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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

<u>A F</u>	or the	2017 calendar year, or tax year beginning UL 1, 2017 and end	Jing Jا	JN 30,	2018		
	Check if applicable	C Name of organization		D Employe	er identific	cation number	
Г	Addres	AMERICAN JEWISH UNIVERSITY					
	Name change Initial	Doing business as			95-1	684064	
	return _Final	Number and street (or P.0. box if mail is not delivered to street address) 15600 MULHOLLAND DRIVE	om/suite	E Telephor		476-9777	
	⊥return/ termin- ated			G Gross recei		43,254,120.	
Г	Ameno		ŀ	H(a) Is this			
F	Application				ordinates		
	pendin	SAME AS C ABOVE				cluded? Yes No	
$\overline{1}$	Гах-ехе	empt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.) $= 4947(a)(1)$ or $= 6000$	527			list. (see instructions)	
		e: ► WWW.AJU.EDU				n number 🕨	
KF	orm of	organization: X Corporation				1 State of legal domicile; CA	
Pa	art I	Summary			•	-	
	1	Briefly describe the organization's mission or most significant activities: ${ t TO t PROV}$	VIDE	AN EDU	JCATIO	NAL	
Activities & Governance		PROGRAM TO CHILDREN AND ADULTS WITH PROGRAM					
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	of ret	han 25% of	its net ass		
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	33	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)				32	
es &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a))		5	566	
ΣĖ	6	Total number of volunteers (estimate if necessary)			6	67	
Αcti	7 a	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	<u></u>			0.	
				Prior Ye		Current Year	
Revenue	1	Contributions and grants (Part VIII, line 1h)		6,087		6,977,619.	
	1	Program service revenue (Part VIII, line 2g)		$\frac{11,148}{6,193}$		11,747,964.	
	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,183	,030.	8,037,709. 473,387.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, d 11e)		23,787		27,236,679	
		Total revenue - add lines 8 through 11 (must equal Part VIII, co. ,, line 12)		2,827		3,085,747.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,021	0.	0.	
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,411		12,526,061.	
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
Sen	h	Total fundraising expenses (Part IX, column (D), line 25) 1,235,666			•	<u> </u>	
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,216	.580.	12,442,400.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,455		28,054,208.	
		Revenue less expenses. Subtract line 18 from line 12		-2,667		-817,529.	
Or Ps			Bea	inning of Cur		End of Year	
ets	20	Total assets (Part X, line 16)		45,440		141,040,264.	
ASS	21	Total liabilities (Part X, line 26)		40,222	,401.	40,151,271.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	10	05,217	,655.	100,888,993.	
Pa	art II	Signature Block					
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	d statemer	nts, and to the	best of my	knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer h	as any knowl	edge.		
		0:					
Sig	n	Signature of officer		Date	9		
Her	е	ZOFIA YALOVSKY, VICE PRESIDENT					
		Type or print name and title	I n	ate	061	PTIN	
D - 1	,	Print/Type preparer's name Preparer's signature		aic	Check if	-	
Paid		LIZBETH G. NEVAREZ		T _F .	self-employe	P01399868 95-1777440	
-	Only	Firm's name GREEN HASSON & JANKS LLP		Firm	n's EIN ▶	33-11/144U	
use	Only	Firm's address 10990 WILSHIRE BLVD., 16TH FLOOR LOS ANGELES, CA 90024-3929		D	ne no. (3	10) 873-1600	
Mar	tho I	IS discuss this return with the preparer shown above? (see instructions)		[PN0	116 110. (3	X Yes No	
ivia	, uicil	io alboado alio retarri with the proparer brown above: (355 ilibiliationo)				100 110	

Theck if Schedules Contains a response or note to any line in the Part III Briefly describe the organization smission: WE BELLEVE IN THE PRINCIPLE OF TORAH LI'SH'MA-LEARNING AS AN INTELLECTUAL AND INSPIRATIONAL ENDEAVOR THAT EMBRACES BOTH ACADEMIC SCHOLARSHIP AND THE EFFORTS OF ALL JEWS TO EXPLORE THEIR SHARED HERITAGE THROUGH THE FORMAL AND INFORMAL STUDY OF JUDISIM AND THE PRINTINGE THROUGH THE FORMAL AND INFORMAL STUDY OF JUDISIM AND THE DIFFERENCE THROUGH THE FORMAL AND INFORMAL STUDY OF JUDISIM AND THE Prior form 800 r980627 If "Yes," describe these new services on Schedule O. Both the organization cause conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization cause conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization cause conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization organization organization sporms envices, as measured by expenses. Section 501c(3) and 501c(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reconsult and formation of the program services and reconsultations are required to report the amount of grants and allocations to others, the total expenses, and reconsultations are required to report the amount of grants and allocations to others, the total expenses, and reconsultations are required to report the amount of grants and allocations to others, the total expenses, and reconsultations are required to report the amount of grants and allocations to others, the total expenses, and reconsultations are required to report the amount of grants and allocations to others, the total expenses, and reconsultations are required to report the amount of grants and allocations to others, the total expenses and total expe	Pa	Statement of Program Service Accomplishments
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		(Expenses \$ 2,073,720 • including grants of \$ 201,200 •) (Revenue \$ 1,000,004 •)
	40	

Form 990 (2017) AMERICAN JEWISH UNIVERSITY Part IV Checklist of Required Schedules

1 Is the organization described in section 501(k)(3) or 49x7(a)(1) (other than a private foundation)? 1				Yes	No
2 X 1 bit the organization required to complete Schedule 8, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part II and the organization engage in Indirect or indirect political campaign activities, or have a section 501(h) election in effect during the tax year? ("Yes," complete Schedule C, Part II and the organization activities on the organization activities on 501(h) election in effect during the tax year? ("Yes," complete Schedule C, Part II and the organization maintain any donor advised funds or any, similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II and the organization maintain acollections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II and 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 conselling, debt management, redit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II and 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 conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II and the organization report an amount for land, buildings, and equipment in Pair "Yes," of If Yes, complete Schedule D, Part II and the organization report an amount for investments - other securities in art. X, ii 1 that is 5% or more of its total assets reported in Part X, line 197 If "Yes," complete Schedule D, Part X ii 11b X and 197 If "Yes," complete Schedule D, Part X ii 11b X and 197 If "Yes," complete Schedule D, Part X ii 11b X and 197 If "Yes," complete Sch	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Pres,' complete Schedule C, Part II		If "Yes," complete Schedule A	1	X	
Section 501(N) againstations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? If "Yes," complete Schedule C, Part II	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization assertion 501(c)(d), 501(c)(d), or 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part II is the organization maximal any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is the organization report an amount in 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 service? If "Yes," complete Schedule D, Part IV is complete Schedule D, Part IV in the organization report an amount for land, buildings, and equipment in Part X, in the organization report an amount for land, buildings, and equipment in Part X, in a sapplication report an amount for investments other securities in art., a 12 rule is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V in Did the organization report an amount for investments other securities in art., a 12 rule is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X in 16 If If Yes, complete Schedule D, Part X in 16 If If Yes, complete Schedule D, Part X in 16 If If Yes, complete Schedule D, Part X in 16 If If Yes, complete Schedule D, Part X in 16 If If Yes, complete Schedule D, Part X in 16 If If Yes, complet	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If ''res, 'complete Schedule C, Part II is the organization as section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 90-197 If ''res, 'complete Schedule C, Part II is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes, 'complete Schedule D, Part II is Did the organization maintain and leads or of his order of the environment, historic land areas, or historic structures? If 'Yes, 'complete Schedule D, Part II is Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes, 'complete Schedule D, Part IV is the organization report an amount for land, buildings, and equipment in Part X, in the 10 the organization report an amount for land, buildings, and equipment in Part X, in 10 the organization report an amount for investments - other securities if art., a 12 had is 5% or more of its total assests reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IV is Did the organization report an amount for investments - other securities if art., a 12 had is 5% or more of its total assests reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X is 5% or more of its total assests reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X is 5% or more of its total assests reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X is 5% or more of its total assests the organization separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X is 5%		public office? If "Yes," complete Schedule C, Part I	3		Х
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.197 (**Pres, "complete Schedule C, Part III or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (**Pres, "complete Schedule D, Part II of Did the organization maintain and yound avoid that or a propriet and the environment, historic land areas, or historic structure? (**Pres, "complete Schedule D, Part III of 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 conseling, debt management, credit repair, or debt registation services?" (**Pres, "complete Schedule D, Part III of Did the organization report an amount for land, buildings, and equipment in Part X; or provide credit conseling, debt management, credit repair, or debt registation services?" (**Pres, "complete Schedule D, Part V of III of the organization report an amount for land, buildings, and equipment in Part **Pres, "complete Schedule D, Part V of III of the organization report an amount for land, buildings, and equipment in Part **Pres, "complete Schedule D, Part V of III of the organization report an amount for investments - other securities if art v, of 12 and is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X of Did the organization report an amount for other assets in Part X, and 15 its "Se or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X of Did the organization report an amount for other assets in Part X, and 15 its "The second of III of The Yes," complete Schedule D, Part X of Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Pa	4				
5 is the organization a section SOI(c)(4), SOI(c)(6) or SOI(c)(6) organization that receives membership duse, assessments, or similar amounts as defined in Revenue Procedure 98-192 if "Yes," complete Schedule C, Part III 5		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "I'ves," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 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, of debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for investments or the several endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments or the securities in any any application of the following questions is "Yes," then complet "hedule L, arts VI, VII, VIII, X, or X as applicable. a Did the organization report an amount for investments or the securities in any any any any any any any any any an	5				
provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part I/ the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part II // 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part II // 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account flability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? // "Yes," complete Schedule D, Part V // "O Did the organization, directly or through a related organization, hold assets in temporarily res ited endowments, permanent endowments, or quasi-endowments? // "ryes," complete Schedule D, Part V // "O Did the organization report an amount for land, buildings, and equipment in Part V, in or Y // "Yes," complete Schedule D, Part V // Pres, comp		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization or snower to any of the following questions is "Yes," then complet "bedule L, arts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part "In" J? If "Yes," complete Schedule D, Part V. 11 Did the organization report an amount for investments - other securities is art in 19 to "Yes," complete Schedule D, Part V. 12 Did the organization report an amount for investments - other securities is art in 19 to "Yes," complete Schedule D, Part V. 13 Did the organization report an amount for investments - other securities is art in 19 to "Yes," complete Schedule D, Part V. 14 Did the organization report an amount for investments - other securities is art in 19 to "Yes," complete Schedule D, Part V. 15 Did the organization report an amount for investments - other assets in Part X, in 15 to "Yes," complete Schedule D, Part X. 16 Did the organization an amount for the assets in Part X in 15 to "Se's or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X. 16 Did the organization an amount for the assets in Part X in 15 to "Se's or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X. 17 Did the organization an amount for other assets in Part X, in 15 to "Se's or more of its total assets reported in Part X, li	6				
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? #"Yes," complete Schedule D, Part III 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? ##Yes," complete Schedule D, Part IV 10 Did the organization and ownwents? #"Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Pair *"Inv *"O? #"Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Pair *"Inv *"O? #"Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments other securities in *"art x, *" = 12 nat is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part V 2 Did the organization report an amount for other assets in Part X = 15 tr. is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part X 2 Did the organization report an amount for other assets in Part X = 15 tr. is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part X 3 Did the organization report an amount for other labilities in Part X = 15 tr. is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part X = 15 tr. is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part X = 11 tr. is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part X = 11 tr. is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part X = 11 tr. is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part X = 11 tr. is 5% or more of its total assets reported in Part X = 11 tr. is 5% or more of its total addresses the organiza		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization diversity or through a related organization, hold assets in temporarily res ted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complet " "hedule Li, arts VI, VII, VIII, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Pair "In" 27 If "Yes," complete Schedule D, Part V 11a x 11b x 11b x 11b X 11c Did the organization report an amount for investments - other securities if art x, 9 12 hat is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part V 11a bid the organization report an amount for investments program related. Part X, 11 Yes, "complete Schedule D, Part X 11b X 11c Did the organization report an amount for other assets in Part X, in 15 th, "Yes," complete Schedule D, Part X 11c Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization sibility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11c X 11d X 12a Did the organization obtain separate, independent audited financial statements for the tax year If "Yes," complete Schedule D, Part X 11d X 12a Did the organization maintain an office, employees, or agents outside of the United States? 11d X 12a Did the organization maintain an office, employees, or agents outside of the United States? 12b X 12c X 12c X 12d D	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
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Complete Generalic G. Fait III	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
		complete Schedule G. Part III	19	000	

Form 990 (2017) AMERICAN JEWISH UNIVERSITY Part IV Checklist of Required Schedules (continued)

20a bit the organization operate one or more hospital facilities? If "Yes," complete Schedule II 20b bit "Yes" to enable, all the organization states and copy of its autised familiar and statements to this return? 20b bit the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic powerment on Part IX, column (A), lime 17 "Yes," complete Schedule I, Part I and II 21 X 22 Did the organization emport more than \$5,000 of grants or other assistance to or for domestic inclividuals on Part IX, column (A), lime 17 "I "Yes," complete Schedule I, Part I and II 32 X 32 Did the organization answer "Yes" to Part VII, Soction A, lime 3.4, or 5 about compensation of the organization surrort and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule II and organization answer "Yes" to Part VII, Soction A, lime 3.4, or 5 about compensation of the organization surrort and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule II and the Yes, it all values issued after December 31, 2002? If "Yes," answer lines 26th through 26d and complete Schedule II. If "Yes," complete Schedule II and Yes, it was a substance of the season of the sist day of the year, that was issued after December 31, 2002? If "Yes," answer lines 26th through 26d and complete Schedule II. If "Yes," to part I was a substance of the organization and the season of the season of the organization and the season of the season of the season of the season of the organization and the season of the season of the season of the organization and the season of the season of the season of the organization and the season of the season of the season of the organization will an disqualified person of the organization will an disqualified person of the organization will an disqualified person of the part of the assistance to an office, officer or the season of the organization will an expense of the organiza				Yes	
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22 X 23 Ibit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Part I and III and former officiens, directors, trustees, key employees, and highest compensated employees" (If "Yes," complete Schedule I. Part II and III and former officiens, directors, trustees, key employees, and highest compensated employees" (If "Yes," complete Schedule II. If "Yes," complete Schedule II and complete Schedule III and several processor of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 th trough 24 and complete Schedule II. If "Yes," answer lines 24 th trough 24 and complete Schedule II. If "Yes," answer lines 24 th trough 24 and complete Schedule II. If "Yes," answer lines 24 th trough 24 and complete Schedule II. If "Yes," answer lines 24 th trough 24 and complete Schedule II. If "Yes," answer lines 24 th trough 24 and complete Schedule II. If "Yes," answer lines 24 th trough 24 and complete Schedule II. If "Yes," answer lines 24 th trough 24 and complete Schedule II. If "Yes," answer lines 24 th trough 24 and complete Schedule II. Part II. 25 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 II. Part II. 25 Ib the organization export any amount on Part X, line 5, 6, or 22 for receivables II. Part III. 25 Ib II the organization report any amount on Part X, line 5, 6, or 22 for receivables II. Part III. 26 Ib III. If yes, the organization provide a grant or other assistance to an officer, direct, vi., v., s., k., employee, substantial contributor or employee threes, or a grant selection committee member. If yes, the organization provide a grant or other assistance to an officer, direct, vi., v., s., k., employee, substantial contributor or employee threes, or a grant selection committee member. If yes, the selection of the	21				
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If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	36				
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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37				
Note. All Form 990 filers are required to complete Schedule O		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
	38				
		Note. All Form 990 filers are required to complete Schedule O	38		

Form 990 (2017) AMERICAN JEWISH UNIVERSITY 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	<u></u> .	<u></u>		
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	193			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	[
	filed for the calendar year ending with or within the year covered by this return	566			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶	I			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	[5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, a did the organization solici				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement the contractions or gifts				
	were not tax deductible?	[6b		
7	Organizations that may receive deductible contributions under section 176,	- 1			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part, goods and services provided to the partly as a contribution and part, goods and services provided to the partly as a contribution and part, goods and services provided to the partly as a contribution and contribution and contribution and contribution and contribution	ayor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or sivile roviesd?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible pe nal prop y for which it was required				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to y premit on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or 'irectly, a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual p 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 1096	3-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 1			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.	- 1			
	Did the sponsoring organization make any taxable distributions under section 4966?	}	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	}	9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 Cross respires included on Form 900, Part VIII, line 12 for public use of plub facilities.				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\dashv			
11	Section 501(c)(12) organizations. Enter: Grees income from members or shareholders.				
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against	-			
D					
199	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ŀ	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\dashv			
	In the constitution is a factor of the interest of the contract of the contrac	ŀ	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	·····	isa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
J	organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand	\dashv			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	·····	14b		
~	II No. provide all explanation ill Scriedie O			990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

It littler are material differences in voting members of the governing body at the end of the tax year 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 0. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a famility relationship or a business relationship with any other officer, director, trustee, or key employee to a management during the presence of the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization delegate control over management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Ave any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization than the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A not not be reached at the organization's mailing address? If Yes, 'provide the names and addresses in St. 'v' section B. Policies (This Section B requests information about policies not received to be interested to the organization have written policies and procedures gover. 'the P vites of such chapters, affiliates, and branches to ensure their operations are consistent with the original standown of the organization have a written policies and procedures gover. 'the P vites of such chapters, affiliates, and branches to ensure their operations are consistent with th	Section				X						
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Bid the organization contemporaneously document the meetings held or written actions undertaken durii "he year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A indicate the organization's mailing address? If "Yes." provide the names and addresses in Su. "If you internal Revenue Code.) Section B. Policies (This Section B requests information about policies not required by Internal Revenue Code.) Yes I 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures gover. The Policies of such chapters, affiliates, and branches to ensure their operations are consistent with the content and branches to ensure their operations are consistent with the content with the content of the process of the process, if any, used by the organization of the regular and to revert the Policies of such chapters, affiliates, and branches to ensure their operations are consistent with the content of the process of the process, if any, used by the organization of the result of the organization have a written conflict of interest policy? If "No. Internal Revenue Code.) 11a I has the organization have a written conflict of interest policy? If "No. Internal Revenue Code.) 11b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written whistleblower policy? 15 Did the organization have a written occument retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and			76		x						
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16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			acı	Λ							
taxable entity during the year?											
			40-		х						
			16a		<u> </u>						
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			404								
exempt status with respect to such arrangements? 16b Section C. Disclosure			100								
- C3											
			available								
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			avanabl	•							
	_										
			d financ	ial							
X Own website Another's website X Upon request Other (explain in Schedule O)			ımanc	ıdı							
X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	SI										
X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	20 0										
X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial											

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

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

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

(A)	(B)	J. ga.		(C)		<u>lour</u>	(D)	(E)	(F)
Name and Title	Average hours per		not c	heck i	more	than o s both		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				r/trus		from	from related	other
	(list any	Individual trustee or director						he	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	stee			Highest compensated employee		org⊱ :ation (W-2/10 -MISC)	(44-2/1099-141190)	organization
	organizations	truste	al tru:		oyee	om per		(* 2.15)		and related
	below	vidual	Institutional trustee	cer	Key employee	hest co	^c ormer			organizations
77.	line)	Indi	Inst	Officer	Key	e Eig				
(1) ROBERT WEXLER	35.00			37				200 062	0	101 005
PRESIDENT	1.00	Х		Х				209,963.	0.	101,995.
(2) VIRGINIA MAAS	0.50			v					0	0
(3) HAROLD MASOR	0.00	Х		Х	_	_		0.	0.	0.
TREASURER	0.00	х		X				0.	0.	0.
(4) MELISSA HELD BORDY	0.50	Λ	\vdash	^				1 0.	0.	<u></u>
VICE CHAIR	0.00	х		X				0.	0.	0.
(5) JEROME COBEN	0.50			*		_		•	•	
VICE CHAIR	0.00	х		х		1		0.	0.	0.
(6) RODNEY FREEMAN	0.50								•	
VICE CHAIR	0.00	Х		х				0.	0.	0.
(7) BRYAN BERKETT	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) BENJAMIN BRESLAUER	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) ALLISON GINGOLD	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) HERBERT GLASER	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) NATHAN HOCHMAN	0.50									_
BOARD MEMBER	0.00	Х						0.	0.	0.
(12) KENNETH KAHAN	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) MARK LAINER	0.50								•	
BOARD MEMBER	0.00	Х				_		0.	0.	0.
(14) JEFFREY LEVINE	0.50	.,							0	0
BOARD MEMBER	0.00	Х				_		0.	0.	0.
(15) PETER LOWY	0.50							_	0	0
016) FRANCIS S. MASS	0.00	Х				\vdash		0.	0.	0.
BOARD MEMBER	0.00	х						0.	0.	0.
(17) LOUIS MILLER	0.50								0 •	<u></u>
BOARD MEMBER	0.00	х						0.	0.	0.
732007 11-28-17		-2							<u> </u>	Form 990 (2017)

732007 11-28-17

Form 990 (2017) AMERICAN	OFMISH	OI	1 T A	חה	LC	<u>. 1 I</u>			33-1004	004	Pi	age •
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week	box	not c	ss pe	more rson i	than of the state	n an	Reportable compensation from	Reportable compensation from related	an	timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	frorga orga and	pensa om the anizat d relate anizatie	e ion ed
(18) JON MONKARSH	0.50											
BOARD MEMBER	0.00	Х						0.	0.			0
(19) MURRAY PEPPER	0.50											
BOARD MEMBER	0.00	Х						0.	0.			0
(20) LAWRENCE PLATT	0.50											
BOARD MEMBER	0.00	Х						0.	0.			0
(21) KEVIN L. RATNER	0.50											
BOARD MEMBER	0.00	Х						0.	0.			0
(22) RICK RICHMAN	0.50							A				
BOARD MEMBER	0.00	Х						0.	0.			0
(23) MARK ROTHSTEIN	0.50											
BOARD MEMBER	0.00	Х						0.	0.			0
(24) MARK RUBIN	0.50											_
BOARD MEMBER	0.00	X						0.	0.			0
(25) RICHARD SANDLER	0.50											_
BOARD MEMBER	0.00	Х				ļ -		0.	0.			0
(26) DENA SCHECHTER	0.50	l										_
BOARD MEMBER	0.00	X			L	<u></u>		0.	0.	10	1 0	0
1b Sub-total							▶	209,963.	0.		1,9	
c Total from continuation sheets to Part V	II, Section A		,					1,614,754.	0.		5,6	
d Total (add lines 1b and 1c)							<u> </u>	1,824,717.	0.	44	7,6	<u> 2</u>
2 Total number of individuals (including but	not limited to th	ose	lis	1 ab	ove	e) n	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization					_						Yes	1
											res	N
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for									-	3		X
4 For any individual listed on line 1a, is the s	•		-					•	-			
and related organizations greater than \$15	50,000? If "Yes,	," со	mple	ete S	Sche	edule	J f	or such individual		4	Х	
5 Did any person listed on line 1a receive or	-				-			-				
rendered to the organization? If "Yes," con	mplete Schedul	e J f	or su	ıch į	oers	on				5		X
Section B. Independent Contractors												_
1 Complete this table for your five highest co	ompensated ind	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	tion fro	m	
the organization. Report compensation for	the calendar v	ear e	endir	ng w	ith c	or wi	thin	the organization's tax v	ear.			

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PROFESSIONAL SECURITY CONSUL., 11454 SAN		
VICENTE BLVD., LOS ANGELES, CA 90049	SECURITY SERVICES	341,938.
GENESIS CHARITABLE CONSULTING		
4458 MATILIJA AVE., SHERMAN OAKS, CA 91423	CONSULTANTS	261,555.
MORGAN, LEWIS & BOCKIUS, LLP, P.O. BOX		
79356, CITY OF INDUSTRY, CA 91716-9356	CONSULTANTS	234,774.
LOEB & LOEB LLP, 10100 SANTA MONICA BLVD,		
SUITE 2200, LOS ANGELES, CA 90067	CONSULTANTS	120,000.
VISION MECHANICAL SERVICES, 30501 AGOURA		
ROAD, SUITE 150, AGOURA HILLS, CA 91301	MECHANICAL SERVICE	114,163.
2 Total number of independent contractors (including but not limited to those listed		
\$100,000 of compensation from the organization > 7		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 AMERICAN JEWISH UNIVERSITY 95-1684064									4064	
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				Highest compensated employee		the	organizations	compensation
	(list any hours for	or director				d em b		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			satec		(88-2/1099-181130)		and related
	organizations	truste	nstitutional trustee		yee	om per				organizations
	below	idual	tution	-e	Key employee	esto	ıer			
	line)	Indiv	Instil	Officer	Key	High	Former			
(27) MICHAEL SCHEINBERG	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(28) LEONARD SHAPIRO	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(29) JEFFREY TRENTON	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(30) KEENAN WOLENS	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(31) RUTH ZIEGLER	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(32) MICHAEL ZIERING	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(33) RICHARD S. ZIMAN	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(34) JAY STREAR	35.00									
SENIOR VP	0.00			Х				169,012.	0.	79,738.
(35) DANIEL GRASSIAN (LEFT FEB 2018)	35.00									
VP - ACADEMIC AFFAIRS	0.00			Х				166,388.	0.	16,294.
(36) BRADLEY S. ARTSON	35.00				7			1		
VP - ZSRS	0.00			X	(124,030.	0.	53,002.
(37) ZOFIA YALOVSKY	35.00		Г							
VP - FIN, ADMIN & TECH	0.50			X				168,137.	0.	14,522.
(38) GARY OREN	35.00									
VP - DEAN WCCE	0.00			Х				103,193.	0.	73,464.
(39) SAMUEL LEVITT	35.00									
VP - FACILITIES & AUXILIARY SERVICES	0.00			Х				132,054.	0.	11,820.
(40) JOANNA GERBER	35.00									
VP - COMMUNICATIONS & MARKETING	0.00			Х				122,834.	0.	14,207.
(41) JUDITH FELDMAN	35.00									
DIRECTOR OF ADVANCEMENT	0.00					Х		133,659.	0.	14,273.
(42) RICHARD ROSENBAUM	35.00									
DIRECTOR OF ADVANCEMENT	0.00					Х		133,659.	0.	14,605.
(43) RHODA WEISMAN	35.00									
DEAN	0.00					X		123,624.	0.	14,747.
(44) JOSHUA LEVINE - CAMP ALONIM	35.00									
EXECUTIVE DIRECTOR	0.00					Х		120,814.	0.	25,607.
(45) RACHEL LERNER	35.00									
DEAN	0.00					Х		117,350.	0.	13,388.
		1								
Total to Part VII, Section A, line 1c								1,614,754.		345,667.

Form 990 (2017) AMERICA
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e 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
yy	1 2	Federated campaigns	1a					012 011
ant		Membership dues						
ନ୍ଦ୍ର ପ୍ର		Fundraising events		461,114.				
ifts		d Related organizations		,				
nila nila		Government grants (contribution						
Sir		All other contributions, gifts, grant						
ber her		similar amounts not included abov		6,516,505.				
텵	ç	Noncash contributions included in lines 1		2,370,862.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		>	6,977,619.			
				Business Code				
ø	2 8	TUITION		611710	4,563,832.	4,563,832.		
Z Š	k	CONFERENCE CENTER		611710	3,316,375.	3,316,375.		
Sel	(CAMP FEES		611710	2,799,693.	2,799,693.		
Program Service Revenue	c	WHIZIN CENTER INCOME		611710	609,982.	609,982.		
ogr B	6	STUDENT HOUSING		611710	200,181.	200,181.		
Ā	f	All other program service rever	nue	611710	257,901.	257,901.		
	ç	Total. Add lines 2a-2f			11,747,964.			
	3	Investment income (including of	dividends, intere	est, and				
		other similar amounts)			1,781,712.			1,781,712.
	4	Income from investment of tax	-exempt bond p	oroceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents	513,761.	_				
		Less: rental expenses	0.					
		Rental income or (loss)	513,761.	·	F12 F61			F12 F61
		Net rental income or (loss)		>	513,761.			513,761.
	7 8	Gross amount from sales of	(i) Securities	(ii) Oth				
		assets other than inventory	20,706,348.	1,354,167.				
	k	Less: cost or other basis	14 054 510	950,000.				
		and sales expenses	14,854,518.	,				
		Gain or (loss)			6,255,997.			6,255,997.
		Net gain or (loss)		·······	0,233,337.			0,233,337.
ne	0 6	a Gross income from fundraising events (not including \$ of						
ven		contributions reported on line						
Re		Part IV, line 18		95,730.				
Other Reven	ŀ	Less: direct expenses		212,923.				
ᅙ		Net income or (loss) from fund		-117,193.			-117,193.	
		Gross income from gaming act						
		Part IV, line 19 a		,				
	k	Less: direct expenses		,				
	c	Net income or (loss) from gami	ing activities					
	10 a	a Gross sales of inventory, less r	eturns					
		and allowances	a	1				
	k	Less: cost of goods sold		·				
	C	Net income or (loss) from sales	of inventory .	>				
ļ		Miscellaneous Revenue	9	Business Code				
	11 a	OTHER INCOME		900099	76,819.			76,819.
	k	·						
	C							
		d All other revenue						
		Total. Add lines 11a-11d			76,819.	44 =		0 -11 -1-
	12	Total revenue . See instructions.		>	27,236,679.	11,747,964.	0.	8,511,096.

Form 990 (2017) AMERICAN JEWISH UNIVERSITY Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising							
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	261,200.	261,200.									
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	2,824,547.	2,824,547.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	2,638,176.	741,801.	1,644,010.	252,365.							
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	8,175,485.	5,674,521.	2,005,315.	495,649.							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	195,221.	153,192. 1,219,238.	26,533.	15,496. 92,845.							
9	Other employee benefits	1,517,179.	1,219,238.	205,096.	92,845.							
10	Payroll taxes											
11	Fees for services (non-employees):											
а	Management	1.45 - 5.4		1-4								
b	3	165,721.	306.	156,772.	8,643.							
С	Accounting	98,850.		98,850.								
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17	000 001	- 14 714	012 247								
f	Investment management fees	228,061.	14,714.	213,347.								
g	Other. (If line 11g amount exceeds 10% of line 25,	2 610 600	1 200 662	1 102 070	16 060							
40	column (A) amount, list line 11g expenses on Sch 0.)	2,619,609. 134,348.	1,389,662.	1,183,079.	46,868.							
12	Advertising and promotion	581,898.	434,987.	78,039.	68,872.							
13 14	Office expenses Information technology	59,183.	434,507.	53,665.	5,518.							
15		33,103.		33,003.	3,310.							
16	Royalties Occupancy	959,980.	895,468.	54,153.	10,359.							
17	Travel	202,862.	120,402.	78,983.	3,477.							
18	Payments of travel or entertainment expenses	202,0021	220,1020	7075000	3,27,4							
.0	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest	1,439,485.	924,030.	411,582.	103,873.							
21	Payments to affiliates		-									
22	Depreciation, depletion, and amortization	2,336,349.		76,274.	14,034.							
23	Insurance	500,154.	321,057.	143,006.	36,091.							
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.)	1 421 140	1 160 205	262 702	F 0F0							
a		1,431,148.		263,703. 37,757.	5,050.							
b	FOOD SERVICES	858,797.	794,339.		26,701.							
C	EDUCATIONAL ACTIVITY TAXES, LICENSES & PERMI	472,831. 191,614.	377,661. 175,888.	78,651. 14,761.	16,519. 965.							
d		161,510.	128,173.	996.	32,341.							
	All other expenses Add lines 1 through 24e	28,054,208.	19,974,568.	6,843,974.	1,235,666.							
<u>25</u> 26	Joint costs. Complete this line only if the organization	20,00±,200•		U U = U U T T	1,233,000+							
20	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											
					5 QQQ (2243)							

Form 990 (2017)

Part X | Balance Sheet

Part >	X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,082,863.	1	563,803.
2	2	Savings and temporary cash investments			3,247,396.	2	734,275.
;	3	Pledges and grants receivable, net			5,337,361.	3	3,563,638.
4		Accounts receivable, net			1,439,820.	4	1,908,975
با ا	5	Loans and other receivables from current and form					
		trustees, key employees, and highest compensate	ed em	plovees. Complete			
		Part II of Schedule L		· ·	153,000.	5	0.
	6	Loans and other receivables from other disqualifie			,		
	•	section 4958(f)(1)), persons described in section 4					
		employers and sponsoring organizations of section					
,		employees' beneficiary organizations (see instr). C		·		6	
Assets	7	Notes and loans receivable, net			2,683,632.	7	0.
Ass		Inventories for sale or use			133,254.	8	143,811
1	9				397,473.	9	501,057
		Land, buildings, and equipment: cost or other	 		32.72.		3.2_, 3.3.
'`		basis. Complete Part VI of Schedule D	10a	84.039.961.			
	b		10b		35,201,706.	10c	35,007,309
1.		Investments - publicly traded securities			48,708,211.	11	69,222,301
12		Investments - other securities. See Part IV, line 11			36,325,905.		28,871,573.
13		Investments - program-related. See Part IV, line 11			00/0=0/0000	13	
14		· -				14	
15		Intangible assets Other assets. See Part IV, line 11			10,729,435.	15	523,522
16					145,440,056.	16	141,040,264.
17		Accounts payable and accrued expenses			3,798,199.	17	4,715,394
18		Grants payable				18	
19	9	Deferred revenue			2,015,531.	19	1,992,911.
20	0	Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete Pa				21	
ω 22	2	Loans and other payables to current and former of					
Ė		key employees, highest compensated employees.					
Liabilities		Complete Part II of Schedule L				22	
<u>ت</u> کتا	3	Secured mortgages and notes payable to unrelate			34,273,605.	23	33,309,243.
24	4	Unsecured notes and loans payable to unrelated	third p	parties		24	
25	5	Other liabilities (including federal income tax, paya	ables	to related third			
		parties, and other liabilities not included on lines 1	17-24)	. Complete Part X of			
		Schedule D			135,066.	25	133,723.
26	6	Total liabilities. Add lines 17 through 25			40,222,401.	26	40,151,271.
		Organizations that follow SFAS 117 (ASC 958),	chec	k here ▶ X and			
g		complete lines 27 through 29, and lines 33 and	34.				
ပ္ကို 27	7	Unrestricted net assets			35,393,929.	27	30,821,482.
<u> </u>	8	Temporarily restricted net assets			48,779,522.	28	48,899,003.
B 29	9	Permanently restricted net assets			21,044,204.	29	21,168,508.
늘		Organizations that do not follow SFAS 117 (AS	C 958	s), check here 🕨 🗌			
Net Assets or Fund Balances		and complete lines 30 through 34.					
र्ह्स 30	0	Capital stock or trust principal, or current funds				30	
3.	1	Paid-in or capital surplus, or land, building, or equ				31	
₹ 32	2	Retained earnings, endowment, accumulated inco	ome, d	or other funds		32	
ž 3	3	Total net assets or fund balances			105,217,655.	33	100,888,993.
34		Total liabilities and net assets/fund balances			145,440,056.	34	141,040,264.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	1990 (2017) AMERICAN DEWISH ONIVERSITI		TOOT	00=	Pa	ge 🛂
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27	,23	5,6	79.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28	,054	1,2	08.
3	Revenue less expenses. Subtract line 2 from line 1	3		-81'	7,5	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	105	,21'	7,6	55.
5	Net unrealized gains (losses) on investments	5	-3	,39	4,1	59.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-11	5,9	74.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	100	,888	3,9	93.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were concluded or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated ar aparate basis					
b	Were the organization's financial statements audited by an independent account ?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for thew audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consquare discontant discontant basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that as mes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an inde, indent countant?			2c	X	
	If the organization changed either its oversight process or selection classic cess considering the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to dergo a udit or audits as set forth in the Single	gle Auc	lit			
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits:	ed aud	it			

732012 11-28-17

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization AMERICAN JEWISH UNIVERSITY 95-1684064 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in onjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name ty, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from ontributio, , membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and _____no ____ or than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from ing les acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for publicarety 11 e s. stion 509(a)(4). 12 to perfo the functions of, or to carry out the purposes of one or An organization organized and operated exclusively for the benefit more publicly supported organizations described in section 509(a), or sec' n 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting ization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, controll by its supported organization(s), typically by giving the supported organization(s) the power to regularly app. or elec majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				, ,		
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.			<u> </u>			
Sec	ction B. Total Support		Т	-	Т		
	ndar year (or fiscal year beginning in) ► 📙	(a) 2013	(b) 2014	(L 71F	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	<u>.</u>				12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
0	organization, check this box and stop						>
	ction C. Computation of Public					 	
	Public support percentage for 2017 (lin		•	***		14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the o				14 is 33 1/3% or m	nore, check this box	x and
	stop here. The organization qualifies a		-				
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization quality						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact				=	~	
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test	•				•	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the						
	organization meets the "facts-and-circu		-	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				_		
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 14	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth. or fifth ta	x vear as a sectio	n 501(c)(3) organiza	ation.
	check this box and stop here	ŭ			•	. , . ,	. —
Se	ction C. Computation of Publi	c Support Per	centage				-
	Public support percentage for 2017 (li			olumn (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	117 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2017. If the					33 1/3%, and line 1	
	more than 33 1/3%, check this box ar						. .
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

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 're foreign supported organization? If "Yes," describe in **Part VI** how the organization had such the organizati
- c Did the organization support any foreign supported organization that does not a rest of Section 170(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what control a organization used to ensure that all support to the foreign supported organization was used clusive for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organization during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Par' including (i) the names and EIN numbers of the supported organizations added, substituted, or introved; (ii, the reasons for each such action; (iii) the authority under the organization's organizing document at prizing 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		
- Eh		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		<u> </u>

Par	rt IV 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	tion 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		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the organization of the org			
-	or trustees of each of the organization's supported organization(s)? If "No," descrit Part VI he / control			
	or management of the supporting organization was vested in the same persons the converse or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by to last day the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount suppose provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as ofate orcation, and (iii) copies of the			
	organization's governing documents in effect on the date of not sation, to be extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees eit. (i) appo ed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported ation? If "No," explain in Part VI how			
	, , , ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1		1		
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	7-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.	uucuons,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	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	2b		
2	activities but for the organization's involvement. Perent of Supported Organizations Answer (a) and (b) helow	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	Sa		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	นอ		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	rust o	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must com	plete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	•		
d	Total (add lines 1a, 1b, and 1c)			
е	Discount claimed for blockage or other	4		
	factors (explain in detail in Part VI):	_ ا		
2	Acquisition indebtedness applicable to non-exempt-use assets			
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater an unt,			
	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		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιv	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou				
	organi	zations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e		1	
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
	any. S	subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2017. Subtract lines 3h			
	and 4	o from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2018. Add lines 3j			
	and 4	с.			
8	Break	down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
С	Exces	s from 2015			
d	Exces	s from 2016			
е	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information Deside the apple attentions are used to Dest II line 40. Dest II line 47.
i dit 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.)
	A

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

AMERICAN JEWISH UNIVERSITY 95-1684064 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the variable and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, and the start of the sta property) from any one contributor. Complete Parts I and II. Se .ruction....or determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,770,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$_1,479,344.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 350,394.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$316,255.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$115,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$79,369.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 52,751.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 51,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$35,000.	Person X Payroll

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$32,440.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$32,342.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$31,375.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$31,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$30,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>27,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$25,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 25,515.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	- Nume, addition, and En 1 1	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 25,000.	Person X Payroll

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$23,414.	Person X Payroll
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	Total contributions \$ 23,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$22,916.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ 20,050.	Person X Payroll

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$18,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$18,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions \$ 18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$ <u>16,600.</u>	Person X Payroll

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$16,310.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$15,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$13,288.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u>		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$10,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>59</u>		\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>75</u>		\$9,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,917.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$ 8,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u>		\$8,743.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$8,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$8,418.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	Nume, address, and Zii + +	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$ <u>7,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$ <u>7,500.</u>	Person X Payroll

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$7,474.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$6,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$6,638.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$6,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	Name, address, and ZIF + +	\$ 6,218.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$6,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$5,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$5,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$5,750.	Person X Payroll
(a)	(b)	(c)	(d)
No. 100	Name, address, and ZIP + 4	Total contributions \$ 5,549.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$5,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$5,250.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$5,115.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$5,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 118	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$5,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN JEWISH UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN JEWISH UNIVERSITY

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	LAND		
		\$1,770,000.	06/30/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	TOTAL CASH DONATION \$888,452 AND TOTAL DONATED STOCK OF \$590,892	<u> </u>	
		1,479,344.	_06/30/18_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	TOTAL CASH DONATION \$1,500 AND TOTAL DONATED STOCK OF \$7,417		
		\$8,917.	06/30/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		¢.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Oahadula D /Farms /	000 000 E7 or 000 DE\ /2017\

Name of organization Employer identification number AMERICAN JEWISH UNIVERSITY 95-1684064 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gn. Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN JEWISH UNIVERSITY

Employer identification number 95-1684064

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservati of a historic	cally important land area
	Protection of natural habitat	Preservatio of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contritation in the am of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2 a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ease linguis, or terminated by the org	ganization during the tax
	year -	()	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	h - L-I- 0	□ v _{ee} □ Ne
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	rialiding of violations, and emorcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	essements during the year
'	\$ \$	illing of violations, and emorcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)/B)(i)
Ū			
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	·	
	conservation easements.		3
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2017

732051 10-09-17

Subjing the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that apply):			ollections of Art.		asures o	r Other			<u> </u>	
a S Poblise adversariable of the organization of the organizati		•								
a	3		on, and other records	, check any of the i	ollowing that	are a siç	grillicarit us	e or its c	ollection	terns
b Scholarly research e										
c Peaservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 6 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 7 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 8 During the year of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Ending balance 2 Beginning balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial cocumit liability? 1 Finding balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial cocumit liability? 1 Finding balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial cocumit liability? 2 Part X line 10. 3 Beginning of year balance 4 Defent year 2 (b) Prior year 4 Defent year balance 4 (a) Current year 4 (b) Prior year 5 (b) Prior year 5 (c) Prior year 5 (d) Prior year 7 (b) Prior year 7 (c) Prior year 9 (d) Prior year 9 (e) Prior year 9 (e) Prior year 9 (f) Prior year 9 (f) Prior year 9 (f) Prior year 1 (g) Prior year 9 (g) Prior year 1 (g) Prior year 1 (g) Prior year 9 (g) Prior year 1 (g) Prior year 9 (g) Prior year 1 (g) Prior year 1 (g) Prior year 9 (g) Prior year 1 (g) Prior year 9 (nange progra	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts 10 be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX III. 2 Beginning belance 2 Beginning belance 3 Amount 1c		_ ′	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funds rather than to be minitarized as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. I all is the organization analyser, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X me 21. I all is the organization analyser trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X me 21. I all is the organization analyser trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X me 21. I all is the organization analyser me 21. I be displained by the part me 21. I contributions during the year me 21. I contributions during the year me 22. I de Distributions during the year me 23. I de Distributions during the year me 24. I de Distributions me	С									
The beside to raise funds rather than to be maintained as part of the organization's collection?								e in Part	XIII.	
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X\", line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X\" Yes	5								_	
Teported an amount on Form 990, Part X, line 21. Telegraph 190, Part X T	D :									X No
Tall Sith eorganization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			e if the organization	n answered	"Yes" on	Form 990,	Part IV,	line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodia cocunt liability? 2 Did the organization include an amount on Form 990, Part X, line 12, for escrow or custodia cocunt liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodia cocunt liability? 4 Did Trives, "explain the arrangement in Part XIII. Check here if the explanation has been provide the arrangement in Part XIII. Check here if the explanation has been provide to the repart XIII. Check here if the explanation has been provide to the arrangement in Part XIII. Check here if the explanation has been provide to the arrangement in Part XIII. Check here if the explanation has been provide to the arrangement in Part XIII. Check here if the explanation has been provide to the organization spans, and losses 22,193,737, 21,021,049, 22,559,067, 22,962,937, 21,522,002. b Contributions arrangement in Part XIII. Check here if the explanation has been provide to the explanation for a contribution and the provide of the current year and balan for a contribution and the provide the estimated percentage of the current year end balan fine 1g, illumn (a)) held as: a Board designated or quasi-endowment ►		<u> </u>								
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a								_	
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C Beginning balance 1c	b	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table:						
d Additions during the year Electromorphism Flag F									Amount	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodic count liability?	С	Beginning balance					. 1c			
t Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodic count liability?	d	Additions during the year					. 1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodia cocunt liability?	е	Distributions during the year					. 1e			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodia cocurt liability?	f	Ending balance					. 1f		_	
Part V Endowment Funds. Complete if the organization answered "Yes" on For 1V, line 10.	2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for escrow or cu	stodia cco	unt liabili	ty?	L	Yes	No
1a Beginning of year balance 22,193,737. 21,021,049. 22,559,067. 22,562,937. 21,022,002. b Contributions 46,488. 10,373. 20,885. 485,099. 16,851. c Net investment earnings, gains, and losses 513,819. 1,824,970. 883,699. -197,837. 1,913,389. d Grants or scholarships 648,856. 662,655. 675,204. 691,132. 589,305. f Administrative expenses 22,105,188. 22,493,737. 21,021,049. 22,559,067. 22,962,937. g End of year balance 22,105,188. 22,493,737. 21,021,049. 22,559,067. 22,962,937. 2 Provide the estimated percentage of the current year end balanca 8 Board designated or quasi-endowment 505.76 96. b Permanent endowment 505.76 96. c Temporarily restricted endowment 4.24 96. The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 124.28 96. 96. (ii) related organizations 124.28 97. (iii) related organizations 124.24 96. (iii) related organizations 124.24 97. d Describe in Part XIII the intended uses of the organization's endowment funds. Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (d) Book value 124.24 97. 124.24						Part XIII				
1a Beginning of year balance 22,193,737. 21,021,049. 22,559,067. 22,962,937. 21,622,002. b Contributions 46,488. 10,373. 20,885. 485,099. 16,851. c Net investment earnings, gains, and losses of Grants or scholarships 513,819. 1,824,970. -883,699. -197,837. 1,913,389. e Other expenditures for facilities and programs 648,856. 662,655. 675,204. 691,132. 589,305. f Administrative expenses 22,105,188. 22,193,737. 21,021,049. 22,559,067. 22,962,937. 2 Provide the estimated percentage of the current year end balant as a Board designated or quasi-endowment ► 95.76 % 1 lumn (a)) held as: a Board designated or quasi-endowment ► 4.24 % 1 lumn (a)) held as: a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) X (ii) related organizations 3a(i) X (ii) related organizations 3a(i) X (iii) related organizations 3a(i) X 3a(ii) X 4 Describe in Part XIII the intended uses of the organizatio	Pai	t V Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	r +	IV, line 1	0.			
b Contributions			(a) Current year	(b) Prior year	′≎) Two ye₄	. oack	(d) Three ye	ars back	(e) Four	years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 22,105,188. 22,193,737. 21,021,049. 22,559,067. 22,962,937. Provide the estimated percentage of the current year end balant as Board designated or quasi-endowment ▶ 95.76 Temporarily restricted endowment ▶ 95.76 Temporarily restricted endowment ▶ 4.24 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 5 If "Yes" on line 3a(iii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (a) Cost or other basis (other) (b) Sign of the organization (c) Accumulated depreciation (d) Book value (d) Equipment (E) Casechold improvements (E) Casechold impro	1a	Beginning of year balance	22,193,737.	21,021,049.	22,55	9,067.	22,96	2,937.	21,	622,002.
to Net investment earnings, gains, and losses d'arants or scholarships e Other expenditures for facilities and programs 648,856. 662,655. 675,204. 691,132. 589,305. f Administrative expenses g End of year balance 22,105,188. 22,193,737. 21,021,049. 22,559,067. 22,962,937. Provide the estimated percentage of the current year end balantal Board designated or quasi-endowment ▶ 95.76	b	Contributions	46,488.	10,373.	2	0,885.	48	5,099.		16,851.
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 22,105,188, 22,193,737, 21,021,049, 22,559,067, 22,962,937. 2 Provide the estimated percentage of the current year end balan. a Board designated or quasi-endowment ▶ b Permanent endowment ▶ 95.76 % c Temporarily restricted endowment ▶ 4.24 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) c Leasehold improvements b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements b Equipment 22,1130. c Set 72,130. c Set 72,130. c Set 75,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 691,021,049. 22,559,067. 22,962,937. 72,993,708. 72,993,085. 72,993,085. 72,993,085. 72,993,085. 72,993,085. 72,993,085. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072.			513,819.	1,824,970.	-88	3,699.	-19	7,837.	1,	913,389.
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 22,105,188, 22,193,737, 21,021,049, 22,559,067, 22,962,937. 2 Provide the estimated percentage of the current year end balan. a Board designated or quasi-endowment ▶ b Permanent endowment ▶ 95.76 % c Temporarily restricted endowment ▶ 4.24 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) c Leasehold improvements b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements b Equipment 22,1130. c Set 72,130. c Set 72,130. c Set 75,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 589,305. 675,204. 691,132. 691,021,049. 22,559,067. 22,962,937. 72,993,708. 72,993,085. 72,993,085. 72,993,085. 72,993,085. 72,993,085. 72,993,085. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072. 72,994,072.	d	Grants or scholarships								
g End of year balance 22,105,188. 22,193,737. 21,021,049. 22,559,067. 22,962,937. 2 Provide the estimated percentage of the current year end balantor of the estimated percentage of the current year end balantor of the estimated percentage of the current year end balantor of the estimated percentage of the current year end balantor of the estimated percentage of the current year end balantor of the estimated percentage of the current year end balantor of the estimated percentage of the current year end balantor of the estimated of the estimate										
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g End of year balance	f	Administrative expenses	J							
2 Provide the estimated percentage of the current year end balan fline 1g, lumn (a)) held as: a Board designated or quasi-endowment	g		22,105,188.	22,193,737.	21,02	1,049.	22,55	9,067.	22,	962,937.
a Board designated or quasi-endowment ▶ 95.76	2	•	ent year end balan	(line 1g, lumn (a)) held as:					
b Permanent endowment ▶ 95.76	а									
c Temporarily restricted endowment ► 4 · 24	b		%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 5 3, 793, 185. 5 Buildings 72, 997, 085. 42, 665, 885. 30, 331, 200. c Leasehold improvements 4 Equipment 5 5, 646, 642. 5, 284, 920. 361, 722. e Other Other			4.24 %							
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(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,793,185. 3,793,185. 3,793,185. b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements 1,375,919. 1,081,847. 294,072. d Equipment 5,646,642. 5,284,920. 361,722. e Other 227,130. 227,130.	За	-	•	ion that are held an	d administer	ed for th	e organizat	ion		
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,793,185. 3,793,185. 3,793,185. b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements 1,375,919. 1,081,847. 294,072. d Equipment 5,646,642. 5,284,920. 361,722. e Other 227,130. 227,130.		by:	· ·				•		[-	Yes No
(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 3,793,185. 3,793,185. b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements 1,375,919. 1,081,847. 294,072. d Equipment 5,646,642. 5,284,920. 361,722. e Other 227,130. 227,130.		-							3a(i)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 3,793,185. b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements 4 Description of property (a) Cost or other basis (other) 1a Land 3,793,185. 5,646,642. 5,284,920. 361,722. e Other 227,130.										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 3,793,185. 3,793,185. b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements 1,375,919. 1,081,847. 294,072. d Equipment 5,646,642. 5,284,920. 361,722. e Other 227,130. 227,130.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 3,793,185. 3,793,185. b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements 1,375,919. 1,081,847. 294,072. d Equipment 5,646,642. 5,284,920. 361,722. e Other 227,130. 227,130.	4									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,793,185. 3,793,185. 3,793,185. b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements 1,375,919. 1,081,847. 294,072. d Equipment 5,646,642. 5,284,920. 361,722. e Other 227,130. 227,130.	Pai									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,793,185. 3,793,185. 3,793,185. b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements 1,375,919. 1,081,847. 294,072. d Equipment 5,646,642. 5,284,920. 361,722. e Other 227,130. 227,130.		Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990	, Part X,	line 10.			
ta Land basis (investment) basis (other) depreciation the Buildings 72,997,085. 42,665,885. 30,331,200. the Leasehold improvements 1,375,919. 1,081,847. 294,072. the Equipment 5,646,642. 5,284,920. 361,722. the Other 227,130. 227,130.								<u>, </u>	(d) Book	value
b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements 1,375,919. 1,081,847. 294,072. d Equipment 5,646,642. 5,284,920. 361,722. e Other 227,130. 227,130.			1 ' '	` '					(-,	
b Buildings 72,997,085. 42,665,885. 30,331,200. c Leasehold improvements 1,375,919. 1,081,847. 294,072. d Equipment 5,646,642. 5,284,920. 361,722. e Other 227,130. 227,130.	1a	Land		3,79	3,185.				3,793	,185.
c Leasehold improvements 1,375,919. 1,081,847. 294,072. d Equipment 5,646,642. 5,284,920. 361,722. e Other 227,130. 227,130.						42.6	565.88			
d Equipment 5,646,642. 5,284,920. 361,722. e Other 227,130. 227,130.	-	Leasehold improvements								
e Other 227,130. 227,130.										
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Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 AMERICAN JE	WISH UNIVERSI	ГУ	95-1684064 Page
Part VII Investments - Other Securities.			.
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 (including name of security)	(b) Book value	(c) Method of valuation: Cost of	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) ALTERNATIVE STRATEGIES	16,540,915.	END-OF-YEAR MARK	ET VALUE
(B) MUTUAL WATER COMPANY	75,000.	END-OF-YEAR MARK	ET VALUE
(C) INVESTMENT IN ZSRS	12,255,658.	END-OF-YEAR MARK	ET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	28,871,573.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 IV, line	رم. See Form 990, Part X, line 15.	
(a)	Descriptior		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	e 25.
1 (a) Description of liability		(b) Book value	

1.	(a) Description of liability		
(1) Federal in	ncome taxes		
(2) LIABI	LITY UNDER GIFT ANNUITIES	33,723.	
(3) DUE 1	O UNIVERSITY OF JUDAISM		
(4) FOUNI	DATION	100,000.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b	n) must equal Form 990, Part X, col. (B) line 25.)	133,723.	

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

Schedule D (Form 990) 2017

	edule D (Form 990) 2017 AMERICAN JEWISH UNIVERSITY		95-1684064	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
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.)			
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.)	. 4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	jd		
е	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1	<u> </u>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	5./		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	<u></u>	4c	
5			5	
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, I $$ s 1a anc $$; Part		art V, line 4; Part X, line 2; Part XI	,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to , any add	litional information.		

PART III, LINE 1A:

THE UNIVERSITY'S LIBRARY COLLECTION, FINE ART WORKS AND SCULPTURE COLLECTION, WHICH WERE ACQUIRED THROUGH CONTRIBUTIONS AND PURCHASES, ARE NOT RECOGNIZED AS ASSETS ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE CONSOLIDATED FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING

Schedule D (Form 990) 2017

Scriedie D (Form 990) 2017 ANIECCAN GENTAL GIVENDITI 33 1004004 Page 5
Part XIII Supplemental Information (continued)
THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO
A POLICY THAT REQUIRES DEACCESSIONING PROCEEDS TO BE USED TO ACQUIRE OTHER
ITEMS FOR COLLECTIONS.
PART III, LINE 4:
AMERICAN JEWISH UNIVERSITY HOLDS SEVERAL ART PIECES AND SCULPTURES THAT
ARE PLACED ALL THROUGHOUT THE UNIVERSITY CAMPUS. THE DISPLAYS OF ART WORK
COHERE WITH OUR MISSION FOR SERVING THE COMMUNITY AND PROVIDE A VALUABLE
AND NECESSARY AESTHETIC COMPONENT TO THE EDUCATIONAL GOALS OF AMERICAN
JEWISH UNIVERSITY.
PART V, LINE 4:
THE UNIVERSITY'S ENDOWMENTS ARE ESTABLISHED DONOR-RESTRICTED GIFTS FOR A
VARIETY OF PURPOSES.
VIRGIT OF FOREGOED.

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

AMERICAN JEWISH UNIVERSITY

Employer identification number 95-1684064

Dort I		1004	004	
Part I			YES	N
1 Do	pes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			<u> </u>
	her governing instrument, or in a resolution of its governing body?	1	Х	
	pes the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	atalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
	as the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	_		
	eriod of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	e policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	you need more space, use Part II	3	Х	
	EE PART II			
_				
Do	pes the organization maintain the following?			
a Re	ecords indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b Re	ecords documenting that scholarships and other financial assistance are award on acially nondiscriminatory basis?	4b	X	
c Co	opies of all catalogues, brochures, announcements, and other written commu. to to the public dealing with student			
	dmissions, programs, and scholarships?	4c	X	
d Co	opies of all material used by the organization or on its behalf to solicit c and ??	4d	Х	
	you answered "No" to any of the above, please explain. If you need m => space,> Part II.			
•				
5 Do	pes the organization discriminate by race in any way with respec.			
a St	rudents' rights or privileges?	5a		2
b Ac	dmissions policies?	5b		2
	nployment of faculty or administrative staff?	5c		2
d Sc	cholarships or other financial assistance?	5d		
	ducational policies?	5e		
	se of facilities?	5f		
	hletic programs?	5g		
	ther extracurricular activities?	5h		2
	you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
_				
_				
a Do	pes the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b Ha	as the organization's right to such aid ever been revoked or suspended?	6b		_2
If y	you answered "Yes" on either line 6a or line 6b, explain on Part II.			
Do	pes the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
י טכ				_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2017

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization

Employer identification number

\ 1 \/F1	PDTCAM TEMTOU	IIMITUEDO	rmv			95-168406	5.4
	ERICAN JEWISH rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ		
	Form 990, Part IV			orac are critical cratical dompie	or in the organ	ization answered	103 011
1	For grantmakers. Does	the organization		ds to substantiate the amount of its gra he selection criteria used to award the			Yes No
2	United States.			procedures for monitoring the use of its		ner assistance outs	side the
3				n be duplicated if additional space is n	,		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
ENT:	TRAL AMERICA AND						
	CARIBBEAN -	0	0	INVESTMENTS			6,705,617.
	OPE (INCLUDING LAND & GREENLAND)	0	0	INVESTMENTS			594,859.
3 a	Sub-total	0	0				7,300,476.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				7,300,476.

732071 10-06-17

Schedule F (Form 990) 2017

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

recipient who red	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	ded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					4			
			G					
by the IRS, or for which	ch the grantee or cou	nsel has provided a sect	ecognized as charities by the ion 501(c)(3) equivalency letter	r		. .		•

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Part III Grants and Other Assistance Part III can be duplicated if ac			ites. Complete i	f the organization answered "Yes" or	n Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2017 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year the organization may be required to file Form 8865, Return of U.S. Persons With Respective in a foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting count doing the tax year? If "Yes," the organization may be required to separately file Form 5713, International Lott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

AMEDICAN TENTOU UNITEDOTON

Employer identification number

AMERICA	<u>N JEWISH UNIVERSIT</u>	Y			95-1684	064
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	tees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustodv	(iv) Gross receipts frc activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organizatio	n is registered or licensed to solicit o		ıtions.	or has been notified	it is exempt from ro	gistration
or licensing.	This registered of liberised to solicit (or has been notified	it is exempt from re	
LHA For Paperwork Reduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Schedule G (Form 9	90 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 AMERICAN JEWISH UNIVERSITY 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 NONE (add col. (a) through DINNER EVENTGOLF EVENT col. (c)) (event type) (event type) (total number) 454,587. 102,257. 556,844. 1 Gross receipts 65,127. 2 Less: Contributions 395,987. 461,114. 58,600. 95,730. **3** Gross income (line 1 minus line 2) 37,130. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 37,920. 8,959. 46,879. 7 Food and beverages 8 Entertainment 103,543. 62,501. 166,044. Other direct expenses 212,923. **10** Direct expense summary. Add lines 4 through 9 in column (d) -117,193. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990. Part ne 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pul. bs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue ingo/pro sssive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 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: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 AMERICAN JEWISH UNIVERSITY	95-1684064	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	O No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	• An outside facility		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	•	
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt	
	of gaming revenue retained by the third party \$\bigs\\$		
	If "Yes," enter name and address of the third party:		
	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee dent contractor		
17	Mandatory distributions:		
	·		
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ v _{aa}	□ Na
_	retain the state gaming license?		∟ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
Б.	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9b, 10b	, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			

Schedule G	G (Form 990 or 990-EZ)	AMERICAN	JEWISH	UNIVERSITY	95-1684064 Pag
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continue	d)		
		(55	/		

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN JEWISH UNIVERSITY Employer identification number 95-1684064

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organia	ations and Domestic	C Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	ional space is neede	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN TECHNION SOCIETY							
501 S. BEVERLY BLVD. STE 200							
BEVERLY HILLS, CA 90212	13-0434195	501(C)(3)	100,000.	0.	N/A	N/A	EDUCATIONAL ASSISTANCE
ADAT ARI EL 12020 BURBANK BLVD. VALLEY VILLAGE, CA 91607	23-7366318	501(C)(3)	62,500.	0.	N/A	N/A	EDUCATIONAL ASSISTANCE
TREE PEOPLE 12601 MULHOLLAND DRIVE BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	12,500.	0.	N/A	N/A	EDUCATIONAL ASSISTANCE
YASHRUT NORTH AMERICA 1924 LIVONIA AVENUE LOS ANGELES, CA 90034	61-1818034	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATIONAL ASSISTANCE
ACLU FOUNDATION OF SOUTHERN CALIFORNIA - 1313 W. 8TH STREET - LOS ANGELES, CA 90017	95-2673361	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATIONAL ASSISTANCE
THE JEWISH PUBLICATION SOCIETY 2100 ARCH STREET PHILADELPHIA, PA 19103	23-0734240	501(C)(3)	6,000.	0.	N/A	N/A	EDUCATIONAL ASSISTANCE
2 Enter total number of section 501(c)(3) an			, ,		1	_1	▶ 6.

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

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

Schedule I (Form 990) (2017)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS/ FINANCIAL AID	180	2,824,547.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; t III, col n	(b); and any other ac	dditional information.	
PART I, LINE 2:					
GRANT PROPOSALS ARE REVIEWED BY TH	E UNIVERS	ITY'S GRAN	TMAKING CO	MMITTEE. IF	
THE PROPOSAL MEETS THE GRANT GUIDE	LINES THE	COMMITTEE	E DECIDES O	N WHETHER TO	
FUND THE PROJECT.					
SCHOLARSHIPS ARE AWARDED TO THE STU	UDENTS BA	SED ON DIF	FERENT CRI	TERIA. THE	
UNIVERSITY FOLLOWS ALL POLICIES AND	O REGULAT	IONS OF FE	DERAL AID	PROGRAMS	
WHEN IT AWARDS FINANCIAL AID TO STU	UDENTS. T	HE UNIVERS	SITY REQUIR	ES THE	
GRANTEE ORGANIZATIONS TO SUBMIT RE	PORTS TO	SUPPORT TH	IE USE OF G	RANT FUNDS.	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

AMERICAN JEWISH UNIVERSITY

Employer identification number 95-1684064

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods use			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	X Independent compensation consultant X Compens. si ey or study			
	Form 990 of other organizations X Approval by the part or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, li 1a, with spect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonquali d retirer. It plan?	4b		X
С	Participate in, or receive payment from, an equity-based compen ion arragement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applica. unts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2017

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(U)	reported as deferred on prior Form 990
(1) ROBERT WEXLER	(i)	209,963.	0.	0.	11,887.	90,108.	311,958.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAY STREAR	(i)	139,706.	22,000.	7,306.	6,350.	73,388.	248,750.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIEL GRASSIAN (LEFT FEB 2018)	(i)	166,388.	0.	0.	6,656.	9,638.	182,682.	0.
VP - ACADEMIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRADLEY S. ARTSON	(i)	124,030.	0.	0.	5,269.	47,733.	177,032.	0.
VP - ZSRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ZOFIA YALOVSKY	(i)	168,137.	0.	0.	7,241.	7,281.	182,659.	0.
VP - FIN, ADMIN & TECH	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GARY OREN	(i)	98,050.	0.	5,143.	4,328.	69,136.	176,657.	0.
VP - DEAN WCCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

AMERICAN JEWISH UNIVERSITY

Employer identification number 95-1684064

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of detended in the moncash contribut		te
		арріісаріє		Form 990, Part VIII, line 1g	Tioricasii continbut	ion amount	.5
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	5	600,862.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial	X	1	1,770,000.	FMV		
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 ()						
<u>28</u>	Other ()						
29	Number of Forms 8283 received by the organiz	-	•			2	
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement 29		2	
				=		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		,	•			v
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.	- I' Al A		of any management and the d		- V	
31	Does the organization have a gift acceptance p				JOHS?	31 X	
32a	Does the organization hire or use third parties of		_			200	x
L	contributions?					32a	<u> </u>
	If "Yes," describe in Part II.	aluma (a) fa	r a type of areas:	for which column (a) is the	okod		
33	If the organization didn't report an amount in codescribe in Part II.	Jiultili (C) fol	a type of property	nor which column (a) is ched	ineu,		
	UESCHUE III FAIL II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

732142 09-07-17 Schedule M (Form 990) 2017

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

► Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN JEWISH UNIVERSITY

Employer identification number 95-1684064

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND PRINCIPLES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OTHER GREAT CIVILIZATIONS OF THE WORLD.
AMERICAN JEWISH UNIVERSITY IS A THRIVING CENTER OF JEWISH RESOURCES AND
TALENT BUILT UPON THE MISSION OF JEWISH LEARNING, CULTURE, ETHICS,
LEADERSHIP AND PEOPLEHOOD.
OUR ROLE AS A LEADERSHIP TRAINING GROUND IS MATCHED BY OUR COMMITMENT
TO PROVIDE THE BROADER COMMUNITY WITH A VARIETY OF SUBSTANTIVE
EDUCATIONAL EXPERIENCES. OUR LECTURES, SYMPOSIA, SPECIAL INSTITUTES,
CENTER FOR CONTINUING EDUCATION CLASSES AND A WIDE ARRAY OF CULTURAL
OFFERINGS ARE ENHANCING THOUSANDS OF INDIVIDUALS' UNDERSTANDING OF
JUDAISM, AND EXPANDING THEIR KNOWLEDGE ABOUT THE HISTORY, TRADITIONS
AND LANGUAGES OF THIS GLORIOUS ANCIENT HERITAGE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
WHIZIN CENTER:
WHIZIN CENTER IS DEDICATED TO CREATING PROGRAMS TO EXPAND THE BOUNDS OF
INTELLECT, PASSIONS, CREATIVITY, SKILLS, SENSE OF CONNECTION AND
COMMUNITY. THROUGH CLASSES, SEMINARS, LECTURES, WORKSHOPS, TOURS,
EXCITING GUEST SPEAKERS AND THRILLING PERFORMANCES, THE WHIZIN CENTER
OFFERS PROVOCATIVE PROGRAMMING FOR EVERY INTEREST. SERVING OUR
COMMUNITY IS OUR MISSION, PASSION AND PRIVILEGE. OUR PROGRAMS ENRICH SO
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization **Employer identification number** AMERICAN JEWISH UNIVERSITY 95-1684064 MANY LIVES, MEET SO MANY NEEDS, AND TOUCH SO MANY DIFFERENT COMMUNITIES WITHIN OUR CITY. THE PLATT AND BORSTEIN GALLERIES -PRESENT EXHIBITIONS AND EDUCATIONAL PROGRAMS IN THE VISUAL ARTS. SELECTED JEWISH AND NON-JEWISH ARTISTS BRING INSIGHT INTO CURRENT TRENDS AS WELL AS AN HISTORICAL PERSPECTIVE TO COMMUNITY LIFE. THE GALLERIES PROVIDE A VALUABLE AND NECESSARY AESTHETIC COMPONENT TO THE EDUCATIONAL GOALS OF AMERICAN JEWISH UNIVERSITY. EXPENSES \$ 2,031,221. INCLUDING GRANTS OF \$ 256,200. REVENUE \$ 609,982. STUDENT HOUSING EXPENSES \$ 232,328. INCLUDING GRANTS OF \$ 0. REVENUE \$ 200,181. OTHER PROGRAMS: SUNDAYS IN THE PARK: SUNDAYS IN THE PARK IS A MONTHLY PROGRAM WHERE THE BRANDEIS-BARDIN CAMPUS IS OPENED TO THE COMMUNITY TO EXPERIENCE ALL OF THE WONDERFUL EDUCATIONAL OPPORTUNITIES WE OFFER. HIGHLIGHTS INCLUDE NATURE PROGRAMMING SUCH AS HIKES AND AQUAPONICS, ANIMAL EDUCATION HIGHLIGHTING THE CAMPUS' REPTILES, GOATS, CHICKENS AND FISH, HORSEBACK-RIDING, OUTDOOR COOKING, ART, DANCE, SPORTS, CAMPUS TOURS AND MUCH MORE. MIKVEH: THE AJU MIKVEH IS A BATH USED FOR THE PURPOSE OF ACHIEVING RITUAL PURITY IN JUDAISM. THE UNIVERSITY'S MIKVEH OFFERS THE OPPORTUNITIES FOR MONTHLY PURITY VISITS, CONVERSIONS, VISITS PRIOR TO RELIGIOUS

Employer identification number Name of the organization AMERICAN JEWISH UNIVERSITY 95-1684064 CEREMONIES SUCH AS WEDDINGS AND EDUCATIONAL OPPORTUNITIES AROUND THE PURPOSE AND ASPECTS OF THE MIKVEH. EXPENSES \$ 412,177. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 257,901. FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE INCLUDES 1) VIRGINIA MAAS, BOARD CHAIR 2) ROBERT WEXLER, PRESIDENT 3) MELISSA BORDY, VICE-CHAIR 4) JEROME COBEN, VICE-CHAIR 5) RODNEY FREEMAN, VICE-CHAIR 6) JAY A. STREAR, ASSISTANT SECRETARY 7) HAROLD MASOR, TREASURER 8) ZOFIA YALOVSKY, ASSISTANT TREASURER 9) KEN KAHAN, BOARD MEMBER 10) FRANK MAAS, BOARD MEMBER 11) LAWRENCE PLATT, BOARD MEMBER 12) KEVIN RATNER, BOARD MEMBER 13) RICHARD SANDLER, BOARD MEMBER 14) DENA SCHECHTER, BOARD MEMBER 15) MICHAL SCHEINBERG, BOARD MEMBER 16) LEONARD SHAPIRO, BOARD MEMBER 17) KEENAN WOLENS, BOARD MEMBER 18) MICHAEL ZIERING, BOARD MEMBER 19) RICHARD ZIMAN, BOARD MEMBER FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING BOARD MEMBERS HAVE A FAMILY RELATIONSHIP: FRANCIS S. MAAS AND VIRGINIA MAAS FORM 990, PART VI, SECTION A, LINE 4: BYLAWS AMENDMENTS INCLUDE RESTRUCTURING OF COMPOSITION, QUALIFICATION AND AUTHORITY OF GOVERNING BODY'S VOTING MEMBERS, OFFICERS AND COMMITEES. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE. ONCE APPROVED BY THE AUDIT COMMITTEE, THE RETURN IS THEN SENT TO ALL BOARD MEMBERS FOR REVIEW, PRIOR

TO BEING FILED.

Name of the organization AMERICAN JEWISH UNIVERSITY	Employer identification number 95-1684064								
FORM 990, PART VI, SECTION B, LINE 12C:									
THE ORGANIZATION REQUIRES THE OFFICERS/DIRECTORS TO COMPLETE ANNUAL									
STATEMENTS TO INFORM THE ORGANIZATION OF ANY CONFLICT OF INTERESTS THAT MAY									
EXIST. THE SENIOR VICE PRESIDENT MONITORS THE COMPLIANCE O	F THE POLICY. THE								
ADMINISTRATIVE ASSISTANT OF THE PRESIDENT KEEPS TRACK OF ALL ANNUAL									
STATEMENTS RECEIVED.									
FORM 990, PART VI, SECTION B, LINE 15:									
COMPENSATION FOR THE PRESIDENT AND OFFICERS IS REVIEWED BY	THE EXECUTIVE								
COMPENSATION COMMITTEE. INDEPENDENT CONSULTING FIRM PARTI	CIPATES IN THE								
EXECUTIVE COMPENSATION COMMITTEE MEETING, PERFORMS RESEARC	HES AND PROVIDES								
RECOMMEDATION TO THE COMMITTEE.									
FORM 990, PART VI, SECTION C, LINE 19:									
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST								
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC O	N THEIR WEBSITE								
AND UPON REQUEST.									
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:									
BAD DEBT EXPENSE	-148,880.								
CHANGES IN ALLOWANCE FOR DOUBTFUL CONTRIBUTION RECEIVABLE	37,759.								
CHANGES IN VALUE OF LIABILITY UNDER GIFT ANNUITIES	-5,853.								
TOTAL TO FORM 990, PART XI, LINE 9	-116,974.								
FORM 990, PART V, LINE 4A:									
THE AMERICAN JEWISH UNIVERSITY ("AJU") DOES NOT HAVE ANY I	NTEREST IN								
ANY FOREIGN FINANCIAL ACCOUNT. THEREFORE AJU IS NOT REQUIR	ED TO FILE								
THE FINCEN FORM 114 (FORMERLY KNOWN AS THE FORM TD F90-22. 732212 09-07-17 Scheo	1) FOR THE dule O (Form 990 or 990-EZ) (2017)								

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-1684064

AMERICAN JEWISH UNIVERSITY

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	
of disregarded entity		foreign country)			entity
ZSRS FUND, LLC - 20-2587256					
15760 VENTURA BLVD., SUITE 801					AMERICAN JEWISH
ENCINO, CA 91436	REAL ESTATE INVESTMENTS	CALIFORNIA	790,853.	12,381,251.	UNIVERSITY
AJU BBI HOLDINGS, LLC					
15600 MULHOLLAND DRIVE					AMERICAN JEWISH
LOS ANGELES, CA 90077	TITLE HOLDING	CALIFORNIA	0.	13,776,274.	UNIVERSITY
AJU PEPPERTREE HOLDINGS, LLC					
15600 MULHOLLAND DRIVE					AMERICAN JEWISH
LOS ANGELES, CA 90077	TITLE HOLDING	CALIFORNIA	0.	1,770,000.	UNIVERSITY

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization of nanswered on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
	TO PROVIDE CULTURAL AND			501(c)(3))		Yes	No
15600 MULHOLLAND DRIVE	EDUCATIONAL INFORMATION TO				AMERICAN JEWISH		
LOS ANGELES, CA 90077 UNIVERSITY OF JUDAISM FOUNDATION -	THE JEWISH COMMUNITY	CALIFORNIA	501(C)(3)	LINE 7	UNIVERSITY	X	
	TO SUPPORT AMERICAN JEWISH				AMERICAN JEWISH		
ANGELES, CA 90077	UNIVERSITY	CALIFORNIA	501(C)(3)	PF	UNIVERSITY	X	<u> </u>

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

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

			T	T	ı	Т	_		T		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Cr 3 in organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) .e foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled ity?
BRANDEIS MUTUAL WATER CO 95-2565383 15600 MULHOLLAND DRIVE			AJU BBI						
LOS ANGELES, CA 90077	WATER FACILITY	CA	HOLDINGS, LLC	C CORP	0.	75,000.	100%	X	

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with on	ne or more re	lated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		-		1a		Х		
b Gift, grant, or capital contribution to related organization(s)									
	Gift, grant, or capital contribution from related organization(s)				1c	Х			
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		Х		
	g Sale of assets to related organization(s)								
	h Purchase of assets from related organization(s)								
	Exchange of assets with related organization(s)				1i		X		
j	j Lease of facilities, equipment, or other assets to related organization(s)								
					1k		X		
K .	k Lease of facilities, equipment, or other assets from related organization(s)								
'	Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10	X			
							v		
р	Reimbursement paid to related organization(s) for expenses	\			1p	Х	X		
q	Reimbursement paid by related organization(s) for expenses				1q				
					1r		Х		
	r Other transfer of cash or property to related organization(s)								
s Other transfer of cash or property from related organization(s)									
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete th	is line, including covered r	elationships and transaction thresholds. I					
	Name of related organization Tran	(b) nsaction pe (a-s)	(c) Amount involved	(d) Method of determining amount ir	าvolved				
(1) [[]	UNIVERSITY OF JUDAISM FOUNDATION	E	100,000.	FMV					
(2) i	JEWISH TELEVISION NETWORK	Q	192,371.	EXPENSES PAID					
(3)									
(4)									
(5)									
,-,									

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N		General o managing partner?	(k) Percentage ownership
				165 140			Tes II	, (************************************	Tes No	