0	0	0
KAREN WEIL	0.5					$ \top$				
DIRECTOR	0	~						0	0	0 Form 990 (2016)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office office or dire	unles	Pos neck ss pe	erson	e than c is both or/trust employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SARA GREENBERG	0.5									
DIRECTOR	0	~						0	0	0
JOSHUA BARTON	0.5									
DIRECTOR	0	~						0	0	0
JULIE COHEN	0.5									
DIRECTOR	0	~						0	0	0
BETSY KALLOR	0.5									
DIRECTOR	0	~						0	0	0
ANDREW MAY	0.5									
DIRECTOR	0	~						0	0	0
MOISES PAZ	0.5									
DIRECTOR	0	~						0	0	0
RODNEY ROSENBLUM	0.5									
DIRECTOR	0	~						0	0	0
ROBERT ENGEL	0.5									
DIRECTOR	0	~						0	0	0
LYNN GHERTNER	0.5									
DIRECTOR	0	~						0	0	0
CINDEE GOLD	0.5									
DIRECTOR	0	~						0	0	0
STEVE GRIEL	0.5									
DIRECTOR	0	~						0	0	0
JOHN HASSENFELD	0.5									
DIRECTOR	0	~						0	0	0
MELANIE HIRT	0.5									
DIRECTOR	0	~						0	0	0
TARA LERNER	0.5									
DIRECTOR	0	~						0	0	0

(A) Name and title	(B)			(0	C)							
	Average hours per	box,	ot che unless	s pe	more rson	than o is both pr/truste	an	(D) Reportable compensation	(E) Reportable compensation from	Esti amo	(F) mated ount of	
			Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	related	
IEW NEMER	0.5											
TOR	0	~						0	0			0
IELMAN	0.5											
TOR	0	~						0	0			0
EITZ	0.5											
TOR	0	~						0	0			0
L KANE	0.5											
TOR	0	~						0	0			0
EMER	1.0											
DENT - ELECT	0			~				0	0			0
ROSENBLATT	2											
URER	0			~				0	0			0
ARA MAYDEN	5											
DENT	0			~				0	0			0
STEIN	1											
RESIDENT	0			~				0	0			0
ROSENBLOOM	1											
TARY	0			~				0	0			0
BIN	50											
TIVE DIRECTOR	0					~		120,000	0			0
Sub-total							•	120.000	0			0
	VII. Sectio	n A						120,000				
								120 000	0			0
Total number of individuals (including but	t not limited					above) w		-	of		
									•		Yes	No
For any individual listed on line 1a, is the	sum of re	oortal	ole c	com	nper	satio	n a	nd other comp	ensation from the			~
5	0						-	'		4		~
										5		~
n B. Independent Contractors												
Complete this table for your five highest compensation from the organization. Rep												ıx
	TOR IELMAN TOR EITZ TOR EITZ TOR EL KANE TOR EMER DENT - ELECT ROSENBLATT URER NRA MAYDEN DENT STEIN RESIDENT ROSENBLOOM TARY BIN TIVE DIRECTOR Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organi Did the organization list any former of employee on line 1a? If "Yes," complete sto For any individual listed on line 1a, is the organization and related organizations individual Did any person listed on line 1a receive co for services rendered to the organization' n B. Independent Contractors Complete this table for your five highest of	IEW NEMER 0.5 IOR 0 IELMAN 0.5 IOR 0 IELMAN 0.5 IOR 0 EITZ 0.5 IOR 0 ELMAN 0.5 IOR 0 EITZ 0.5 IOR 0 ELMAN 0.5 IOR 0 ELMAN 0.5 IOR 0 ELMAN 0.5 IOR 0 ELMAN 0.5 IOR 0 EMER 1.0 DENT - ELECT 0 ROSENBLATT 2 URER 0 RA MAYDEN 5 DENT 0 ROSENBLOOM 1 TARY 0 BIN 50 TIVE DIRECTOR 0 Sub-total . Total from continuation sheets to Part VII, Section Total number of individuals (including but not limitecor reportable compensation from the org	line)ImageIEW NEMER0.5TOR0IELMAN0.5TOR0IITZ0.5TOR0IITZ0.5TOR0IITZ0.5TOR0IITZ0.5TOR0IITZ0.5TOR0IITZ0.5TOR0IITZ0.5TOR0IITZ0.5TOR0IITZ0SENT0SENDLATT2URER0ROSENBLATT2URER0ROSENBLOOM1TARY0BIN50TIVE DIRECTOR0Sub-totalTotal from continuation sheets to Part VII, Section ATotal (add lines 1b and 1c)Total number of individuals (including but not limited to the reportable compensation from the organization ImportanceDid the organization list any former officer, director, complete Schedule J for surementation and related organizations greater than \$*Individual	line) § §	organizations 0.5 0 ine) 0 ✓ iew NEMER 0.5 ✓ ICOR 0 ✓ IELMAN 0.5 ✓ IELECT 0 ✓ ROSENBLATT 2 ✓ URER 0 ✓ SOSENBLATT 0 ✓ VRA MAYDEN 5 ✓ SENT 0 ✓ SUBENT 0 ✓ ROSENBLOOM 1 ✓ ROSENBLOOM 1 ✓ BIN 50 ✓ Sub-total ✓ ✓ Sub-total	organizations Organization Organ	organizations G g g g g g g g g g g g g g g g g g g g	lew NEMER 0.5 0 <t< td=""><td>below during effective 0</td></t<> <td>pregarizations 0</td> <td>organizations G g g g g g g g g g g g g g g g g g g g</td> <td>organizations gr g</td>	below during effective 0	pregarizations 0	organizations G g g g g g g g g g g g g g g g g g g g	organizations gr g

	(A) Name and business address	(B) Description of services	(C) Compensation
None			
2	Total number of independent contractors (including but not limited to	those listed above) who	
	received more than \$100,000 of compensation from the organization ►	0	

Form 990 (2016)

Part VIII Statement of Revenue

		Check if Schedule C) contains a res	ponse or note to	any line in this	Part VIII		🖌
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s 1a	91,500				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0				
	с	Fundraising events .	1c	47,978				
	d	Related organizations		0				
	e	Government grants (con		0				
Si O	f							
ihei		and similar amounts not inc		882,809				
<u>d</u> <u>f</u>	g	Noncash contributions includ		1,646		-		
Cor		Total. Add lines 1a-1			1,022,287	-	-	
				Business Code	1/022/207			
Program Service Revenue	2a	SPRING BREAK		487000	17,900	17,900	0	0
Rev	b	SHABBAT AND HOLIE	DAY MEALS	813110	6,408	6,408	0	0
e	c	PROGRAM FEES		813110	767	767	0	0
ervi	d						Ŭ	
a S	e							
graı	f	All other program ser	vice revenue		0	0	0	0
Po	g	Total. Add lines 2a–2			25,075			
	3	Investment income	(including divid	ends. interest.	20,010			
		and other similar amo			322,515	322,515	0	0
	4	Income from investmen	t of tax-exempt bo	ond proceeds ►	0	0	0	0
	5	Royalties		· ·	0	0	0	0
		, , , , , , , , , , , , , , , , , , ,	(i) Real	(ii) Personal	_	-	-	-
	6a	Gross rents	27,160	0				
	b	Less: rental expenses	682					
	с	Rental income or (loss)	26,478					
	d	Net rental income or			26,478	26,478	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .						
	с	Gain or (loss)	0	0		-		
	d	Net gain or (loss)						
Other Revenue	8a	Gross income from fu events (not including \$ of contributions report	47,978 ed on line 1c).					
hei		See Part IV, line 18 .						
đ		Less: direct expenses						
		Net income or (loss) f Gross income from ga	aming activities.					
		See Part IV, line 19 . Less: direct expenses	s b					
		Net income or (loss) f		vities 🕨				
		Gross sales of in returns and allowance	es a					
		Less: cost of goods s						
	С	Net income or (loss) f						
	4.4	Miscellaneous R		Business Code				
		VANDERBILT UNIVER		813110	332,092	332,092	0	0
	b							
	C d							
	d	All other revenue . Total. Add lines 11a-			0	0	0	0
	е 12	Total revenue. See in		4	332,092	70/ 1/0		
	12			🕨	1,728,447	706,160	0	0 Form 990 (2016)

Part IX Statement of Functional Expenses

)	Check if Schedule O contains a respons			(C)	<u> </u> (D)
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(ע) Fundraising expenses
1	Grants and other assistance to domestic organizations and 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				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	120,000	90,000	18,000	12,000
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	162,101	121,576	24,315	16,210
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,501	5,626	1,125	750
9	Other employee benefits	45,691	34,268	6,854	4,569
10	Payroll taxes	23,783	17,838	3,567	2,37
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,415	5,561	1,112	74:
12	Advertising and promotion	2,174	2,174		
13	Office expenses	23,632	14,179	7,090	2,363
14	Information technology				
15	Royalties				
16	Occupancy	84,287	75,858	8,429	
17	Travel	374	374		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,166	1,166		
20	Interest	2,783		2,783	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2,460		2,460	
23	Insurance	3,113	1,557	1,556	
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.)				
а	PROGRAMMING EXPENSES	156,073	156,073	0	(
b	RELIGIOUS/CLERGY SUPPORT	4,000	4,000	0	(
С	DEVELOPMENT EXPENSES	7,825	0	0	7,825
d	BEN SCHULMAN FUNDRAISER EXPENSES	22,687	0	0	22,687
е	All other expenses	3,291	1,646	1,645	(
25	Total functional expenses. Add lines 1 through 24e	680,356	531,896	78,936	69,524
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ _ if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)

	n 990 (20 art X	,			Page 11
		Check if Schedule O contains a response or note to any line in this Pa	rt X		. 🗸
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	35,020	1	155,265
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	7,500	3	6,978
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	13,649
	10a	Land, buildings, and equipment: cost or		-	
		other basis. Complete Part VI of Schedule D 10a 7,503			
	b	Less: accumulated depreciation 10b 1,849	2,863	10c	5,654
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	3,435,441
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	45,383	16	3,616,987
	17	Accounts payable and accrued expenses	7,263	17	39,538
	18	Grants payable		18	
	19 20		5,000	19 20	
	20 21	Tax-exempt bond liabilities		20	
<i>"</i>		Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and			
iat	00	disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	106,223	24	106,223
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	199,763	25	4 404
	26	Total liabilities. Add lines 17 through 25	318,249		<u>6,696</u> 152,457
es	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	510,247	20	132,437
ũ	27	Unrestricted net assets	-272,866	27	778,745
ala	28	Temporarily restricted net assets	0	28	166,759
Β P	29	Permanently restricted net assets	0	29	2,519,026
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.		-	
Net Assets or	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
let	33	Total net assets or fund balances	-272,866	33	3,464,530
~	34	Total liabilities and net assets/fund balances	45,383	34	3,616,987

Form **990** (2016)

un	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)	. 1	•	1 7 2	8,447
2	Total expenses (must equal Part IX, column (A), line 25)	2			
2 3	Revenue less expenses. Subtract line 2 from line 1	3			0,356 8,091
3 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			2,866
+ 5	Net unrealized gains (losses) on investments	5		-27	2,800 0
6	Donated services and use of facilities	6			0
7		7			0
r B	Prior period adjustments	8		10	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			7,985
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	3		2,07	7,290
•		10		2.44	4 5 2 0
art	XII Financial Statements and Reporting			3,40	4,530
aru	Check if Schedule O contains a response or note to any line in this Part XII				~
			<u> </u>	Yes	No
		ni nicin			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	-			
2a	Schedule O.		2a	~	
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:		<u>2</u> a	~	
2a b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	npiled or	2a 2b	~	
2a b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	npiled or		~	v
2a b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit	npiled or		V	~
2a b c	 Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: 	npiled or .ed on a		~	~
b	 Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: ✓ Separate basis □ Consolidated basis □ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: ✓ Separate basis, consolidated basis, or both: ✓ Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for or 	piled or ed on a vversight untant?	2b		~
b c	 Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: ✓ Separate basis □ Consolidated basis □ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: ✓ Separate basis, consolidated basis □ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, explanate basis 	npiled or 	2b		v

Form	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2016 to Public pection

Na

(C)

(D)

(E) Total

		the Treasury ue Service	Information about		ch to Form 990 or Forn m 990 or 990-EZ) and its		ne ie ot ve		Open to Public
		organization		it Schedule A (FOI)	ווו ששט טו ששט-בצ) and Its	Instructio	ns is at WV	Employer identification	
		•	FION FOR JEWISH					62-60	
	rt I				organizations must	comple	te this p		
	organi: A A A A A A A	zation is no church, co school des hospital or medical re ospital's na n organizat	at a private founda nvention of churcl cribed in section a cooperative hose search organization me, city, and state	tion because it i nes, or associati 170(b)(1)(A)(ii). spital service orgon operated in co e: the benefit of a	s: (For lines 1 through on of churches descr (Attach Schedule E (F ganization described i onjunction with a hosp college or university	n 12, cheo ibed in se form 990 n sectior pital desc	ck only or ection 17 or 990-E n 170(b)(1 ribed in s	ne box.) 0(b)(1)(A)(i). Z).) I)(A)(iii). section 170(b)(1)(A)((iii). Enter the
6 7	□ A ☑ Ar	federal, sta n organizat	ate, or local govern	nment or govern receives a subs	mental unit describec tantial part of its sup te Part II.)				n the general public
8	🗆 A	community	/ trust described in	n section 170(b))(1)(A)(vi). (Complete	Part II.)			
9	or				d in section 170(b)(1) iculture (see instruction				
10 11 12	re su ac Ar Ar of Cl	eceipts from upport from cquired by n organizat n organizat f one or mo heck the bo	n activities related a gross investment the organization a ion organized and ion organized and ore publicly suppo ox in lines 12a thro	to its exempt fu income and un fter June 30, 197 operated exclus operated exclus orted organizatio ugh 12d that des	e than 33 ¹ / ₃ % of its sunctions—subject to c related business taxa 75. See section 509(sively to test for public sively for the benefit of ns described in sect scribes the type of sup	ertain exc ble incom a)(2). (Cor c safety. f, to perfo ion 509(a oporting c	ceptions, ne (less se mplete Pa See sect form the fu ()(1) or se organization	and (2) no more tha ection 511 tax) from art III.) i on 509(a)(4). unctions of, or to car ection 509(a)(2). Se on and complete line	n 33 ¹ / ₃ % of its businesses ry out the purposes e section 509(a)(3). is 12e, 12f, and 12g.
a		the supp	orted organization	(s) the power to	I, supervised, or contr regularly appoint or e ete Part IV, Sections	elect a ma	jority of t		
t		control o organizat	r management of tion(s). You must	the supporting o complete Part I	sed or controlled in co organization vested in IV, Sections A and C	the same •	persons	that control or man	age the supported
C	;				ting organization oper ons). You must comp				ally integrated with,
C	I 🗌	that is no	t functionally integ	grated. The orga	pporting organization nization generally mu complete Part IV, Sec	st satisfy	a distribu	ution requirement an	
e	•				a written determination a written determination at a written determination at a written at a wr				e II, Type III
f ç			per of supported of lowing information		oorted organization(s).				
	(i) Nar	me of support	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment? No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)									
(B)									

Schedule A (Form 990 or 990-EZ) 2016 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total grants, contributions, 1 Gifts. and membership fees received. (Do not include any "unusual grants.") . . . 626,099 561,845 581,318 533,050 1,379,454 3,681,766 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. 4 561,845 581,318 533,050 626,099 1.379.454 3,681,766 5 The portion of total contributions by each person (other than а governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 6 3,681,766 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 561,845 581,318 533.050 626.099 1,379,454 3,681,766 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 46,609 31,456 53,659 23,475 27,160 182,359 9 Net income from unrelated business

loss from the sale of capital assets (Explain in Part VI.)

11 Total support. Add lines 7 through 10

Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 14 87.94 % 14 15 15 93.1 % 331/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a box and **stop here.** The organization qualifies as a publicly supported organization ~ 331/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check h

Schedule A (Form 990 or 990-EZ) 2016

322,515

322,515

4,186,640

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
-	•						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						•
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
40							
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
				al the back for south	Calls to see		tiana 501(a)(0)
14	First five years. If the Form 990 is for the	•			· ·		
<u></u>	organization, check this box and stop he						🕨
	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line					15	%
16	Public support percentage from 2015 Sch					16	%
-	on D. Computation of Investment In		-				
17	Investment income percentage for 2016 (-		17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests-2016. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2015. If the organiz						
	line 18 is not more than 33 ¹ /3%, check this	box and stop h	nere. The organ	ization qualifies	as a publicly s	upported org	anization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see inst	tructions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2016

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedu	ule A (Form 990 or 990-EZ) 2016		I	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations, *Complete line 3 below*. b
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- 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.
- 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

1

3

2a

2b

3a

3b

Yes No

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete 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		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		· · <u> </u>	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

Part		by Supporting Organi		Current Year		
	 action D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 					
1						
2	Amounts paid to perform activity that directly furthers exe					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2016:					
а						
b						
c	From 2013					
d	From 2014					
e	F 0045					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years					
<u> </u>	· · · · · ·					
<u>h</u>	Applied to 2016 distributable amount					
<u> </u>	Carryover from 2011 not applied (see instructions)					
J	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a						
b b	Excess from 2013					
C	Excess from 2014					
-	Excess from 2015					
d						
е	Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2016

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

Schedule A, Part II, Line 10 - GAINS AND INTEREST INCOME ON ENDOWMENT FUNDS. -----

SCHEDULE	D
(Form 990)	

Supplemental Financial Statements

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

	ent of the Treasury Revenue Service		Attach to Form 990. orm 990) and its instructions is at www.i	irs.gov/form990. Open to Public
	of the organization			Employer identification number
HILLE	L THE FOUNDAT	FION FOR JEWISH CAMPUS LIFE		62-6073391
Par	t I Organi	zations Maintaining Donor Adv	ised Funds or Other Similar Fun	nds or Accounts.
	Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number a	at end of year		
2		ue of contributions to (during year)		
3		ue of grants from (during year) .		
4		ue at end of year		
5	-		advisors in writing that the assets h	
•		• • • • •	e organization's exclusive legal contro	
6			nd donor advisors in writing that gra it of the donor or donor advisor, or f	
	-	ermissible private benefit?		
Par		rvation Easements.		
I al			Yes" on Form 990, Part IV, line 7.	
1		conservation easements held by the		
•	• • • •	-	tion or education)	f a historically important land area
		of natural habitat	·	f a certified historic structure
	Preservation	on of open space	—	
2	Complete lines	2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the	he last day of the tax year.		Held at the End of the Tax Year
а	Total number of	of conservation easements		2 a
b	Total acreage	restricted by conservation easement	S	2b
С			nistoric structure included in (a)	
d			(c) acquired after 8/17/06, and not	
•		5		
3	Number of cor tax year ►	iservation easements modified, trans	sterred, released, extinguished, or terr	minated by the organization during the
4	Number of stat	tes where property subject to conser	rvation easement is located \blacktriangleright	
5			parding the periodic monitoring, ins	
			sements it holds?	
6	Staff and volunte	eer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
-				
7	Amount of expe	enses incurred in monitoring, inspectin	g, nandling of violations, and enforcing	conservation easements during the year
8			2(d) above satisfy the requirements of	f section $170(h)(4)(B)(i)$
Ū				
9			conservation easements in its revenue	
•		•	f the footnote to the organization's fir	•
		accounting for conservation easeme		
Part	III Organi	zations Maintaining Collections	s of Art, Historical Treasures, or	r Other Similar Assets.
	Comple	ete if the organization answered "	'Yes" on Form 990, Part IV, line 8.	
1a	•	•		s revenue statement and balance sheet
			•	ducation, or research in furtherance of
	-		potnote to its financial statements that	
b	•	•		revenue statement and balance sheet
				ducation, or research in furtherance of
		provide the following amounts relati		
	(I) Revenue ind	cluded on Form 990, Part VIII, line 1		· · · · > \$
0	(II) Assets Inclu	aded in Form 990, Part X	historical traceuros or other similar	· · · · ▶ \$
2	•		FAS 116 (ASC 958) relating to these in	r assets for financial gain, provide the tems:
2	-			· · · · ▶ \$
a b				

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

Schedu	e D (Form 990) 2016					Page 2
Part	III Organizations Maintaining	Collections of	Art, Historical 7	Freasures, or (Other Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the foll	owing that are a s	significant use of its
а	Public exhibition		d 🗌 Loan	or exchange pro	orams	
b	Scholarly research		e 🗌 Other			
c	 Preservation for future generations 	5				
4	Provide a description of the organization XIII.		and explain how t	hey further the c	rganization's exer	npt purpose in Part
5						
5	assets to be sold to raise funds rather					□ Yes □ No
Part				oligamzation o		
T are	Complete if the organization		" on Form 990, I	Part IV, line 9, c	or reported an ar	nount on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee		-			
	included on Form 990, Part X?					🔄 Yes 🔝 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following ta	able:		mount
					-	mount
C	5 5					
d	· · · · · · · · · · · · · · · · · · ·				ld	
e	Distributions during the year				le	
f	Ending balance				1f	
2a	Did the organization include an amount				-	
1	If "Yes," explain the arrangement in P Endowment Funds.	art XIII. Check her	e if the explanatio	n nas been provi	ded on Part XIII .	· · · □
Par	Complete if the organization	answered "Ves	" on Form 990 [Part IV line 10		
	Complete il the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back
10	Beginning of year balance					
1a b	Contributions	3,287,750	3,500,119 0	3,061,63		
c c	Net investment earnings, gains, and	551,949	U		0	0 0
Ŭ		398,681	-39,194	594,05	4 367,81	6 334,292
d	Grants or scholarships	0	-37,174			0 0
e	Other expenditures for facilities and	0	0		0	0 0
•	programs	170,978	160,511	149,07	9 285,90	1 291,244
f	Administrative expenses	14,395				
g	End of year balance	4,053,007	3,287,750			
2	Provide the estimated percentage of t					2,701,112
a	Board designated or quasi-endowment	-	0 %	,, (-,,,		
b		.16 %				
с	Temporarily restricted endowment	0.84 %				
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.			
3a	Are there endowment funds not in the			at are held and a	administered for th	ne
	organization by:					Yes No
	(i) unrelated organizations					3a(i) 🖌
	(ii) related organizations					3a(ii) 🗸 🗸
b	If "Yes" on line 3a(ii), are the related o					3b
	Describe in Part XIII the intended uses		on's endowment f	unds.		
Part					_	
	Complete if the organization					Part X, line 10.
	Description of property	(a) Cost or ot (investm		or other basis (c ther)) Accumulated depreciation	(d) Book value
1a	Land		0	0		0
b	Buildings		0	0	0	0
с	Leasehold improvements		0	0	0	0
d	Equipment		7,503	0	1,849	5,654
е	Other		0	0	0	0
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, columr	n (B), line 10c.) .		5,654

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page 3 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives . . . (2) Closely-held equity interests . (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments-Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: (a) Description of investment Cost or end-of-year market value (1) Sch D, Stmt 1 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► 3,435,441 Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 🕨 . Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) **CREDIT CARDS** 6,696 (3) (4) (5) (6) (7) (8)

(9) **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 6,696

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	e D (Form 990) 2016				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, 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	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· ·		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	• •		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Retu	urn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements	· ·		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Ι.	1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· ·		3	
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			-	
b	Other (Describe in Part XIII.)				
с 5	Add lines 4a and 4b			4c	
Part	Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, lir</i> XIII Supplemental Information.	ie 10.)		5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4. D	lart IV lines the and the	· Dort \	/ line 4: Dort V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	ule D, Part V, Line 4 - OPERATIONS OF ORGANIZATION AND FUNDING OF PI		•	lionnat	
Sched	ule D, Part V, Line 4 - OPERATIONS OF ORGANIZATION AND FUNDING OF PH	KUGR/			
Sabor	UID D. Dart VI, Ling 1d, DDIOD TO HAVING A DEVIEW DEDEODMED FOD FISC				
	ule D, Part VI, Line 1d - PRIOR TO HAVING A REVIEW PERFORMED FOR FISC				
	(DEPRECIATED ASSETS ON THE BALANCE SHEET. THESE ASSETS WERE N				
	W. THE RESULT IS LOWER COST AND ACCUMULATED DEPRECIATION FOR RTED IN PRIOR YEARS.	FISCH	AL TEAK JUNE 30, 2017		HAS BEEN
KEPU	RTED IN FRIOR TEARS.				

Schedule D, Part XIII, Statement 1

Form: Schedule D (2016)

EIN: 62-6073391

Part VIII

Page: 3

Investments Program Related

Description	Book Value Method Of Valuation
ENDOWMENT INVESTMENTS HELD BY THE JEWISH FEDERATION OF NASHVILLE AND MIDDLE TENNESSEE	3,435,441 End-of-Year Market Value

Total:

3,435,441

SCHEDULE G			-	-	aising or Gaming		OMB No. 1545-0047
(Form 990 or 990	-EZ)	organization a	ered more that	n \$15,000 on	0, Part IV, line 17, 18, c Form 990-EZ, line 6a.	or 19, or if the	2016
Department of the Treat Internal Revenue Service			ttach to Form				Open to Public
Name of the organiza		bout Schedule G (F	orm 990 or 99	U-EZ) and its	instructions is at www	Employer identi	Inspection fication number
0	NDATION FOR JEWISH	I CAMPUS LIFE					2-6073391
	Part I Fundraising Activities. Complete if t				vered "Yes" on F	-	
	n 990-EZ filers are i	•	•			,	,
	hether the organization				owing activities. C	heck all that apply	
	olicitations		e [ion of non-govern		
b 🗌 Interne	et and email solicitatio	ons	f] Solicitat	ion of government	grants	
c 🗌 Phone	solicitations		g 🗌		fundraising events	-	
d 🗌 In-per	son solicitations		-	·	-		
2a Did the or	ganization have a wri	tten or oral agre	ement with	any individ	lual (including official	cers, directors, tru	stees,
or key em	ployees listed in Form	n 990, Part VII) o	r entity in c	onnection	with professional f	undraising service	s? 🗌 Yes 🗌 No
				draisers) pu	ursuant to agreem	ents under which	the fundraiser is to be
compensa	ated at least \$5,000 b	y the organizatio	on.				
	address of individual ty (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			· · ·	<u> Þ</u>		I ···	field to an inf
		anization is regis	stered or lic	ensed to s	olicit contributions	s or has been noti	fied it is exempt from
registratio	on or licensing.						

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANKS TO BEN SCHULM			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	47,978			47,978
ш	2	Less: Contributions	21,670			21,670
	3	Gross income (line 1 minus				
		line 2)	26,308			26,308
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
səsuə	6	Rent/facility costs	0			0
Direct Expenses	7	Food and beverages	9,887		0	9,887
Direc	8	Entertainment	1,484		0	1,484
	9	Other direct expenses .	11,316			11,316
	10	Direct expense summary. A		. ,		22,687
	11 rt III	Net income summary. Subtr	e organization answered			3,621

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

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
lirect E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	□ Yes% □ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d) . . .		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 						
10		/ere any of the organization's g "Yes," explain:				

Schedu	ile G (Form 990 or 990-EZ) 2016 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility 13a An outside facility 13b Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b c	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation \$
	Description of services provided
	Director/officer
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	

Schedule G (Form 990 or 990-EZ) 2016

SCHE	EDU	LE	L	
(Form	990	or	990-	EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.



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

HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

Employer identification number 62-6073391

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

-1	(a) Name of disgualified person	(c) Description of transaction		(b) Relationship between disqualified person and (c) Description of transaction	(a) Description of transaction	(d) Corrected?		
(1) (2) (3) (4) (5) (6) 2 E u	(a) Name of disqualmed person	organization	(c) Description of transaction	Yes	No			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
2		ed by the organization managers or dis						
3	Enter the amount of tax if any o	on line 2 above reimbursed by the organi	ization					

on line 2. above. reimbursed bv the ordanization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or 1 the zation?	(e) Original principal amount	(f) Balance due	(g) In c	lefault?	by bo	proved bard or hittee?	(i) Wr agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
						\$						
Part III Grants or Ass	sistance Benet	fiting Interest	ed Pers	sons.								

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50056A Schedule L (Form 990 or 990-EZ) 2016

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
(1)	ADAM LANDA	DIRECTOR	25.671	WIFE IS EMPLOYED BY VANDERBI		v
(2)	ANDREW MAY	DIRECTOR		INTEREST ON LINE OF CREDIT. AN		~
(3)	PHILIP LIEBERMAN	DIRECTOR		PHILIP LIEBERMAN SERVED AS VA		~
(4)			.,			
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Par	t V Supplemental Information Provide additional information for	r responses to questions	on Schedule L (see	instructions).		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

Employer identification number 62-6073391

Part	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art-Works of art	~	1	· · · · · ·	Donor value
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	~	1	144	
9 10	Securities—Closely held stock .		•	140	Fair market value
11	Securities-Partnership, LLC,				
	or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution—Historic				
	structures				
14	Qualified conservation contribution—Other				
15	Real estate – Residential				
16	Real estate – Commercial				
17	Real estate Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other ► ()				
29	Number of Forms 8283 received	by the or	anization during the tax v	lear for contributions for	
	which the organization completed				29 0
				0	Yes No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I lines	
oou	28, that it must hold for at least t				
	to be used for exempt purposes				
b	If "Yes," describe the arrangement				
31	Does the organization have a		otance policy that require	es the review of any ne	onstandard
					··· 31 🖌
32a	Does the organization hire or us contributions?		ies or related organization	•	ell noncash 32a 🗸
b	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	is checked,

describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Line 32b - STOCK DONATIONS MADE TO VANDERBILT HILLEL ARE DIRECTLY TRANSFERRED BY THE DONOR
TO THE JEWISH FEDERATION OF NASHVILLE AND MIDDLE TENNESSEE. THE JEWISH FEDERATION OF NASHVILLE AND MIDDLE
TENNESSEE SELLS THE STOCK AND TRANSFERS THE PROCEEDS TO VANDERBILT HILLEL.

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.

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

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

OMB No. 1545-0047

2016

HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE	62-6073391
Form 990, Part I, Line 15 - VANDERBILT HILLEL ELECTED TO FILE AND ENTERED INTO A COMMON F	PAYMASTER ARRANGEMENT
WITH HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE (EIN: 52-1844823) WHEREBY ALL SALA	RIES AND RELATED W-2s ARE
REPORTED THROUGH THE PAYROLL FILINGS OF THE COMMON PAYMASTER (HILLEL: THE FOUND	
LIFE) AND UNDER THAT EMPLOYER IDENTIFICATION NUMBER. FOR THE PURPOSES OF THIS FEDE	
RELATED SALARIES ATTRIBUTABLE TO VANDERBILT HILLEL ARE RECOGNIZED AND REPORTED.	
	HOWEVER, NO FORM W-25
ARE REPORTED AS THESE ARE FILED UNDER THE COMMON PAYMASTER.	
Form 990, Part V, Line 2a - VANDERBILT HILLEL ELECTED TO FILE AND ENTERED INTO A COMMON	
WITH HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE (EIN: 52-1844823) WHEREBY ALL SALA	RIES AND RELATED W-2s ARE
REPORTED THROUGH THE PAYROLL FILINGS OF THE COMMON PAYMASTER (HILLEL: THE FOUND	ATION FOR JEWISH CAMPUS
LIFE) AND UNDER THAT EMPLOYER IDENTIFICATION NUMBER. FOR THE PURPOSES OF THIS FEDE	RAL FORM 990, THE
RELATED SALARIES ATTRIBUTABLE TO VANDERBILT HILLEL ARE RECOGNIZED AND REPORTED.	HOWEVER, NO FORM W-2s
ARE REPORTED AS THESE ARE FILED UNDER THE COMMON PAYMASTER.	
Form 990, Part VI, Section A, Line 2 - BOB NEMER, PRESIDENT-ELECT, IS THE FATHER OF MATTHEW	/ NEMER, DIRECTOR.
Form 990, Part VI, Section B, Line 11b - FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR OF V	ANDERBILT HILLEL AND
MEMBERS OF THE BOARD OF DIRECTORS.	
Form 990, Part VI, Section C, Line 19 - GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE	
UPON REQUEST.	
Form 990, Part VIII, Line 1f - INCLUDED IN PART VIII, LINE 1f IS A DONATION RECEIVED BY VANDERE	
OF \$550,000 DURING THE FISCAL YEAR ENDING JUNE 30, 2017. PER THE DONOR'S TRUST AGREEM	
INTENDED TO CREATE AN ENDOWMENT FOR THE BENEFIT OF VANDERBILT HILLEL. VANDERBILT	
MANAGED BY AND HELD AT THE JEWISH FEDERATION OF NASHVILLE AND MIDDLE TENNESSEE.	VHEN THIS \$550,000
DONATION WAS RECEIVED BY VANDERBILT HILLEL, THE FUNDS WERE TRANSFERRED DIRECTLY	TO THE JEWISH FEDERATION
OF NASHVILLE AND MIDDLE TENNESSEE TO CREATE AN ENDOWMENT FUND FROM WHICH VANDE	RBILT HILLEL RECEIVES
REGULAR DISTRIBUTIONS.	
Form 990, Part VIII, Line 3 - VANDERBILT HILLEL ENGAGED AN INDEPENDENT ACCOUNTANT TO PE	RFORM A REVIEW OF THE
JUNE 30, 2017 FINANCIAL STATEMENTS. BASED ON THE RECOMMENDATION OF THE INDEPENDEN	T ACCOUNTANT, THERE ARE
CHANGES IN THE FINANCIAL STATEMENT PRESENTATION OF VANDERBILT HILLEL'S ENDOWMENT	S FROM PRIOR YEARS. PART
VIII, LINE 3 INCLUDES GAINS AND INTEREST INCOME ON ENDOWMENTS OWNED BY VANDERBILT F	HILLEL AND HELD AT THE
JEWISH FEDERATION OF NASHVILLE AND MIDDLE TENNESSEE.	
Form 990, Part VIII, Line 11a 11b 11c - IN PRIOR YEARS, VANDERBILT UNIVERSITY SUPPORTED THE	OPERATIONS OF
VANDERBILT HILLEL. ON JULY 1, 2016, VANDERBILT HILLEL OFFICIALLY SEPARATED FROM VAND	
BECAME FINANCIALLY INDEPENDENT OF VANDERBILT UNIVERSITY. AS PART OF THE SEPARATIO	
UNIVERSITY AGREED TO GIVE VANDERBILT HILLEL A ONE-TIME PAYMENT. THE AMOUNT INCLUDE	D IN PART VIII, LINE TTATS
THE TOTAL OF THE SEPARATION PAYMENT RECEIVED BY VANDERBILT HILLEL.	
Form 990, Part X, Line 13 - VANDERBILT HILLEL ENGAGED AN INDEPENDENT ACCOUNTANT TO PER	
JUNE 30, 2017 FINANCIAL STATEMENTS. BASED ON THE RECOMMENDATION OF THE INDEPENDEN	
CHANGES IN THE FINANCIAL STATEMENT PRESENTATION OF VANDERBILT HILLEL'S ENDOWMENT	S FROM PRIOR YEARS.
Form 990, Part XI, Line 9 - VANDERBILT HILLEL ENGAGED AN INDEPENDENT ACCOUNTANT TO PER	FORM A REVIEW OF THE JUNE
30, 2017 FINANCIAL STATEMENTS. BASED ON THE RECOMMENDATION OF THE INDEPENDENT ACC	OUNTANT, THERE ARE
CHANGES IN THE FINANCIAL STATEMENT PRESENTATION OF VANDERBILT HILLEL'S ENDOWMENT	S FROM PRIOR YEARS
INCLUDING DIFFERENCES IN THE WAY ENDOWMENTS ARE RECORDED. THESE DIFFERENCES IN R	EPORTING ENDOWMENTS
RESULTED IN AN OTHER CHANGE IN NET ASSETS OF \$2,877,290.	

Supplemental Information (Continued)

Form 990, Part XII, Line 1 - VANDERBILT HILLEL ENGAGED AN INDEPENDENT ACCOUNTANT TO PERFORM A REVIEW OF THE
JUNE 30, 2017 FINANCIAL STATEMENTS. IN ORDER TO BE CONSISTENT WITH THE INDEPENDENT ACCOUNTANT'S REVIEW, THE
METHOD OF ACCOUNTING WAS CHANGED FROM CASH TO ACCRUAL ON THE JUNE 30, 2017 FORM 990.
Form 990, Part XII, Line 2c - THE ORGANIZATION DID NOT ENGAGE AN INDEPENDENT ACCOUNTANT IN PRIOR YEARS. AN
INDEPENDENT ACCOUNTANT WAS ENGAGED TO PERFORM A REVIEW OF THE ENTITY'S FINANCIAL STATEMENTS FOR THE
FIRST TIME FOR THE FISCAL YEAR ENDING JUNE 30, 2017.

Schedule O, Statement 1

Form: Form 990 (2016)

Page: 1

HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

EIN: 62-6073391

Part I, Line 1

Activity Or Mission Description

Description

EDUCATIONAL OPPORTUNITIES THAT COMPLEMENT CLASSROOM LEARNING. VANDERBILT HILLEL OCCUPIES A UNIVERSITY-OWNED, SELF-STANDING, 10,000 SQUARE FOOT BUILDING WHERE ROOMS ARE AVAILABLE TO UNIVERSITY GROUPS FOR THE PURPOSE OF PROMOTING INTERFAITH AND INTERCULTURAL RELATIONSHIPS.

Schedule O, Statement 2

Form: Form 990 (2016)

HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE

EIN: 62-6073391

Part III, Line 1

Mission Description

Description

ROOMS ARE AVAILABLE TO UNIVERSITY GROUPS FOR THE PURPOSE OF PROMOTING INTERFAITH AND INTERCULTURAL RELATIONSHIPS.

Schedule	O, Statement 3	HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE			
Form: For	rm 990 (2016)		EIN:	62-6073391	
Page: 2			Pai	rt III, Line 4d	
	Other Program Services Accomp	lishments			
Activity	Description	Expense	Grants	Revenue	
Code					
	VARIOUS STUDENT PROGRAMMING ACTIVITIES.	403,683		767	
Total:		403.683	0	767	