# \*\* PUBLIC DISCLOSURE COPY \*\* 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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2022 calendar year, or tax year beginning	CT 1, 2022 and	ending S	EP 30, 2023						
	Check if applicabl	C Name of organization			D Employer iden	tificatio	n number				
	Addre	ss AMERICAN FRIENDS OF BAR-ILAN UNIV	ERSITY								
	Name chang	e Doing business as			46-4198975						
	Initial return	Number and street (or P.O. box if mail is not del	livered to street address)	Room/suite	E Telephone number						
	Final return				212-906-39	00					
	termin ated	City or town, state or province, country, and	<b>G</b> Gross receipts \$ 280,167,286.								
	Amen	NEW TORK, NI 10022			H(a) Is this a group	p return					
	Application pendir	F Name and address of principal officer: 0 200			for subordina						
_		160 EAST 56TH STREET, NEW YORK, NY			H(b) Are all subordinate	es included	? Yes No				
Т.	Tax-ex	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1 '		See instructions				
	Websi				H(c) Group exemp						
		organization: X Corporation Trust As	sociation Other	<b>L</b> Year	of formation: 2012	M Stat	e of legal domicile: NY				
	_		· · · · · · · · · · · · · · · · · · ·	DDATCE TA	I MUR II C MO						
9	1	Briefly describe the organization's mission or most SUPPORT, AND RAISE AWARENESS OF, BAR-:			THE 0.5. 10						
Governance	2		ntinued its operations or dispos		than 25% of its net	assets					
Veri	3	Number of voting members of the governing body	ı	3	42						
ဇ္	4	Number of independent voting members of the gov				4	42				
•ŏ თ	5	Total number of individuals employed in calendar y				5	19				
itie	6	Total number of volunteers (estimate if necessary)				6	42				
Activities &	7 a	Total unrelated business revenue from Part VIII, col				7a	48.				
_	b	Net unrelated business taxable income from Form				7b	0.				
					Prior Year		Current Year				
ø	8	Contributions and grants (Part VIII, line 1h)			12,218,61	3.	270,973,050.				
Revenue	9	Program service revenue (Part VIII, line 2g)			4,700,00	0.	4,700,000.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4,			1,745,82	_	1,578,019.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	, 9c, 10c, and 11e)			0.	-22,271.				
_		Total revenue - add lines 8 through 11 (must equal		18,664,43	_	277,228,798.					
	1	Grants and similar amounts paid (Part IX, column (A			12,467,48	_	66,519,088.				
	1	Benefits paid to or for members (Part IX, column (A			0.	0.					
es	15	Salaries, other compensation, employee benefits (F			3,212,46	_	3,327,155.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.	0.				
ΩX	_b	Total fundraising expenses (Part IX, column (D), line	•		1,296,45	Q	1,305,453.				
_	''	Other expenses (Part IX, column (A), lines 11a-11d,			16,976,40		71,151,696.				
	1	Total expenses. Add lines 13-17 (must equal Part I) Revenue less expenses. Subtract line 18 from line			1,688,02	_	206,077,102.				
_ or		nevertue less expenses. Subtract line To ITOTT line	12	Be	ginning of Current Yea		End of Year				
ets (	20	Total assets (Part X, line 16)			35,197,07		246,537,522.				
Ass	21	Total liabilities (Part X, line 26)			2,745,97		2,546,070.				
Net Assets	22	Net assets or fund balances. Subtract line 21 from	line 20		32,451,09		243,991,452.				
	art II	Signature Block									
Und	ler pena	Ilties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the best of	my know	rledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wh	nich preparer	has any knowledge.						
		TAXPAYER COPY									
Sig	n	Signature of officer			Date						
Hei	re	SUSAN SOLOMON, CHIEF OPERATING OFFICER	R								
		Type or print name and title			5.4.		DTIN				
_	_	Print/Type preparer's name	Preparer's signature		Date Check		PTIN				
Pai		SCOTT THOMPSETT	Seth Shampett		8/14/2024   self-employed   P00741490						
	parer	Firm's name GRANT THORNTON ADVISORS LI			Firm's EIN 99-1856619						
Use	Only	Firm's address 757 THIRD AVENUE, 3RD FLOO	JK								
N 4 c	v +b > 1	NEW YORK, NY 10017-2013	uo2 Coo inatruotiona		Phone no. (		X Yes No				
IVIA	v 1111 <del>2</del> 11	TO CHACUAS THIS LETOTH WITH THE DIEDSTEL SHOWN 3DO	ver dee Halfuchons				I I I I I I I I I I I I I I I I I I				

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY 46-4198975 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 160 EAST 56TH STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10022 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) DANIEL ENGEL The books are in the care of ► 160 EAST 56TH STREET - NEW YORK, NY 10022 Telephone No. ▶ 212-906-3900 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box AUGUST 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning OCT 1, 2022 SEP 30, 2023 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

. u	rt III Statement of Program	Service Accomplishments		
1	Briefly describe the organization's r	s a response or note to any line in this Part III mission:		X
	SEE SCHEDULE O			
2		significant program services during the year v		
	prior Form 990 or 990-EZ?  If "Yes," describe these new service	an an Cahadula O		Yes X No
3	,	es on Schedule O. ting, or make significant changes in how it cor	nducts, any program services?	Yes X No
•	If "Yes," describe these changes or		iddots, any program corvided:	
4	Describe the organization's program	m service accomplishments for each of its thre	ee largest program services, as measured	by expenses.
		anizations are required to report the amount of	f grants and allocations to others, the tot	al expenses, and
40	revenue, if any, for each program so	ervice reported. 67,019,588. including grants of \$	66 519 088 ) (5	4 700 000 \
4a	(Code:) (Expenses \$ SEE SCHEDULE O	including grants of \$	(Revenue \$	4,700,000.
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	, (,			
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4d				
40	(Expenses \$	including grants of \$ 67,019,588.	) (Revenue \$	)
<u>4e</u>	Total program service expenses	0.,015,500.		Form <b>990</b> (2022)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<del>ل</del>		
U		_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<sub>v</sub>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	<del>                                     </del>		
u		11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		X	$\vdash$
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	$\vdash$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III	20a		x
20a	• •			<del></del>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ۾ ا		•
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form **990** (2022)

Form 990 (2022) AMERICAN FRIENDS OF Part IV | Checklist of Required Schedules (CO

ı aı	Officerist of Required Scriedules (continued)									
				Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu				177					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		Х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5, about compensation of the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5, about compensation of the organization and the or									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Ye	es," complete		x						
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	\$100,000 as of the	23							
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24c									
	Schedule K. If "No," go to line 25a									
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24a 24b		X					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the									
	any tax-exempt bonds?	•	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year'		24d							
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess									
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in									
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? I	f "Yes," complete								
	Schedule L, Part I		25b		X					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%									
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust	ee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member,									
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete s	, , , , , , , , , , , , , , , , , , ,	27		X					
28	Was the organization a party to a business transaction with one of the following parties (see the Sche	dule L, Part IV,								
	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu	**	00-		х					
	"Yes," complete Schedule L, Part IV		28a		X					
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>		28b							
C	"Yes," complete Schedule L, Part IV		28c		х					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule		29	х						
30	Did the organization receive more than \$25,500 in nor cash contributions: "In res, complete screen".  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified.									
-	contributions? If "Yes," complete Schedule M		30		Х					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched		31		Х					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"									
	Schedule N. Part II	<i></i>	32		Х					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu	ulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part									
	Part V, line 1		34	Х						
35 a	D. 1.1		35a	Х						
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	•								
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b	Х						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable									
	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 conduct more than 5% of its activities through an entity that is not a related organization.				v					
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		37		Х					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines	i ib and 19?	20	х						
Par	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance		38	43						
	Check if Schedule O contains a response or note to any line in this Part V									
				Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>   18		.03	.40					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b> 0								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	· ·								
_	(gambling) winnings to prize winners?		1c	х						
232004	12-13-22			990	2022)					

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.,
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	21	
С		70		х
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ISa		
b				
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22 Form **990** (2022)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 42			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
366	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	Na
100	Did the organization have local chapters, branches, or affiliates?	10a	res	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
D		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	123		
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DANIEL ENGEL - 212-906-3900			
	160 EAST 56TH STREET, NEW YORK, NY 10022			

Form **990** (2022)

### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 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 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. See the instructions for the order in which to list the persons above.

(A)	(B)	I			C)	.,,,		(D)	(E)	(F)
				Pos		1		Reportable	Reportable	Estimated
Name and title	Average hours per		not c	heck	more	than		compensation	compensation	amount of
	week		, unle icer ar					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				D.		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trus	nal tr		oyee	om		1099-NEC)		and related
	below	ndividual trustee or director	nstitutional trustee	Jec	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	lnst	Officer	Key	High	Former			
(1) NINA HANAN (THRU 11/2022)	40.00									
CHIEF EXECUTIVE OFFICER	0.00			Х				408,710.	0.	18,086.
(2) RONALD SOLOMON	40.00									
EXECUTIVE VICE PRESIDENT	0.00			Х				330,283.	0.	64,394.
(3) SUSAN SOLOMON	40.00									
CHIEF OPERATING OFFICER	0.00			Х				249,506.	0.	39,022.
(4) KAREN PAUL-REUVEN	40.00									
DIRECTOR - WEST COAST REGION	0.00					Х		219,228.	0.	36,929.
(5) SAMUEL Z. KONIG	40.00									
DIRECTOR - NORTHEAST REGION	0.00					Х		172,555.	0.	54,348.
(6) DANIEL B. ENGEL	40.00									
CONTROLLER	0.00		_			Х		176,588.	0.	42,766.
(7) MELINA GIMAL	40.00	1								
DIRECTOR - SOUTHEAST REGION	0.00					Х		166,736.	0.	13,462.
(8) RON WEGSMAN	40.00									
DIRECTOR OF FOUNDATION RELATIONS	0.00					Х		122,394.	0.	38,470.
(9) ROBERT ARONSON (AS OF 11/2022)	40.00	1								
INTERIM CHIEF EXEC. OFFICER	0.00			Х				33,333.	0.	0.
(10) ALAN ZEKELMAN	3.00	1								
CHAIRMAN	1.00	Х	_	Х				0.	0.	0.
(11) RONNIE STERN	3.00	1								
PRESIDENT	1.00	Х		Х				0.	0.	0.
(12) S. DANIEL ABRAHAM	1.00	ł								
HONORARY CHAIRMAN OF BOARD	1.00	Х		Х				0.	0.	0.
(13) GAIL PROPP	2.00	<b>∤</b>							_	
VICE PRESIDENT/SECRETARY	1.00	Х	┝	Х				0.	0.	0.
(14) STEVEN P. ROSENBERG	3.00	-		, .				0	_	0
VICE PRESIDENT/TREASURER	3.00	Х	├	Х				0.	0.	0.
(15) PETER RZEPKA	1.00	-		, .				0	,	_
HONORARY PRESIDENT	1.00	Х	┢	Х				0.	0.	0.
(16) MICHAEL G. JESSELSON HONORARY PRESIDENT	2.00	х		x				0.	0.	_
(17) JANE STERN LEBELL	3.00	<u> </u>	$\vdash$	^				1	· ·	0.
HONORARY PRESIDENT	1.00	х		x				0.	0.	_
	2.00	Λ	<u> </u>	Δ		<u> </u>	<u> </u>	<u> </u>	<u> </u>	0. Form <b>990</b> (2022)
232007 12-13-22					_					Form 990 (2022)

1 OHH 550 (E022)	ENDS OF BAR	– 1 Г.	AN	UNI	VER	SIT	Y		46-419897	5 Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 (120)	and related
	below	idual	ution	er	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instii	Officer	Key 6	High emp	Former			
(18) DREW PARKER	1.00									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(19) INGEBORG RENNERT	1.00									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(20) JONATHAN L. BLINKEN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(21) JACK D. BURSTEIN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(22) SUSANNE CZUKER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(23) NISSIM DAHAN	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(24) ABBY DOFT	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(25) DANIEL GILDIN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(26) AMBASSADOR DORE GOLD	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
1b Subtotal								1,879,333.	0.	307,477.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								1,879,333.	0.	307,477.

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

S X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or within		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
GRANT THORNTON LLP		
757 THIRD AVENUE, NEW YORK, NY 10017	ACCOUNTING	126,680.
JOE FRIEDMAN DESIGNS LLC		
1159 EAST 32ND STREET, BROOKLYN, NY 11210	DESIGN	123,212.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form **990** (2022)

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Form 990 AMERICAN FRI									46-41989	975
Part VII Section A. Officers, Directors, Tru	est (	t Compensated Employees (continued)								
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	(check all that app				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	-				Highest compensated employee		the	organizations	compensation
	(list any	ordirector				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ndividual trustee	Institutional trustee		yee	m per				organizations
	below	dual	ution	<u></u>	Key employee	st co	er			0.9424
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) ERIC GOMBERG	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(28) NAOMI HASS-PERLMAN	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(29) ELEAZER HIRMES	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(30) LAURIE M. HIRSCH	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(31) STEPHEN HOFFMAN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(32) DANIEL KRASNER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(33) FRANK LEE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(34) HADASSAH LIEBERMAN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(35) FMR SENATOR JOSEPH I. LIEBERMAN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(36) MICHAEL MALING	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(37) MATTHEW J. MARYLES	1.00									
DIRECTOR (THRU 03/2023)	1.00	Х						0.	0.	0,
(38) ROBERT NUSBAUM	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(39) FRED OHEBSHALOM	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(40) IRA L. RENNERT	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(41) NINA ROSENWALD	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(42) DAVID SABLE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(43) LAWRENCE M. SCHANTZ	1.00									
DIRECTOR	0.00	Х				<u> </u>		0.	0.	0.
(44) JAY L. SCHOTTENSTEIN	1.00									
DIRECTOR	1.00	Х	_			_	<u> </u>	0.	0.	0.
(45) BERNICE SCHWARTZ	1.00									
DIRECTOR	0.00	Х				_		0.	0.	0.
(46) MOSHAEL J. STRAUS	1.00									
DIR./HON. PRESIDENT (AS OF 01/2023)	1.00	Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 AMERICAN FRIE	46-4198975									
Part VII Section A. Officers, Directors, Tru	Compensated Employees (continued)									
(A)	(D)	(E)	(F)							
Name and title	Average	١,,			ition			Reportable	Reportable	Estimated
	hours per week	(cl	(check		that			compensation from the	compensation from related organizations	amount of other compensation
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(47) RONALD S. TAUBER	1.00	ļ								
DIRECTOR (THRU 02/2023)	0.00	Х						0.	0.	0
(48) MARION WAXMAN	1.00									
DIRECTOR	0.00	Х						0.	0.	С
(49) MITCHELL WOHLBERG	1.00									
DIRECTOR	2.00	Х				_		0.	0.	(
(50) LOLLY BAK	1.00							_	_	_
DIRECTOR (AS OF 01/2022)	0.00	Х				_		0.	0.	(
(51) ROBIN JACOBS	1.00									
DIRECTOR (AS OF 01/2023)	0.00	Х				_		0.	0.	(
(52) HARVEY KAMINSKI	1.00	.,							0	,
DIRECTOR (AS OF 01/2023)	0.00	Х						0.	0.	(
(53) OPHIRA PLATT DIRECTOR (AS OF 01/2023)	1.00	х						0.	0.	(

Form 990 (2022)
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a i	response	or note to any lin	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
တ္ တ	1	<u> </u>	Federated campaigns			1a					
ant			Membership dues			1b					
င်္ပ			Fundraising events			1c	156,277.				
ffs, r A						1d	, -				
nie.			Government grants (contri			1e					
Sin			All other contributions, gifts,								
e ti		•	similar amounts not included			1f	270,816,773.				
G		g	Noncash contributions included in I			1g \$	56,284.				
Contributions, Gifts, Grants and Other Similar Amounts		_	<b>Total.</b> Add lines 1a-1f		u	. <b>. 9</b>   Ψ	,	270,973,050.			
- "							Business Code				
o l	2	а	FUNDRAISING FEES				900099	4,700,000.	4,700,000.		
Ş	_	b									
Program Service Revenue		С									
E S		d									
ğ		е									
F.		f	All other program service r	ever	nue						
			Total. Add lines 2a-2f					4,700,000.			
	3		Investment income (includ	ing o	divider	nds, intere	est, and				
			other similar amounts)					607,947.		48.	607,899.
	4		Income from investment o	f tax	-exem	pt bond p	roceeds				
	5		Royalties	<u></u>							
					(i)	) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)		······						
	7	а	Gross amount from sales of		-	ecurities	(ii) Other				
			assets other than inventory	7a	3,8	73,149.					
		b	Less: cost or other basis		l						
Jue			and sales expenses	7b		03,077.					
ě			Gain or (loss)	7с		70,072.	•	0.00			0.7.0 0.7.0
ther Revenue			Net gain or (loss)					970,072.			970,072.
the l	8		Gross income from fundraisin								
0			including \$1								
			contributions reported on				13,140.				
		<b>L</b>	Part IV, line 18								
			Less: direct expenses  Net income or (loss) from f				33,411.	-22,271.			-22,271.
			Gross income from gaming		_			22,2,1.			
	9	а	Part IV, line 19	-							
		h	Less: direct expenses								
			Net income or (loss) from (								
			Gross sales of inventory, le								
		_	and allowances								
		b	Less: cost of goods sold								
			Net income or (loss) from s				•				
			, , ,			<u> </u>	Business Code				
sno	11	а									
Miscellaneous Revenue		b									
eve		С									
Aisc		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instructio	ns				277,228,798.	4,700,000.	48.	1,555,700.

232009 12-13-22

Form **990** (2022)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... 66,519,088. 66,519,088. Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 999,955. 137,448. 342,137. 520,370. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 221,775. 1,613,446. 552,045. 839,626. Other salaries and wages 7 Pension plan accruals and contributions (include 57,952 section 401(k) and 403(b) employer contributions) 169,375 23,281 88,142. 365,704 50,268, 125,126 190,310. 9 Other employee benefits 178,675. 24,560. 61,134 92,981. 10 Payroll taxes Fees for services (nonemployees): Management 5,886. 42,822. 14,652. 22,284. Legal 128,515. 17,665. 43,972 66,878. Accounting Lobbying Professional fundraising services. See Part IV, line 17 81,609. 81,609 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 209,563 82,024 127,539. column (A), amount, list line 11g expenses on Sch O.) 164,659 164,659. Advertising and promotion 12 67,687 13,757 51,064. 2,866. 13 Office expenses 98,863, 9,210. 49,307 40,346. 14 Information technology Royalties 15 264,805 2,047. 129,146 133,612. 16 Occupancy 20,712 63,820. 88,851 4,319. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 15,157. 830. 2,367. 11,960. Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 5,999 5,999 22 Depreciation, depletion, and amortization ..... 48,058. 48,058 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) EVENT EXPENSES/CATERING 43,391, 43,391. MAIL CAMPAIGN 29,965 29,965.

Form **990** (2022)

4,546.

6,127.

2,497,620.

Check here

С

е

25

8,899.

6,610.

71,151,696,

MISCELLANEOUS EXPENSES

REGISTRATION & SUBSCR.

Total functional expenses. Add lines 1 through 24e

**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

All other expenses

4,149

1,634,488

342

204

141.

67,019,588

# Form 990 (2022) Part X Balance Sheet

rai	tχ	Balance Sneet					
		Check if Schedule O contains a response or	note to any line	in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	2,426,125.	1	2,545,26		
	2	Savings and temporary cash investments			4,383,217.	2	469,27
	3	Pledges and grants receivable, net			6,072,953.	3	5,712,79
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial contrib	outor, or 35%			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disquared	ualified persons	(as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4	958(c)(3)(B)		6	
21	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ĭ	9	5			186,165.	9	182,19
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	179,753.			
	b	Less: accumulated depreciation	10b	166,750.	17,829.	10c	13,00
	11	Investments - publicly traded securities			8,812,905.	11	11,688,26
	12	Investments - other securities. See Part IV, lin	ne 11		10,819,413.	12	9,887,35
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,478,469.	15	216,039,36
	16	Total assets. Add lines 1 through 15 (must e			35,197,076.	16	246,537,52
	17	Accounts payable and accrued expenses	345,680.	17	150,42		
	18	Grants payable	842,510.	18	684,04		
	19	Deferred revenue	58,773.	19	12,00		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Ě		trustee, key employee, creator or founder, su		outor, or 35%			
Liabilities		controlled entity or family member of any of				22	
-	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax		l			
		parties, and other liabilities not included on li	ines 17-24). Com	iplete Part X	1 400 016		1 600 60
		of Schedule D			1,499,016.	25	1,699,603
	26	<u> </u>			2,745,979.	26	2,546,07
ပ္		Organizations that follow FASB ASC 958,	check here	X			
uce	07	and complete lines 27, 28, 32, and 33.			7,899,271.	07	218 653 01
alai	27			·····	24,551,826.	27	218,653,91
ם	28	Net assets with donor restrictions			24,331,020.	28	25,337,53
<u>.</u>		Organizations that do not follow FASB AS	C 958, check ne	ere 🗀			
5	00	and complete lines 29 through 33.	a do			20	
Sic	29	Capital stock or trust principal, or current fur				29	
1556	30	Paid-in or capital surplus, or land, building, o		a., £, ala		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			32,451,097.	31	243,991,45
ž	32	Total net assets or fund balances			35,197,076.	32	246,537,522
	33	Total liabilities and net assets/fund balances			33, 131,010.	<b>JJ</b>	Form <b>990</b> (202

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	277	,228,	798.
2	Total expenses (must equal Part IX, column (A), line 25)	2	71	,151,	696.
3	Revenue less expenses. Subtract line 2 from line 1	3	206	,077,	102.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32	,451,	097.
5	Net unrealized gains (losses) on investments	5		514,	781.
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 on Schedule O)	9	4	,948,	472.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	243	,991,	452.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY 46-4198975 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).) 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). X 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 conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,699,311.	7,143,498.	8,410,137.	12,218,613.	7,577,250.	44,048,809.
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	8,699,311.	7,143,498.	8,410,137.	12,218,613.	7,577,250.	44,048,809.
5							
_	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)						8,025,961.
6	Public support. Subtract line 5 from line 4.						36,022,848.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	8,699,311.	7,143,498.	8,410,137.	12,218,613.	7,577,250.	44,048,809.
	Gross income from interest,	, ,	, , ,	, , ,	, , ,	, , ,	, , , -
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	453,356.	364,123.	293,816.	588,839.	607,947.	2,308,081.
9			,			,	
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					35,411.	35,411.
44	Total support. Add lines 7 through 10					33,111.	46,392,301.
		oto (ooo inatruotia	no)			12	23,500,000.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	· ·		ourth or fifth toy w			23,300,000.
13	organization, check this box and stor						
Sec	etion C. Computation of Publi					•••••	
	Public support percentage for 2022 (li			olumn (f))		14	77.65 %
	Public support percentage from 2021					15	69.74 %
	33 1/3% support test - 2022. If the o						
100	<b>stop here.</b> The organization qualifies				14 15 66 17670 61 1110		77
h	33 1/3% support test - 2021. If the o		~				
_	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test		• •				
.,,	and if the organization meets the facts						
	meets the facts-and-circumstances te					-	
ŀ	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the	ū				•	1070 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• • •		
10	Trivate ioditation. If the organization	IT GIG HOL GIEGK & L	70 A OIT III IC 10, 102	i, 100, 17a, 01 17b	, origon triis box al		(Form 990) 2022

Schedule A (Form 990) 2022

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

232023 12-09-22

Schedule A (Form 990) 2022

Т.,

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	10-		
	10a		
	10b		
_	100	~ 000	

Par	T 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		i
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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 directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	(s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			1
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2.7		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	1 5 II 165. Geodine III The fole played by the organization in this regard.			

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	st complete 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				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	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 0.85 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-function	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Orga	anizations <sub>(contin</sub>	ued)	
Secti	ion D - Distributions					Current Year
1	Amounts paid to supported organizations to accom	plish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly further	ers exemp	ot purposes of supported			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exemp	t purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval requ	uired - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instruc	•			6	
7	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to	9				
	(provide details in <b>Part VI</b> ). See instructions.		3		8	
9	Distributable amount for 2022 from Section C, line	 6			9	
10	Line 8 amount divided by line 9 amount				10	
			(i)	(ii)	1	(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	6				
2	Underdistributions, if any, for years prior to 2022 (re	eason-				
	able cause required - explain in Part VI). See instruc	ctions.				
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
ī	Carryover from 2017 not applied (see instructions)					
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3	f.				
4	Distributions for 2022 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
5	Remaining underdistributions for years prior to 2022	2. if			$\neg$	
-	any. Subtract lines 3g and 4a from line 2. For result					
	than zero, explain in <b>Part VI.</b> See instructions.	J				
6	Remaining underdistributions for 2022. Subtract line	es 3h				
•	and 4b from line 1. For result greater than zero, exp					
	Part VI. See instructions.	лан н				
7	Excess distributions carryover to 2023. Add lines					
•	and 4c.	, o <sub>j</sub>				
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021  Excess from 2022					
е	EAUGOO HUHI ZUZZ					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY	46-4198975	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	:1 and 2; Part IV, Sectior : V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
SPECIAL EVENTS		
2018 AMOUNT: \$ 0.		
2019 AMOUNT: \$ 0.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 0.		
2022 AMOUNT: \$ 35,411.		

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2022** 

Employer identification number

AM	46-4198975			
Organization type (check	one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> 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			
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .	e. See instructions.		
General Rule				
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's			
Special Rules				
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support in and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one		
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (eb) instead of the contributor name and address), II, and III.	ientific,		
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$				
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fore 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, and requirements of Schedule B (Form 990).	• •		
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)		

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY

46-4198975

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		\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tullio, addition, alla Ell. T.T.	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Humo, audross, and ZIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3** 

Name of organization Employer identification number

AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY 46-4198975

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				
		\$					
(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				
(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				

Schedule B (Form 990) (2022) Page **4** 

varrie or or	rganization		Employer identification numbe				
	FRIENDS OF BAR-ILAN UNIVERSITY		46-4198975				
Part III	from any one contributor. Complete columns (a	) through (e) and the following line entr	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yeary. For organizations				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) \$				
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of gift	t				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No.		T					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
raiti							
		-					
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
			·				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
ŀ	Transieree's name, address, a	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	(b) i dipose di giit	(c) Ose of gift	(a) Description of now girt is neld				
			<u> </u>				
	(a) Transfer of sift						
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
ļ							

### **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 Inspection

Name of the organization

AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY

**Employer identification number** 46-4198975

Par			or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lin	e 6.  (a) Donor advised funds	(b) Funds and other accounts		
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2 3	Aggregate value of contributions to (during year)  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 advis	eed funds		
J	are the organization's property, subject to the organization's	_			
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o				
Par					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area		
	Protection of natural habitat	Preservation o	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
	Total number of conservation easements		l l		
			I I		
	Number of conservation easements on a certified historic stru		2c		
d	Number of conservation easements included in (c) acquired a	•			
•	historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax		
4	year Number of states where property subject to conservation eas	coment is located			
5	Does the organization have a written policy regarding the per				
Ŭ	violations, and enforcement of the conservation easements it		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
			,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the		
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.		
	Complete if the organization answered "Yes" on Form				
па	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
D	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,				
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,		
	(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 FASB A		J , F		
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$		
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022		

to be sold to raise funds rather than to be maintained as part of the organization's collection?

c Beginning balance

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

(a) Current year

12,862,864,

1,183,994.

13,737,223.

.0000

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

91,667.

401,302.

d Additions during the year

Loan or exchange program

Other

(b) Prior year

15,618,282.

-2,208,876.

12,862,864.

106,894.

653,436.

(c) Two years back

12,490,345

3,383,740.

15,618,282.

79,796.

335,599,

b

С

Part IV

collection items (check all that apply):

Preservation for future generations

reported an amount on Form 990, Part X, line 21.

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

Public exhibition

Scholarly research

Distributions during the year

**1a** Beginning of year balance

and programs

Contributions

Net investment earnings, gains, and losses

Grants or scholarships

Administrative expenses

End of year balance

Board designated or quasi-endowment

Other expenditures for facilities

Permanent endowment

C	Term endowment
	The percentages on lines 2a, 2b, and 2c should equal 100%.
За	Are there endowment funds not in the possession of the organization that are held and administered for the
	organization by:
	(i) Unrelated organizations

No X 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

19 3400 0/

#### 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	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		23,480.	23,480.	0.
d Equipment		153,004.	141,590.	11,414.
e Other		3,269.	1,680.	1,589.
otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (R), line 10c.)				

Schedule D (Form 990) 2022

	Investments -	

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 or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Tatal (Oal (b) asset asset Fasse 000 Dast V and (D) line 40 )		

# Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 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 or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 990 Part Y col. (R) line 13.)		

# 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, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	215,316,645.
(2) RIGHT-OF-USE ASSET FOR OPERATING LEASE	423,300.
(3) CASH VALUE OF LIFE INSURANCE	212,436.
(4) DUE FROM HARON DAHAN FUND	78,749.
(5) ACCRUED INTEREST RECEIVABLE	8,083.
(6) OTHER RECEIVABLES	156.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	216,039,369.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ANNUITIES PAYABLE	712,760.
(3)	DEFERRED COMPENSATION PAYABLE	502,200.
(4)	OPERATING LEASE OBLIGATION	484,641.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,699,601.

<sup>2.</sup> 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X

Schedule D (Form 990) 2022

Par	rt XI Reconciliation of Revenue	per Audited Financial S	Statements With I	Revenue per Re	turn.	
	Complete if the organization answ	ered "Yes" on Form 990, Part IV	/, line 12a.			
1	Total revenue, gains, and other support p	er audited financial statements			1	282,655,645.
2	Amounts included on line 1 but not on Fo	rm 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investme	nts	2a	514,781.		
b	Donated services and use of facilities		2b			
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d	4,993,675.		
е	Add lines 2a through 2d				2e	5,508,456.
3	Subtract line 2e from line 1				3	277,147,189.
4	Amounts included on Form 990, Part VIII,	line 12, but not on line 1:	1 1			
а	Investment expenses not included on For	m 990, Part VIII, line 7b	4a	81,609.		
b	Other (Describe in Part XIII.)		4b			
					4c	81,609.
5	Total revenue. Add lines 3 and 4c. (This n	nust equal Form 990. Part I, line	12.)		5	277,228,798.
Pai	rt XII Reconciliation of Expense	•		Expenses per F	keturn.	
	Complete if the organization answ					
1	Total expenses and losses per audited fin				1	71,115,290.
2	Amounts included on line 1 but not on Fo	, ,	1 1			
а	****					
b	Prior year adjustments					
С				45.000		
d	, , , , , , , , , , , , , , , , , , , ,		2d	45,203.		45.000
е					2e	45,203.
3	Subtract line 2e from line 1				3	71,070,087.
4	Amounts included on Form 990, Part IX, I	•	1 1	24 622		
а				81,609.		
	Other (Describe in Part XIII.)		4b			
					4c	81,609.
5	Total expenses. Add lines 3 and 4c. (This	must equal Form 990, Part I, lin	e 18.)		5	71,151,696.
	rt XIII Supplemental Information					
	ride the descriptions required for Part II, line		*	*	; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. A	lso complete this part to provide	e any additional inform	nation.		
ח א ח ת	T 77 T TNT 4.					
PART	T V, LINE 4:					
mur	AMERICAN FRIENDS OF BAR-ILAN'S	ENDOMMENT WAS ESTABLISH	ED MO DROVIDE			
Ine	AMERICAN FRIENDS OF BAR-ILAN S	ENDOWMENT WAS ESTABLISH	ED TO PROVIDE			
ECON.	NOMIC SUPPORT FOR THE EDUCATIONA	T TNTMTNMTNGG OF MUF DN	D_TI NN			
ECON	NOMIC SUFFORT FOR THE EDUCATIONA	L INTITATIVES OF THE BA	K-ILAN			
IINTV	VERSITY IN ISRAEL, INC.					
ONIV	VERBIII IN ISRAEL, INC.					
PART	T X, LINE 2:					
	1 A, BIND 2.					
FIN	4.8					
AFRI	IU FOLLOWS GUIDANCE THAT CLARIFI	ES THE ACCOUNTING FOR II	NCERTAINTY IN			
TAX	POSITIONS TAKEN OR EXPECTED TO	BE TAKEN IN A TAX RETUR	N INCLUDING			
			.,			
ISSU	UES RELATING TO FINANCIAL STATEM	ENT RECOGNITION AND MEA	SUREMENT. THIS			
GUID	DANCE PROVIDES THAT THE TAX EFFE	CTS FROM AN UNCERTAIN T.	AX POSITION CAN			
ONLY	Y BE RECOGNIZED IN THE COMBINED	CONSOLIDATED FINANCIAL	STATEMENTS IF			

### SCHEDULE F (Form 990)

## 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY 46-4198975 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region MIDDLE EAST AND NORTH AFRICA 0 0 GRANTMAKING 66,519,088. CENTRAL AMERICA AND THE CARIBBEAN 0 0 INVESTMENTS 3,183,843. 0 0 69,702,931. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... Totals (add lines 3a 69,702,931. and 3b)

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

Schedule F (Form 990) 2022

Part II

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
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(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)
		MIDDLE EAST AND						
		NORTH AFRICA	EDUCATION	66,519,088.	WIRE TRANSFER	0.		
			recognized as charities by the for counsel has provided a sect			<b>&gt;</b>		1

3 Enter total number of other organizations or entities

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

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)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

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### Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GRANT MONITORING

THE CRITICAL SUPPORT OF THE AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY

(AFBIU) HAS MADE BAR-ILAN UNIVERSITY (BIU) WHAT IT IS TODAY - A BASTION

OF JEWISH STUDIES AND A WORLD LEADER IN MEDICINE, CYBERSECURITY, SCIENCE

TECHNOLOGY ENGINEERING AND MATHEMATICS. ESTABLISHED SIXTY YEARS AGO

AFBIU DEVELOPS VITAL PHILANTHROPIC SUPPORT FOR BIU. THE GENEROSITY OF ITS

DONORS TRANSFORMS DREAMS INTO REALITIES. IT FUNDS STATE-OF-THE-ART

FACILITIES AND ACADEMIC PROJECTS. IT HELPS ATTRACT PREEMINENT FACULTY AND

IT OFFERS OPPORTUNITIES TO SUPPORT UNPARALLELED ACADEMIC ADVANCEMENTS

WHILE PROMOTING AN APPRECIATION OF JEWISH HERITAGE AND THE JEWISH STATE.

AFBIU UNDERTAKES THE NECESSARY DUE DILIGENCE TO ENSURE THAT THE FUNDS IT

DISBURSES TO BIU ARE USED IN A MATTER THAT FURTHERS THE UNIVERSITY'S

TAX-EXEMPT MISSION (AS WELL AS THE INITIAL DONOR'S WISHES). AFBIU ENTERS

INTO WRITTEN AGREEMENTS WITH BIU TO DOCUMENT THE REPORTING REQUIREMENTS

FOR THE GIFTED FUNDS AND TO UPDATE AFBIU AS TO THE PROGRESS OF ANY

PROGRAMS BEING FUNDED. IN ADDITION, THE PARTIES PERIODICALLY COMMISSION

THIRD PARTY REVIEWS OF THE GRANT FUNDING TO ENSURE THAT THE UNIVERSITY IS

USING THE GRANTED MONEY FOR THE INTENDED EXEMPT PURPOSES.

SCHEDULE F, PART IV FOREIGN FORMS:

THE AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY, INC. INVESTS IN VARIOUS

ALTERNATIVE INVESTMENTS, BOTH DOMESTICALLY AND INTERNATIONALLY. WHILE

AFBIU MAY OWN THESE INVESTMENT VEHICLES, ITS OWNERSHIP IN (OR TRANSFERS

TO) THESE INVESTMENTS MAY NOT RISE TO THE THRESHOLDS REQUIRED FOR

FILING FORMS 926, 8865 OR 5471. TO THE EXTENT THAT AFBIU IS REQUIRED TO

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
FILE THE	SE FORMS, THEY ARE SUBMITTED ALONG WITH ITS FORM 990-T,
BUSINESS	INCOME TAX RETURN.
_	

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **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 instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number** AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY 46-4198975 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2022

Pa	art I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and ground and ground areas and ground and ground areas are supplied to the contribution and ground are supplied to the contribution and the contribution are supplied to the contribution and the contribution are supplied to the contributio				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FASHION EVENT (event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	169,417.			169,417.
	2	Less: Contributions	156,277.			156,277.
	3	Gross income (line 1 minus line 2)	13,140.			13,140.
	4	Cash prizes				
ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	27,020.			27,020.
Δ	8	Entertainment				
	9	Other direct expenses	8,391.			8,391.
	10	Direct expense summary. Add lines 4 through	. ,			35,411.
De	11   11					-22,271.
Po	II L I		answered "Yes" on Form	990, Part IV, line 19, of	r reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	Ι	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
_	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ŭ		Yes %	Yes %	Yes%	
	6	Volunteer labor	No No	No No	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)			
_						
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming action," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
2320	32 10	)-27-22			Sche	edule G (Form 990) 2022

Sch	hedule G (Form 990) 2022 AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY	0) 2022 AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY 46-4		;	Page 3	
11	Does the organization conduct gaming activities with nonmembers?		Y	'es	No No	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form				<u>_</u>	
-	to administer charitable gaming?			'es	No	
12			ш.	03	140	
	Indicate the percentage of gaming activity conducted in:		ا ءمد ا		0/	
	a The organization's facility		13a		<u>%</u>	
	<b>b</b> An outside facility		13b		<u>%</u>	
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	:?	Y	'es	No	
	2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		. —			
h	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and t	the amount				
D		ne amount				
	of gaming revenue retained by the third party \$					
С	c If "Yes," enter name and address of the third party:					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Coming manager companagion					
	Gaming manager compensation \$					
	Description of services provided					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
	<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to					
_			Y	'es	☐ No	
h	retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or s			-		
D	·	pent in the				
Da	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a					
га		na (v); and Par	t III, IIne	s 9, s	b, 10b,	
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					

Schedule G (Form 990) AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY	46-4198975	Page 4
Schedule G (Form 990)  AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY  Part IV   Supplemental Information (continued)		
· · · (continued)		
	· ·	

### SCHEDULE J (Form 990)

**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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY

Employer identification number

46-4198975

**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 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 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4h Х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	ner deferred benefits		(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) NINA HANAN (THRU 11/2022)	(i)	362,210.	46,500.	0.	15,250.	2,836.	426,796.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0,	0.	0.	
(2) RONALD SOLOMON	(i)	330,283.	0.	0.	27,450.	36,944.	394,677.	0.	
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) SUSAN SOLOMON	(i)	249,506.	0.	0.	22,590.	16,432.	288,528.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) KAREN PAUL-REUVEN	(i)	219,228.	0.	0.	19,863.	17,066.	256,157.	0.	
DIRECTOR - WEST COAST REGION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) SAMUEL Z. KONIG	(i)	172,555.	0.	0.	12,600.	41,748.	226,903.	0.	
DIRECTOR - NORTHEAST REGION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) DANIEL B. ENGEL	(i)	176,588.	0.	0.	15,922.	26,844.	219,354.	0.	
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) MELINA GIMAL	(i)	166,736.	0.	0.	11,662.	1,800.	180,198.	0.	
DIRECTOR - SOUTHEAST REGION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) RON WEGSMAN	(i)	111,000.	0.	11,394.	5,678.	32,792.	160,864.	0.	
DIRECTOR OF FOUNDATION RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(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.
PART I, LINE 4A:
RON WEGSMAN, DIRECTOR OF FOUNDATION RELATIONS, RECEIVED A SEVERANCE PAYMENT
IN CALENDAR YEAR 2022 OF \$9,115 THAT IS INCLUDED IN HIS WAGES IN SCHEDULE
J, PART II, COLUMN B(III) AS REPORTABLE COMPENSATION.

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

Employer identification number

OMB No. 1545-0047

Open to Public

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 instructions and the latest information.

Inspection

	AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY 46-							
Par	rt I Types of Property				<u>.</u>			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	3
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	Х	3	56,284.	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							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organi	ization durino	the tax year for co	ontributions				
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement <b>29</b>				
						,	Yes	No
30a	During the year, did the organization receive b	•		·	•			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
						32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Schedule M	(Form	990)	2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
TO THE EXTENT THAT AFBIU RECEIVES ANY NON-CASH DONATIONS (USUALLY IN
THE FORM OF SECURITIES, BONDS, ETC.), THE ORGANIZATION MAY EMPLOY ITS
INVESTMENT ADVISOR TO CONVERT THE INVESTMENTS INTO CASH BY SELLING
THEM.

## SCHEDULE O (Form 990)

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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY

Inspection **Employer identification number** 46-4198975

FORM 990, PART III, LINE 1 THE AMERICAN FRIENDS OF BAR-ILAN'S PRIMARY MISSION IS TO FUNDRAISE AND DEVELOP PHILANTHROPIC DONORS WITHIN THE UNITED STATES IN SUPPORT OF BAR-ILAN UNIVERSITY. AND TO RAISE AWARENESS OF THIS DIVERSE INSTITUTION OF HIGHER LEARNING LOCATED IN ISRAEL, WITH ITS GROUNDBREAKING INITIATIVES IN A MULTITUDE OF DISCIPLINES FORM 990, PART III - PROGRAM SERVICE, LINE 4A: THE AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY (AFBIU) DEVELOPS PHILANTHROPIC SUPPORT FOR BAR-ILAN UNIVERSITY (BIU) IN ISRAEL. AFBIU SEEKS CONTRIBUTIONS AT ALL LEVELS OF GIVING FROM INDIVIDUALS, FAMILIES FOUNDATIONS AND BUSINESSES WHO EMBRACE THE UNIVERSITY'S MISSION-UNIQUE AMONG ISRAELI UNIVERSITIES-TO PROVIDE STUDENTS WITH TOP-LEVEL EDUCATIONAL EXPERIENCES IN AN ACADEMIC ENVIRONMENT INFUSED WITH JEWISH VALUES AND A LOVE OF THE STATE OF ISRAEL. HISTORICALLY, THE AMERICAN FRIENDS OF BAR-ILAN HAS OPERATED AS A FUNDRAISING DIVISION WITHIN BAR-ILAN UNIVERSITY, SERVING TO BROADEN THE UNIVERSITY'S DONOR BASE IN THE UNITED STATES AND CULTIVATE A SUSTAINED STREAM OF FUNDING. OVER 60 YEARS AGO, AMERICAN DONORS ENVISIONED THIS UNIVERSITY, AND STEPPED FORWARD TO MAKE IT A REALITY. SINCE THEN, AFBIU HAS BEEN A VITAL PARTNER IN SUPPORT OF THE UNIVERSITY'S MISSION TO CREATE A WORLD CLASS UNIVERSITY WITH STRENGTH IN STEM, LAW, EDUCATION AND THE HUMANITIES. THAT, UNIQUE TO THE UNIVERSITY'S VALUES, REQUIRES A CORE CURRICULUM THAT PROVIDES A DIVERSE GROUP OF STUDENTS WITH A COMMON BASIC UNDERSTANDING OF THEIR JEWISH HERITAGE, HISTORY AND CULTURE, AS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

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232211 10-28-22

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY 46-4198975 WELL AS OF THE ZIONIST VALUES WHICH UNDERPIN THE STATE OF ISRAEL. AFBIU HAS OBTAINED ITS OWN SECTION 501(C)(3) TAX EXEMPTION FROM THE INTERNAL REVENUE SERVICE AND IS OPERATING INDEPENDENTLY FROM BIU. AFBIU REPRESENTS THE UNIVERSITY'S INTERESTS IN THE UNITED STATES; OUR FUNDING OF ACADEMIC PROJECTS, FACILITIES, RETURNING SCIENTISTS AND SCHOLARSHIPS THROUGH ANNUAL CONTRIBUTIONS AND PLANNED GIFTS ARE LAYING A FOUNDATION OF SUPPORT THAT WILL SUSTAIN THE UNIVERSITY FOR GENERATIONS TO COME. FORM 990, PART VI, SECTION A, LINE 2: JANE STERN LEBELL & RONNIE STERN HAVE A FAMILY RELATIONSHIP. MICHAEL G. JESSELSON & STEVEN P. ROSENBERG HAVE A FAMILY RELATIONSHIP. IRA RENNERT & INGEBORG RENNERT HAVE A FAMILY RELATIONSHIP. SENATOR JOSEPH I. LIEBERMAN & HADASSAH LIEBERMAN HAVE A FAMILY RELATIONSHIP. GAIL PROPP & ERIC GOMBERG HAVE A FAMILY RELATIONSHIP. BERNICE SCHWARTZ & ROBIN JACOBS HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE AFBIU'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF THE ORGANIZATION IS

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY 46-4198975 REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF THEIR EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE ORGANIZATION. THE ORGANIZATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OF ITS OFFICERS AND KEY EMPLOYEES IS REASONABLE. THE ORGANIZATION BOARD HAS ESTABLISHED A COMPENSATION COMMITTEE OF INDEPENDENT PERSONS THAT HAVE NO INTEREST IN THE PROPOSED COMPENSATION AGREEMENT. THE COMPENSATION COMMITTEE UTILIZES READILY AVAILABLE INFORMATION (LIKE PEER INSTITUTION FORM 990S) TO ENSURE THAT THE ORGANIZATION COMPENSATES ITS EXECUTIVES COMMENSURATE WITH THE MARKET. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN VA,WV,WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. AFBIU'S FINANCIAL STATEMENTS ARE AVAILABLE ON WWW.AFBIU.ORG, ALONG WITH IT'S 990. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY 46-4198975 FORM 990, PART IX IN ONE OF THE LARGEST BEQUESTS EVER GRANTED TO AN ISRAELI ACADEMIC INSTITUTION, AFBIU RECEIVED A \$260 MILLION DOLLAR GIFT FROM A DONOR WHO CHOOSES TO REMAIN ANONYMOUS. DURING VISITS TO ISRAEL, THE DONOR RECOGNIZED THE SIGNIFICANT IMPACT BAR-ILAN UNIVERSITY HAS MADE LOCALLY AND GLOBALLY THANKS TO ITS SCIENCE-BASED INFRASTRUCTURE AND DEEP CONNECTIONS TO ALL SECTORS OF ISRAELI SOCIETY. AN INDIVIDUAL OF BROAD ACADEMIC EDUCATION. THE DONOR FIRMLY BELIEVED THAT ISRAEL'S FUTURE WOULD BE ENERGIZED AND PROPELLED BY ITS TECHNOLOGICAL PROWESS. BREAKTHROUGH INNOVATION, AND SCIENTIFIC DISTINCTION. THIS MONUMENTAL GIFT CATALYZES THE FUTURE OF ISRAEL'S SOCIAL EMPOWERMENT AND TECHNOLOGICAL RESILIENCE THROUGH SCIENCE AND INNOVATION. WITH COLLEGE CAMPUSES THROUGHOUT THE WORLD EMBROILED IN UNCERTAINTY, THIS UNPRECEDENTED DONATION WILL ENABLE BAR-ILAN UNIVERSITY'S RECRUITMENT OF DOZENS OF SCIENTISTS SPECIALIZING IN DEEP TECH RESEARCH FIELDS WHILE INVESTING IN ESSENTIAL INFRASTRUCTURE. THE UNIVERSITY WILL FOCUS ON AREAS SUCH AS ENERGY, ENVIRONMENT CRYPTOGRAPHY, BIO-CONVERGENCE, QUANTUM COMPUTING, ARTIFICIAL INTELLIGENCE, AND NATURAL LANGUAGE PROCESSING. AFBIU WILL MANAGE THIS LARGE GIFT AND PERIODICALLY REMIT FUNDS BACK TO BAR-ILAN UNIVERSITY TO FUND ITS EDUCATIONAL ENDEAVORS. THIS GIFT IS CURRENTLY RECORDED AS A BENEFICIAL INTEREST IN A TRUST ON ITS BALANCE SHEET.

Schedule O (Form 990) 2022		Page 2
Name of the organization  AMERICAN FRIENDS OF BAR-ILAN UNIVER	SITY	Employer identification number 46-4198975
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS	4,993,675.	
UNCOLLECTIBLE PLEDGES	-45,203.	
TOTAL TO FORM 990, PART XI, LINE 9	4,948,472.	

#### **SCHEDULE R** (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule R (Form 990) 2022

46-4198975

	(b)	(c)	(d)	(e	,	·	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		1 '	·	Direct of	controlling ntity	9
	_							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	O, Part IV, line 34,	because it had one	e or more i	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))			controlling Section 512(controlle entity?	
				301(0)(3))	+		Yes	No
HARON DAHAN FUND FOR BAR-ILAN UNIVERSITY -	-							
26-3541989, 160 EAST 56TH STREET, NEW YORK, NY 10022		NEW YORK	501(C)(3)	LINE 12A, I	AFBIU		х	
BAR ILAN UNIVERSITY IN ISRAEL, INC		HIM TOTAL	301(0)(0)	21112 1211, 1	111 210		<del>                                     </del>	
13-6192275, 160 EAST 56TH STREET, NEW YORK,	1							
NY 10022	- EDUCATION	ISRAEL	501(C)(3)	LINE 2	N/A			Х
	_							

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

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.

organisations industrial and parametering and talk year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	ect controlling entity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income end-of-year assets  Share of end-of-year assets  Pisproportionate allocations?  Yes No K-1 (Form		amaunt in hav	General managin partner	Percentage ownership			
		country)		sections 512-514)		a55015	Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
											†
											+

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
-									
	-								

Schedule R (Form 990) 2022

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					_		Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	in Parts II-I	V?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)									
	c Gift, grant, or capital contribution from related organization(s)									
	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	
	Sale of assets to related organization(s)						1g		Х	
	Purchase of assets from related organization(s)						1h		Х	
i	Exchange of assets with related organization(s)						1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)						1j		Х	
k	k Lease of facilities, equipment, or other assets from related organization(s)									
	l 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	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses						1p		Х	
	Reimbursement paid by related organization(s) for expenses						1q		Х	
r	Other transfer of cash or property to related organization(s)						1r		Х	
s	Other transfer of cash or property from related organization(s)						1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	relationship	os and transaction threshold	s.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) Method of determining a	ımount involv	ed			
(1) E	BAR-ILAN UNIVERSITY	В	66,519,088.	CASH						
(2) <sup>E</sup>	BAR-ILAN UNIVERSITY	L	4,700,000.	CASH						
(3)										
(4)										

<u>(5)</u>

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Schedule R (Form 990) 2022