Return of Organization Exempt From Income Tax	X
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Form

► Do not enter Social Security numbers on this form as it may be made public.

Open to Public

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OMB No. 1545-0047

Π

			about Form 990 and its instruct		-	5111330.		inspec	
A F	or th	e 2019 calendar year, or tax year begin	ning 07/01,20	019, and endi				0, 20 20	
P .		C Name of organization			1	D Employer ide	entificatio	on number	
D C	heck if ap	AMERICAN SOCIETY OF IF	HE UNIVERSITY OF HAI	FA					
Х	Addre chang	e Doing Business As				13-6220)819		
	Name	change Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	1	E Telephone n	umber		
	Initial	return P.O. BOX 1437				(212) 34	4-278	4	
	Termi	nated City or town, state or province, country, a	and ZIP or foreign postal code						
Х	Amen return					G Gross receip	ts \$	5,900),701.
	Applic pendi	^{ation} F Name and address of principal officer:	LISA SILVERMAN		1	H(a) Is this a grou subordinates		r 🔄 Yes	XN
		P.O. BOX 1437, NEW YOR	RK, NY 10018		1	H(b) Are all subord		d? Yes	No
I	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)	(1) or 52	27	If "No," attac	h a list. (se	e instructions)	
J	Websi	te: 🕨 WWW.ASUH.ORG			1	H(c) Group exem	ption numb	er 🕨	
к	Form of	of organization: X Corporation Trust	Association Other ►	L Year o	of formatic	on: 1967 M	State of le	egal domicile	: NY
P	art I	Summary							
	1	Briefly describe the organization's mission o	r most significant activities: TO \Box	INCREASE V	/ISIBI	LITY AND	FINA	NCIAL	
e		SUPPORT FOR THE UNIVERSITY							
าลท		IN ACADEMIC RESEARCH, EDUCA	ATION, AND COMMUNAL	ACTIVITIES	5.				
Governance	2	Check this box ▶ _ if the organization di	iscontinued its operations or disp	osed of more th	an 25% d	of its net asset	5.		
ĝ	3	Number of voting members of the governing	body (Part VI, line 1a)				3		22.
ა ა	4	Number of independent voting members of t					4		22.
Activities &		Total number of individuals employed in cale					5		14.
ži		Total number of volunteers (estimate if necess					6		20.
Ă	7a	Total unrelated business revenue from Part V					7a		0
		Net unrelated business taxable income from I					7b		0
						Prior Year		Current V	/ear
ð	8	Contributions and grants (Part VIII, line 1h)			1	L3,753,89	4.	5,90	0,286
nue		Program service revenue (Part VIII, line 2g)		OPY FOR			0.		0
Revenue		Investment income (Part VIII, column (A), line		C INSPECTION		1,68	31.		415
œ	11	Other revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				0.		0
		Total revenue - add lines 8 through 11 (must				L3,755,57	5.	5,90	0,701
	13	Grants and similar amounts paid (Part IX, colu	umn (A), lines 1-3)			9,473,53	3.	4,87	3,482
		Benefits paid to or for members (Part IX, colu					0.		0
ŝ	40	Salaries, other compensation, employee bene	efits (Part IX, column (A), lines 5-1	0)		1,420,41	.2.	1,97	3,692
inse	16a	Professional fundraising fees (Part IX, column	(A), line 11e)			360,50	0.	34	2,000
Expenses	b	Professional fundraising fees (Part IX, column Total fundraising expenses (Part IX, column (I	D), line 25) ▶1,518,0	25					
ш	17	Other expenses (Part IX, column (A), lines 11				608,79	2.		4,551
		Total expenses. Add lines 13-17 (must equal			1	L1,863,23	7.		3,725
	19	Revenue less expenses. Subtract line 18 from	n line 12			1,892,33	.8.	-2,06	3,024
s or ces					Beginn	ing of Current \	/ear	End of Ye	
sets alan	20 21 22	Total assets (Part X, line 16)			1	L7,975,02		14,20	
dBs	21	Total liabilities (Part X, line 26)				4,168,12			6,161
Fun	22	Net assets or fund balances. Subtract line 21	from line 20		1	L3,806,89	1.	11,64	9,769
Pa	art II	Signature Block							
Un	der per	alties of perjury, I declare that I have examined thi ct, and complete. Declaration of preparer (other than	is return, including accompanying sc	nedules and state	ments, an	d to the best of	my knov	vledge and b	oelief, it is
	e, cone		rollicer) is based on all information of	which prepare ha	as any kiit	Jwiedge.			
0:-		N							
Sig		Signature of officer				Date			
Не	re	│							
		Type or print name and title							
D-:	 	Print/Type preparer's name	n oparer's signature	Date		Check	if PTIN		
Paic		PAUL HAMMERSCHMIDT	CONTRACT WILL OF THE OF	5/1	<u>1/202</u>	2 self-employ	ed P0	1384178	3
	parer Only	Firm's name 🕨 BDO USA, LLP			1		13-53		
	-		NEW YORK, NY 10017-5			Phone no.		85-8000)
May	/ the II	RS discuss this return with the preparer show	n above? (see instructions)	<u></u> .	<u> </u>	<u></u> .	<u> </u>	X Yes	No
For	Paper	work Reduction Act Notice, see the separat	e instructions.					Form 99	0 (2019)

-	m 990 (2019)	Page 2
Pa	art III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
1	ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	X No
	services?	A NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	asured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$4,886,314. including grants of \$4,873,482.) (Revenue \$0.)
	TO PROVIDE STUDENT SCHOLARSHIPS, SUPPORT FACULTY, FUND RESEARCH	
	AND ENHANCE FACILITIES AT THE UNIVERSITY OF HAIFA.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	_)
4d	I Other program services (Describe on Schedule O.)	
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,886,314.	90 (2019)
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AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA 13-6220819

-	90 (2019)		F	Page 3
Part	V Checklist of Required Schedules			
	In the experimetion department in position $E(1/c)(2)$ or $40.47(c)(4)$ (other than a private foundation)? If "Wea"		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	X	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 provide advice on the distribution or investment of amounts in such funds or accounts? If			х
7	"Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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,"	11a	Х	
h	<i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	Х	
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	21	
5	"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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		37	
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		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," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
ISA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		- 11

Form 990 (2019)

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		v	
~ .	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "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, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV			X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	conservation contributions? If "Yes," complete Schedule M	20		Х
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
31		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
~~	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		
34		24		Х
25 0	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2.	26		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part		30	21	
i ait	Check if Schedule O contains a response or note to any line in this Part V			
		••••	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
-	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	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 14								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	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		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			x					
	required to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>					
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							
	Sponsoring organizations maintaining donor advised funds.	0-							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90							
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12								
a L	Initiation fees and capital contributions included on Part VIII, line 12								
D 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources								
D	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	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		X					
	If "Yes," see 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		X					
	If "Yes," complete Form 4720, Schedule O.								

Form §	AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA 13-6220)819	F	-age 6
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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	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 22			
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	<u> </u>
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 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		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		х
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		x
~	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	х	
a h	The governing body?	8b	Х	<u> </u>
b 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<u> </u>
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10	v	
	describe in Schedule O how this was done	12c	X X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	А	x
14	Did the organization have a written document retention and destruction policy?	14		
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? The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b		Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
100	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	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 o	f inter	est p	olicy,
	and financial 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 record LISA SILVERMAN, P.O. BOX 1437, NEW YORK, NY 10004 212-344-2784	s 🕨		

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) KAREN BERMAN	40.00									
CEO (THRU 7/2020)	0.			x				332,975.	0.	16,409.
(2) DONNA OSTROWER	40.00							002,070		
REGIONAL DIR., WEST COAST	0.					x		174,350.	0.	11,754.
(3) JENNIFER RUBIN	40.00									
VP, PARTNERSHIPS/SPECIAL PROJ.	0.					x		143,650.	0.	16,028.
(4) CABRIE KEARNS	40.00									
COO EFFECTIVE 6/2019	0.					x		125,202.	0.	9,058.
(5) ALISA LYCHEVA	40.00									
VP, FINANCE	0.			X				129,400.	0.	1,852.
(6) CAROLYN KELLER	40.00									
REGIONAL DIR., NEW ENGLAND	0.					X		119,332.	0.	11,754.
(7)JULIE REEDER	40.00									
REGIONAL DIR., MIDWEST	0.					X		103,500.	0.	11,754.
(8) WARREN GLEICHER, ESQ.	1.00									
CHAIR	0.	X		Х				0.	0.	0.
(9) SHARON S. NAZARIAN, PHD	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(10) DR. LILLIAN SOBER AIN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) SIDNEY BANON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) JOSHUA BARER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13) MARC BERLEY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) LEWIS BORDOLEY	1.00									
DIRECTOR	0.	Х						0.	0.	0.

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	Form 990 (2019) Part VII Section A. Officers, Directors, True	istoos Ka					and L	lial	hast Companyat	od Employaas (/	oontinuo		age 8
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not ch unles	Pos Pos heck ss pe	c) ition more	e than oi is both a tor/trustet employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Est am comp frc orga and	(F) timated ount of other bensatic om the anization I related nization	on n 1
(15) JOHN BUSSEL	1.00											
,	DIRECTOR 16) DR. MALCOLM DORMAN	0.	X						0.	0.			0.
(DIRECTOR	0.	x						0	0.			0.
(17) LESLIE FELDMAN, ESQ.	1.00											
`	DIRECTOR	0.	x						0.	0.			0
(18) DENISE HOLZER	1.00											
	DIRECTOR	0.	x						0.	0.			0
(19) GEOFFREY H. LEWIS, ESQ.	1.00											
	DIRECTOR	0.	Х						0	0.			0
(20) MARK LAINER	1.00	-										
	DIRECTOR	0.	X						0.	0.			0
(21) DR ROMANA STROCHLITZ PRIMUS	1.00	37							0			0
,	DIRECTOR	0.	X						0 .	0.			0
(22) AMBASSADOR PETER ROSENBLATI DIRECTOR	1.00	x						0	0.			0
(23) JEFFREY ROSEN	1.00							0.				
(DIRECTOR	0.	x						0	0.			0
(24) MICHAEL ROSEN	1.00											
`	DIRECTOR	0.	x						0	0.			0
(25) DR. TOBI RICHMAN-STEINHARDT	1.00											
-	DIRECTOR	0.	x						0.	0.			0
	1b Sub-total								1,128,409.	0.		78,6	509.
	c Total from continuation sheets to Part VII, Se	ection A			•••				0.	0.			0.
	d Total (add lines 1b and 1c)	-							1,128,409.	0.		78,6	509.
	2 Total number of individuals (including but not I	limited to t	hose	liste	d al	bove	e) who	re	ceived more than	\$100,000 of	•		
	reportable compensation from the organization	n 🕨	5	7									
												Yes	No
	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		X
	4 For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	50,0	00?	lf	"Yes	," (complete Schedu	le J for such	4	X	
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	from	n any	uni	related organization	on or individual	5		Х
	Section B. Independent Contractors	· · ·					'						
	 Complete this table for your five highest com compensation from the organization. Report co year. 												
	(A)							Τ	(B)		(C)		

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 1	e listed above) who received	

DI 7) RZ DI DI 3) BF DI DI 2) AII DI DI 2) AII DI DI	(A) Name and title ENJAMIN R. SIGEL RECTOR ABBI DAVID STEINHARDT RECTOR RADLEY BLOOM RECTOR LIZA HERZBERG RECTOR	(B) Average hours per week (list any hours for related organizations below dotted line) 1.00 0. 1.00 0. 1.00 0. 1.00 0. 1.00 0. 1.00 0. 1.00 0. 1.00	box,	unles	ss pe	ition more rson irecte	e than o is both or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC) 0.	(E) Reportable compensation fror related organizations (W-2/1099-MISC) 0. 0.	n au con f orç ar org	(F) Estimated mount o other npensati rom the ganizatio	of ion on d
DI 7) RZ DI DI 3) BF DI DI 2) AII DI DI 2) AII DI DI	RECTOR ABBI DAVID STEINHARDT RECTOR RADLEY BLOOM RECTOR JIZA HERZBERG	organizations below dotted line) 1.00 0. 1.00 0. 1.00 0. 1.00	dividual trustee X X X	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC) 0. 0.	(W-2/1099-MISC) 0. 0.	, org	ganization d relate	on d
DI 7) RZ DI DI 3) BF DI DI 2) AII DI DI 2) AII DI DI	RECTOR ABBI DAVID STEINHARDT RECTOR RADLEY BLOOM RECTOR JIZA HERZBERG	0. 1.00 0. 1.00 0. 1.00	x						0.	. 0.			
7) RZ DJ DJ 3) BF DJ DJ 	ABBI DAVID STEINHARDT RECTOR RADLEY BLOOM RECTOR JIZA HERZBERG	1.00 0. 1.00 0. 1.00	x						0.	. 0.			
DI DI DI DI DI DI DI DI DI DI	RECTOR RADLEY BLOOM RECTOR LIZA HERZBERG	0. 1.00 0. 1.00	x						0.	. 0.			
D]) AI D] 	RECTOR JIZA HERZBERG	0.											
 AI DJ D	IIZA HERZBERG	1.00											
D]		-+	X						0.	. 0.			
b Sul c Tot d Tot 2 Tot	.RECTOR	0.	X						0.	0.	•		
c Tot d Tot ? Tot			-							1			
c Tot d Tot ? Tot			-										
c Tot d Tot ? Tot													
c Tot d Tot ? Tot													
c Tot d Tot ? Tot													
c Tot d Tot ? Tot													
c Tot d Tot ? Tot													
2 Tot	o-total al from continuation sheets to Part VII, S	_	· · ·	•••	•••	•••	•••	•	0.	0	•		
100	al (add lines 1b and 1c)	limited to t	hose					► re	ceived more than	\$100,000 of			
b Did	the organization list any former offic			-	uste	e, k	kev e	mp	loyee, or highest	t compensated		Yes	١
	ployee on line 1a? If "Yes," complete Sched										3	-	2
org	any individual listed on line 1a, is the anization and related organizations gr ividual	reater than	\$15	50,0	00?	lf	"Yes	," (complete Schedu	le J for such	4	X	
b Did	any person listed on line 1a receive or services rendered to the organization? <i>If "</i> }	accrue co	mper	sati	on f	rom	n any	unr	related organizatio	on or individual	5	-	
	n B. Independent Contractors	,								<u></u>			L
	mplete this table for your five highest con npensation from the organization. Report or r.												
	(A) Name and business ad	dress							(B) Description of se	rvices	(C) Compen		
													_

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

Form 990 (2019)

Part VIII Statement of Revenue

Г

		Check if Schedule O contains a resp	onse or note to an	y line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b					
s, C	c	Fundraising events 1c					
ar	d	Related organizations 1d					
ي» E	е	Government grants (contributions) 1e					
Sii	f	All other contributions, gifts, grants,					
utio		and similar amounts not included above . 1f	5,900,286.				
ĘĘ	g	Noncash contributions included in					
qt		lines 1a-1f	\$				
аŭ	h	Total. Add lines 1a-1f		5,900,286.			
			Business Code				
8	20						
ž	2a						
Se	b						
E S	C .						
gr: Re	d		-				
Program Service Revenue	e		-				+
-	f	All other program service revenue		0.			
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends		415.			415.
		other similar amounts)		415.			415.
	4	Income from investment of tax-exempt bo					
	5	Royalties	(ii) Personal	0.			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ue	b	Less: cost or other basis					
evenue		and sales expenses 7b					
Rev	с	Gain or (loss) 7c					
	d	Net gain or (loss)	<u> </u>	0.			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	a 0.				
	b	Less: direct expenses	b 0.				
	c	Net income or (loss) from fundraising even	ts ►	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19	a 0.				
	b	Less: direct expenses	b 0.				
	с	Net income or (loss) from gaming activitie	s	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10	a 0.				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory	<u> </u>	0.			
s			Business Code				
Miscellaneous Revenue	11a						
ane	b						
ella	c						
isc R	d	All other revenue					
Σ	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		5,900,701.			415.
16.4							· · · · · · · · · · · · · · · · · · ·

Part IX Statement of Functional Expenses

			(0)	
Do not include amounts reported on lines 6b, 7b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	4,873,482.	4,873,482.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	489,280.		244,640.	244,640
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,231,558.		623,841.	607,717
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	128,765.		65,077.	63,688
10 Payroll taxes	124,089.		62,632.	61,457
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	7,222.		7,222.	
c Accounting	29,526.		29,526.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	342,000.			342,000
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column	14,252.		14,252.	
(A) amount, list line 11g expenses on Schedule O.).	75,272.		75,272.	
	79,081.		35,189.	43,892
	32,843.		16,577.	16,266
14 Information technology	0.		20,011	10,200
15 Royalties	165,441.		90,271.	75,170
16 Occupancy	97,781.	12,832.	42,877.	42,072
17 Travel	5,,,,01,	12,002.	12,0,,,	12,0,2
18 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	9,719.		9,719.	
22 Depreciation, depletion, and amortization	4,081.		4,081.	
23 Insurance	4,001.		4,001.	
24 Other expenses. Itemize expenses not covered				
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.)	000 550			
a BAD DEBT EXPENSE	203,772.		203,772.	10.000
bEVENT PRODUCTION	27,870.		14,067.	13,803
cRECRUITMENT	12,599.		12,599.	
dDUES & SUBSCRIPTIONS	5,514.		2,783.	2,73
e All other expenses	9,578.		4,989.	4,589
25 Total functional expenses. Add lines 1 through 24e	7,963,725.	4,886,314.	1,559,386.	1,518,025
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				
fundraising solicitation. Check here				

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

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Page		

Form 990 (2019) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 913,186. Cash - non-interest-bearing 0. 1 1 1,507,823. 1,393,678. 2 2 Savings and temporary cash investments. 15,702,307. 11,173,452. 3 Pledges and grants receivable, net 3 0. 0. 4 4 Accounts receivable, net. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0. controlled entity or family member of any of these persons 0 5 Loans and other receivables from other disqualified persons (as defined 6 0 6 0. under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0. 0. 7 Notes and loans receivable, net 7 Assets 0 Ο. 8 8 70,816. 47,129. q Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 118,022. basis. Complete Part VI of Schedule D 10a 51,136. 18,342. 66,886. b Less: accumulated depreciation 10b 10c 0. Investments - publicly traded securities. 0. 11 11 0. 0. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 0. 13 0. 13 0. 0 14 14 675,732. 611,599. 15 15 Other assets. See Part IV, line 11 17,975,020. 14,205,930. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 142,597. 42,065. 17 Accounts payable and accrued expenses 17 4,000,000. 2,000,000. 18 18 0 19 0. 19 Deferred revenue 0. Tax-exempt bond liabilities..... 0. 20 20 0. 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other pavables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 0. controlled entity or family member of any of these persons 0. 22 0. 0. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 0. Ο. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25,532. 514,096. of Schedule D 25 4,168,129. 26 2,556,161. 26 Total liabilities. Add lines 17 through 25..... Х Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 6,343,350. -2,201,001. 27 Net assets without donor restrictions 27 13,850,770. Net assets with donor restrictions 7,463,541. 28 28 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Assets or 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Net 13,806,891. 11,649,769. 32 Total net assets or fund balances 32 Total liabilities and net assets/fund balances... 33 17,975,020. 14,205,930. 33

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA 13-6220819

Part XI Reconciliation of ket Assets X Check if Schedule O contains a response or note to any line in this Part XI X 1 Total expenses (must equal Part VIII, colurm (A), line 12) 1 2 7,963,725. 3 -2,063,024. 4 13,806,891. 5 0. 6 0. 6 0. 7 0. 8 0. 9 -94,098. 9 -94,098. 9 -94,098. 9 -94,098. 10 11,649,769. 9 -94,098. 11 10 11,649,769. 9 -94,098. 10 11,649,769. 11 11,649,769. 12 X 14 Accounting method used to prepare the Form 990: Cash <x accrual<="" td=""> Other 11 Accounting method used to prepare the Form 990: Cash<x accrual<="" td=""> Other 14 Accounting method used to prepare the Form 990: Cash<x accrual<="" td=""> Other 14 Kocounting method used</x></x></x>	Form 99	90 (2019)			Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 5, 900, 701. 2 Total expenses (must equal Part IX, column (A), line 25) 2 7,963,725. 3 Revenue less expenses. Subtract line 2 from line 1 3 -2,063,024. 4 13,806,891. 3 -2,063,024. 5 Net unrealized gains (losses) on investments 5 0. 6 Donated services and use of facilities 7 0. 7 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 -94,098. 10 11,649,769. 11,649,769. PartXII Financial Statements and Reporting 1 11,649,769. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Trees 'n 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: 2a X 1 "Yes" tokne A box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidate	Part	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25) 2 7, 963, 725. 3 -2, 063, 024. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 13, 806, 891. 5 0. 0. 0. 0. 6 0 0. 0. 7 0. 0. 0. 8 0. 0. 0. 9 Other changes in net assets or fund balances (explain on Schedule 0). 9 -94,098. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11, 649, 769. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11, 649, 769. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting function changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 12 Yes No Yes No 2a X 14 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 16 Yes," check a box below to i		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 7, 963, 725. 3 Revenue less expenses. Subtract line 2 from line 1 3 -2, 063, 024. 4 13, 806, 891. 4 13, 806, 891. 5 Net unrealized gains (losses) on investments 5 0. 6 0. 7 0. 7 0. 6 0. 7 0. 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 -94, 098. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11, 649, 769. Part XII Financial Statements and Reporting 11, 649, 769. 7 0. 11, 649, 769. 9 Check if Schedule O contains a response or note to any line in this Part XII. 11, 649, 769. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 f "res," 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: 2a X 1 "Yes," check a box below to indicate whether the financia	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
 Net onso experiences at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O). Other changes in net assets or fund balances (explain on Schedule O). Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. I Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. D Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. D Were the organization of its financial statements and selection of an independent accountant? If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the	2	Total expenses (must equal Part IX, column (A), line 25)	2			
s Net unrealized gains (losses) on investments investment expenses investhe expenses investment expe	3	Revenue less expenses. Subtract line 2 from line 1	3			
a) Net differing digits (bit investments) b) b) Denated services and use of facilities b) 7 investment expenses 9 Prior period adjustments b) 9 Other changes in net assets or fund balances (explain on Schedule O). 9 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32. column (B))	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,8	06,8	
 b) Divided services and use of rachines c) 1 <lic) 1<="" li=""> c) 1 c) 1 <lic) 1<="" li=""> <lic) 1<="" li=""> c) 1 c)</lic)></lic)></lic)>	5	Net unrealized gains (losses) on investments	5			
 a Prior period adjustments	6	Donated services and use of facilities	6			
 a) Other changes in net assets or fund balances (explain on Schedule O)	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 11, 649, 769. PartXII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 11, 649, 769. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X if "Yes," to check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X 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 process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits, explain on difference audit or audits, explain undergo the required audit or audits, explain why on Schedule O and describe any steps ta	8	Prior period adjustments	8			
32, column (B)) 11, 649, 769. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: 2b X Separate basis Consolidated basis. or both: Zb X 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: Zb X 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: Zb X 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: Zb X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the erganization changed either its overs	9	Other changes in net assets or fund balances (explain on Schedule O)	9		94,()98.
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Check if Schedule O contains a response or note to any line in this Part XII. Image: the space of the			10	11,6	49,7	769.
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 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 						X
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	b		ergo th	ne		

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 20 19

		nt of the Treasury evenue Service	1	Go to www.irs.go	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of t	he organization						Employer identifi	cation number
AMI	ERI	CAN SOCIET	Y OF THE U	UNIVERSITY OF	' HAIFA			13-62208	19
Ра	rt I	Reason for	r Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions	
	orga		•		is: (For lines 1 throug			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3	$\left - \right $	-	-	-	rganization described				
4			-	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(III). Enter the
F		hospital's nam	-				d ar ana	roted by a gayarama	ntal unit described in
5		-	-		a college of universit	y owned	u or ope	rated by a governme	ntal unit described in
6				Complete Part II.)	rnmental unit describe	d in soct	ion 170(b)(1)(A)(y)	
7	x								om the general public
'		-		(1)(A)(vi). (Compl	-	pport in	om a go		sin the general public
8					b)(1)(A)(vi). (Complete	Part II.)			
9	\square	-		-				l in conjunction with a	land-grant college
		-		-			-	name, city, and state of	
		university:				,			U
10 11		receipts from support from acquired by th	activities rela gross investme organizatio	ted to its exempt f pent income and up n after June 30, 19	unctions - subject to	certain e able inco (a)(2). (0	exception ome (less Complete		n 331/3% of its
12		•	•		•				arry out the purposes
		-	-	-	-	-			ee section 509(a)(3).
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lir	nes 12e, 12f, and 12g.
а		🗌 Type I. A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	supporting c	organization.	ou must complet	e Part IV, Sections A	and B.			
b		Type II. A su	upporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having
		control or m	nanagement c	of the supporting o	rganization vested in	the sam	e persor	is that control or man	age the supported
	_	-		-	, Sections A and C.				
С				- · ·				n with, and functional	ly integrated with,
			-		s). You must comple				
d			-			-		ection with its suppor	
				• •	• ·			ution requirement and	an attentiveness
~	Г	-			omplete Part IV, Sect			nat it is a Type I, Type I	
е			-		ionally integrated sup				і, туре ш
f	En								
g				-	orted organization(s).				
		ame of supported of	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For I	Paper	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,205,342.	4,186,900.	3,634,730.	9,253,894.	5,900,286.	36,181,152.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	13,205,342.	4,186,900.	3,634,730.	9,253,894.	5,900,286.	36,181,152.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						13,618,879.
6	Public support. Subtract line 5 from line 4						22,562,273.
-	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	13,205,342.	4,186,900.	3,634,730.	9,253,894.	5,900,286.	36,181,152.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	489.	80.	2,534.	1,681.	415.	5,199.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	15,106.					15,106.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						36,201,457.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (li		-			14	62.32%
15	Public support percentage from 2018					15	43.35%
16a	331/3% support test - 2019. If the org	-					
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			-	-		
_	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				•	•	
4.0	supported organization						
18	Private foundation. If the organization						
	instructions						<u> 🖻 🖂</u>

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

 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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
Sec	tion B. Total Support		•					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties, and income from similar							
	sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	e the meene. De net melade gam er							
	loss from the sale of capital assets							
	loss from the sale of capital assets (Explain in Part VI.)							
13	loss from the sale of capital assets							
13	loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)							
13 14	loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	0						
14	loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here.	· · · · · · · · ·						
14 Sec	loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp	oort Percenta	ige		<u></u>			>
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Yes No

1

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4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2019

-	le A (Form 990 or 990-EZ) 2019		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
		2		
Secti	on 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).			
<u> </u>		1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) 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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
JSA	Schedule A (Form	990 or	990-E2	Z) 2019

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Schedule A	(Form	990 or	990-EZ) 2019
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 must complete Sections A through E.

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	2 3 4 5 6 7 8 1a 1b 1c 1d 1c 1d 2 3 4 5 6 7 8 8 7 8 8 7 8 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8	1 2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 11d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 3 4 5 1 2 3 4 5 1 2 3 4 5

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

Schedule A (Form 990 or 990-EZ) 2019

	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			Guirent Teal
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Page 8

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

(FOIII 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

13-6220819

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 not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,335,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$565,479.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(2)	(b)	(0)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$150,000.	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$147,000.	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

Employer identification number 13-6220819

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
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		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 9	990-EZ, or 990-PF) (2019)						Page 4
Name of organization	AMERICAN	SOCIETY	OF	THE	UNIVERSITY	OF	HAIFA	Employer identification number

					13-6220819
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati	the year from any ons completing Par	one contrib t III, enter th	outor. Cor	nplete columns (a) through (e) and exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for the Use duplicate copies of Part III if additi			nce. See	Instructions.) \blacktriangleright \Diamond
(a) No. from Part I	(b) Purpose of gift				(d) Description of how gift is held
	·				
				-	
		(e) Transf	er of gift		
	Transferee's name, address, an	nd ZIP + 4		Relationsh	ip of transferor to transferee
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift		(d) Description of how gift is held
				-	
		(e) Transf	or of gift		
			er or gift	Polotionak	in of transferrer to transferre
	Transferee's name, address, an	iu ZIF + 4		Relationsi	ip 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) Transf	er of gift		
	Transferee's name, address, an	nd ZIP + 4		Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	e of gift		(d) Description of how gift is held
				-	
		(e) Transf	er of gift		
	Transferee's name, address, an	nd ZIP + 4		Relationsh	ip of transferor to transferee
JSA				s	chedule B (Form 990, 990-EZ, or 990-PF) (2019)

Department of the Treasury Core to www.is.gow/Form990 for instructions and the latest information. Open to Public Import Remeutes Service Name of the organization Employer identification number 13-6220819 Part II Organizations Imposer identification number 13-6220819 Part II Organizations Maintaining Door Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year
AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA 13-6220819 Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Ne Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Ne Part II Conservation Easements. Yes" on Form 990, Part IV, line 7. Yes Ne Part II Conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a conservation easements Preservation of a conservation easements Protection of natural habitat Preservation of a conservation easements Preservation or a conservation easements 2a 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 2a <
I Total number at end of year
1 Total number at end of year
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization have red "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (tor example, recreation or education) Preservation of a historically important land area a protection of natural habitat Preservation of open space 2a 2a 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements
3 Aggregate value of grants from (during year)
 Aggregate value at end of year
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only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No PartII Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of pan space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements
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Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (tor example, recreation or education) Protection of natural habitat Preservation of open space Preservation of a historically important land area Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements
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Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements
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 c Number of conservation easements on a certified historic structure included in (a)
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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)? Yes 🖾 N
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
organization's accounting for conservation easements.
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet wor of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pub service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide t
following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 20

Science (Jern 80) 819 Type 1 Toge 2		AME	RICAN	SOCIETY	OF THE	UNIVER	SITY O	F HAIFA	ł	13-622	20819	
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection mess (check all that apply): d	Schee	dule D (Form 990) 2019										Page 2
collection items (check all that apply): d Loan or exchange program b Scholarly research e Other Frowled a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. Scholarly research Yes No Particle a description of the organization association solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Particle Excrow and Custofial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization form 990, Part X? Yes No I is the organization form 990, Part X, line 21. It is a standard of the organization include an amount on Form 990, Part X, line 21, for escrow or custofial account liability? Yes No D bit fryes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. It is and programization include an amount on Form 990, Part IV, line 10. Yes No D bit fryes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes' on Form 990, Part IV, line 10. Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Yes ho distributions Yes' on Fo	Ра	rt III Organizations Maintainin	ng Colle	ections of	Art, Histo	rical Tre	asures,	or Other	Similar A	Assets (d	continue	ed)
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b Scholarly reservation of ruture generations e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization asolicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		collection items (check all that apply	y):			_						
C Prever a description for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise tunds rather than to be maintained as part of the organization soluciton? Complete if the organization asswered 'Yes' on Form '990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization and summered 'Yes' on Form '990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization and sensered 'Yes' on Form '990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization and sensered 'Yes' on Form '990, Part IV, line 10. If 'yes,' explain the arrangement in Part XIII and complete the following table: If e Distributions during the year. Id Defining balance (10 the organization angement in Part XIII. Check here if the explanation has been provided on Part XII Ending balance (10 the organization include an amount on Form '990, Part IV, line 10. Text yeap balance arrangement in Part XIII. Check here if the explanation has been provided on Part XII Earthy Definit the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Earthy Definit the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Earthy Definit the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Earthy Definit the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Earthy Definit the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Earthy Definit the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Earthy Definit the arrangement i	а	Public exhibition			d	Loan o	r exchan	ge progra	m			
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XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No PartW Escrow and Custodial Arrangements. Complete if the organization an aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ine 9, or reported an amount on Form 990, Part X, line 21. Yes No 1 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. Yes No 1 Is the organization an agent in Part XIII and complete the following table: Amount Image: Custodial account lability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No 2 Did the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Gont to a scholarships	С	Preservation for future gener	ations			_						
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assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		XIII.										
Part IV Escrow and Custodial Arrangements. Complete if the organization an swered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?, . Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance It Amount Amount d Additions during the year. It It Amount d Distributions during the year. It It Amount It Additions during the year. It It Amount It Amount Distributions during the year. It It Amount It Amount It Amount Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Batt View for ganization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization amount on Form 990, Part IV, line 10. Complete if	5	During the year, did the organizatio	n solicit (or receive o	donations c	of art, histo	rical trea	sures, or	other simil	ar		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year. 1d 1d d Distributions during the year. 1a Integration include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions (a) Current year (b) Current year (b) Prov years back (d) Three years back a diata count finability		assets to be sold to raise funds rath	er than t	o be mainta	ained as pa	irt of the o	rganizati	on's colle	ction?	[Yes	No
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b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	1a					-				_		
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c Beginning balance Ic Id d Additions during the year Id Id e Distributions during the year Id Id f Ending balance If Id Id f Ending balance If Id Id Id f Ending balance If Id Id <th>b</th> <th>If "Yes," explain the arrangement in</th> <th>n Part XI</th> <th>II and comp</th> <th>plete the fo</th> <th>llowing tab</th> <th>le:</th> <th></th> <th></th> <th></th> <th></th> <th></th>	b	If "Yes," explain the arrangement in	n Part XI	II and comp	plete the fo	llowing tab	le:					
d Additions during the year Id e Distributions during the year If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes PartV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. PartV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year b Contributions (b) Prior year c Net investment earnings, gains, and losses (a) Current year end balance (line 1g, column (a)) held as: a dors of facilities and programs (b) Prior year d Grants or scholarships % f Administrative expenses % g End of year balance % T error endowment b % T error endowment b % T error endowment b % (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) (iii) Related organizations (a) Carcer orbar basis (iii) Related organizations (a) Carcer orbar basis (iii) Related organization sciencin sciencin answered "Yes" on Form 990, Part IV, line 11a										Amount		
e Distributions during the year												
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Contributions (b) Controtheas (c) Two years back												
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b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses and losses and losses c Other expenditures for facilities and programs g End of year balance g End of year balance g Contributions e Other expenditures for facilities and programs g End of year balance	-	-										
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1a Beginning of year balance		Complete il the organiza							(-1) There are		(-) =	
b Contributions		-	(a) Cu	rrent year	(b) Pric	r year	(c) 1wo y	ears Dack	(a) Inree y	ears back	(e) Four	years back
c Net investment earnings, gains, and losses	1a											
and losses												
d Grants or scholarships e Other expenditures for facilities and programs	С											
e Other expenditures for facilities and programs												
and programs		-										
f Administrative expenses	е	-										
g End of year balance												
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. 3a(i) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (other) (d) Book value 1a Land, . - b Buildings - c Leasehold improvements. 5, 871. 825. 5, 046. c Leasehold improvements. - - - e Other 112, 151. 50, 311. 61,840.	f	-										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	•	-										
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c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation show requered to the state of the					70							
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3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation (d) Book value (d) Bo	U				100%							
organization by: Yes No (i) Unrelated organizations. 3a(i) 3a(ii) 3b 3c 3b 3c	20					tion that a	ara hald r	and admir	nictorod for	the		
(i) Unrelated organizations. 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land. 5,871. 825 5,046. b Buildings 5,871. 50,311. 61,840.	Ja		ne poss		ie organiza	ation that a		anu aunni	IISLETEU IUI	uie	[Yes No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.												
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4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	h											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	-		•									
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		rt VI Land, Buildings, and Equ	ipment.									
Ia Land (investment) (other) depreciation b Buildings		Complete if the organiza	ation and	swered "Y				1	1			
1a Land 1a Land b Buildings 1a Land c Leasehold improvements 5,871 d Equipment 112,151 50,311 61,840		Description of property								(c	 Book val 	ue
b Buildings	1a	Land		(- ,		.,					
c Leasehold improvements 5,871. 825. 5,046. d Equipment 112,151. 50,311. 61,840.	-											
d Equipment e Other		-					5,871		825.			5,046.
e Other	-	•										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	е	• •				1	12,151		50,311.		6	51,840.
	Tota	I. Add lines 1a through 1e. (Column	(d) mus	t equal Forr	n 990, Part	X, column	(B), line	10c.)			6	56,886.

Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.	Ves" on Form 000	Page , 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) Financia	al derivatives		
	held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨		
Part VIII			
			, 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)			
<u>(9)</u>	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)	
I otal. (Colu			
Total. (Colu Part X			, Part IV, line 11e or 11f. See Form 990, Part X,
Part X	Complete if the organization answered line 25.	d "Yes" on Form 990	
Part X	Complete if the organization answered line 25. (a) Descrip		, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
Part X 1. (1) Feder	Complete if the organization answered line 25. (a) Description ral income taxes	d "Yes" on Form 990	(b) Book value
Part X 1. (1) Feder (2) PAYC	Complete if the organization answered line 25. (a) Descrip ral income taxes HECK PROTECTION PROGRAM LOAN	d "Yes" on Form 990	(b) Book value
Part X 1. (1) Feder (2) PAYC: (3) DEFE	Complete if the organization answered line 25. (a) Description ral income taxes	d "Yes" on Form 990	(b) Book value
Part X 1. (1) Feder (2) PAYC: (3) DEFE: (4)	Complete if the organization answered line 25. (a) Descrip ral income taxes HECK PROTECTION PROGRAM LOAN	d "Yes" on Form 990	(b) Book value
Part X 1. (1) Feder (2) PAYC (3) DEFE (4) (5)	Complete if the organization answered line 25. (a) Descrip ral income taxes HECK PROTECTION PROGRAM LOAN	d "Yes" on Form 990	(b) Book value
Part X 1. (1) Feder (2) PAYC (3) DEFE (4) (5) (6)	Complete if the organization answered line 25. (a) Descrip ral income taxes HECK PROTECTION PROGRAM LOAN	d "Yes" on Form 990	(b) Book value
Part X 1. (1) Feder (2) PAYC: (3) DEFE: (4) (5) (6) (7)	Complete if the organization answered line 25. (a) Descrip ral income taxes HECK PROTECTION PROGRAM LOAN	d "Yes" on Form 990	(b) Book value
Part X 1. (1) Feder (2) PAYC (3) DEFE (4) (5) (6) (7) (8)	Complete if the organization answered line 25. (a) Descrip ral income taxes HECK PROTECTION PROGRAM LOAN	d "Yes" on Form 990	(b) Book value
Part X 1. (1) Feder (2) PAYC (3) DEFE (4) (5) (6) (7) (8) (9)	Complete if the organization answered line 25. (a) Descrip ral income taxes HECK PROTECTION PROGRAM LOAN	d "Yes" on Form 990	(b) Book value 474,900 39,196

Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	5,806,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-94,098.
3	Subtract line 2e from line 1	3	5,900,701.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,900,701.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	7,963,725.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,963,725.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	7,963,725.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
PART	XI, LINE 2D:		
CHAN	GE IN VALUE OF REMAINDER INTEREST IN		

CHARITABLE ANNUITY TRUST.....\$(94,098)

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

SCHEDULE F	Statement of Activities Outside the United St	ates 🛛	OMB No. 1545-0047
(Form 990) Department of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	20 19 Open to Public	
Internal Revenue Service			Inspection
Name of the organization	Employer Ide	ntification number	
AMERICAN SOCIETY	13-622	20819	
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizati	on answered "Yes" on
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to	

- 2 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.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		4,851,482.
(2)	NORTH AMERICA	0.	0.	GRANTMAKING		22,000.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
<u>(11)</u>						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal Total from continuation sheets to Part I					4,873,482.
	Totals (add lines 3a and 3b)					4,873,482.
For Pa	perwork Reduction Act Notice, see	e the Instruction	s for Form 990.		Schedule	F (Form 990) 2019

Schedule F (Form 990) 2019 -

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method o valuation (book, FMV, appraisal, othe
(1)			MIDDLE EAST/NORTH AFRICA	HIGHER EDU.	4,851,482.	WIRE			
(2)			NORTH AMERICA	HIGHER EDU.	22,000.	CHECK			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									
2 Ente	er total number of recipient or he IRS, or for which the grante er total number of other organ	e or counsel has prov	vided a section 501(c)(3) e	quivalency lette	r	-	▶	·	2.

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Page **2** 000

Schedule F (Form 990) 2019

(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
5)							
6)							
7)							
18)							

Schedule F (Form 990) 2019

JSA 9E1276 1.000 Page **3**

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

Sched	ule F (Form 990) 2019		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>	X Yes	s 🗌 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	s X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	s X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	s X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	s X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	s X No

Schedule F (Form 990) 2019

Page 5

Schedule F (Form 990) 2019

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 :

ASUH HAS WEEKLY CALLS WITH STAFF IN ISRAEL DURING WHICH IT RECEIVES

UPDATES ON ALL GRANTS AND ACTIVITIES. ASUH RECEIVES SEPARATE FINANCIAL

REPORTS FOR ALL LARGE GRANTS AND CAPITAL GRANTS SHOWING FUNDS RECEIVED

AND SPENT, IN ADDITION TO REGULAR CONFIRMATION OF FUNDS TRANSFERRED.

Schedule F (Form 990) 2019

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047		
(Form 990 or 990-EZ) 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.									
Department of the Treasury				or Form 99			Open to Public Inspection		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization						Employer identification	on number		
AMERICAN SOCIET				owered "	Vaal an Farm O	13-6220819	7		
Form 990-	g Activities. Comp EZ filers are not re	quired to comple	te this pa	rt.			1.		
	the organization rais	sed funds through a		•					
a X Mail solicita		е			non-government g				
V	email solicitations	f			government grant	S			
c X Phone solic d X In-person so		g		cial fundra	ising events				
2a Did the organiza		r oral agreement w	ith any ind	dividual (ir	cluding officers, d	lirectors, trustees,			
or key employee b If "Yes," list the	es listed in Form 990 10 highest paid indir least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	X Yes No fundraiser is to be		
(i) Name and addi or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1 ATTACHMENT 1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total				L		342,000.	-342,000.		
3 List all states in registration or lic	which the organization which the organization which the organization which we have a set of the organization of the organizati	-		to solicit	contributions or				
AL, AZ, AR, CA, CO, C			י דים גים	ייי דאידי רוי	V 177 177 1777				
IA,KS,LA,MD,MA,	MI, MO, MI, NE, NU	, UL, UL, Y, IND, UH,	PA, KI, S	ד, אד, עכ.	A,VI,VA,WY,				

AMENDED

	tll Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts greater	ising event contributi			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
6	_	(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts				
R	2 Less: Contributions3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
6	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
ct Exp					
Dire	8 Entertainment				
	9 Other direct expenses				
	 10 Direct expense summary. Add line 11 Net income summary. Subtract line 11 Gaming. Complete if the organise 	e 10 from line 3, colu anization answered "	mn (d)	<u> </u>	reported more than
Revenue	\$15,000 on Form 990-EZ, line	e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
nses	2 Cash prizes				
Exper	3 Noncash prizes				
Direct Expe	4 Rent/facility costs				
	5 Other direct expenses	N			
	6 Volunteer labor	Yes %	Yes% No	Yes% No	
	7 Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8 Net gaming income summary. Sul	btract line 7 from line	1, column (d)	. .	
		inization conducts ga	ming activities:	62	Yes No
9 a b	5	duct gaming activities	In each of these state		

Schedule G (Form 990 or 990-EZ) 2019

Schod	dule G (Form 990 or 990-EZ) 2019	5220017	Page 3					
11	Does the organization conduct gaming activities with nonmembers?	Yes						
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity							
12	formed to administer charitable gaming?	Yes	No					
13	Indicate the percentage of gaming activity conducted in:							
-			%					
a b			<u>%</u>					
ы 14	An outside facility [13b] Enter the name and address of the person who prepares the organization's gaming/special events books and		70					
14	records:							
	Nama N							
	Name							
	Address ►							
15 a	Does the organization have a contract with a third party from whom the organization receives gamin	a						
	revenue?		No					
b		ne						
	amount of gaming revenue retained by the third party \blacktriangleright \$							
с	If "Yes," enter name and address of the third party:							
	Name ▶							
	Address ►							
16	Gaming manager information:							
	Name							
	Gaming manager compensation ► \$							
	Description of services provided							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
а	5 1 5 51		<u> </u>					
	retain the state gaming license?		No					
b		ons						
Dee	or spent in the organization's own exempt activities during the tax year s							
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in (see instructions).							

Schedule G (Form 990 or 990-EZ) 2019

13-6220819

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
COMMUNITY COUNSELING SERV FUNDRAISING 527 MADISON AVE, 5TH FLOOR NEW YORK NY 10022	CAMPAIGN MANAGEMENT	Х		342,000.	-342,000.

SCHEDULE J		Compensation Information	OME	3 No. 1	545-0	047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest	Ĺ	രി	10	
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Ĺ		<u>19</u>	
	nent of the Treasury	► Attach to Form 990.		en to		
	Revenue Service of the organization	Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification		Inspe		n
	0	ETY OF THE UNIVERSITY OF HAIFA 13-62208		umber		
Part		Is Regarding Compensation				
T art	Quoonon				Yes	No
1a	Check the ap	propriate box(es) if the organization provided any of the following to or for a person listed on Fo	rm [
	990, Part VII,	Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-cla	ss or charter travel Housing allowance or residence for personal use				
	Travel fo	or companions Payments for business use of personal residence				
	Tax inde	emnification and gross-up payments Health or social club dues or initiation fees				
	Discretio	onary 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 payme	ent			
	or reimpurse	ment or provision of all of the expenses described above? If "No," complete Part III	to	1b		
2			all			
	directors, trus	stees, and officers, including the CEO/Executive Director, regarding the items checked on li	ine			
	1a?			2		
3		n, if any, of the following the organization used to establish the compensation of the				
		CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a ization to establish compensation of the CEO/Executive Director, but explain in Part III.				
	X Comper	sation committee Written employment contract				
		dent compensation consultant X Compensation survey or study				
	X Form 99	00 of other organizations				
4		ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing or a related organization:				
а		verance payment or change-of-control payment?		4a		X
b	•	or receive payment from, a supplemental nonqualified retirement plan?		4b		X
С		or receive payment from, an equity-based compensation arrangement?	•	4c		X
	If "Yes" to an	y 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.				
5	-	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	nv			
Ū	•	n contingent on the revenues of:	,			
а		ion?	. [5a		Х
b		rganization?		5b		Х
		e 5a or 5b, describe in Part III.				
6		listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	iny			
		n contingent on the net earnings of:				
a	-	ion?		6a		X
b	•	rganization?	•	6b		X
_		e 6a or 6b, describe in Part III.				
7		listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix described on lines 5 and 6? If "Yes," describe in Part III.		7		x
8		ounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	•	•		
-	-	l contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," descri	ibe			
				8		Х
9	If "Yes" on I	ine 8, did the organization also follow the rebuttable presumption procedure described	in			
	Regulations s	ection 53.4958-6(c)?		9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page 2

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KAREN BERMAN	(i)	332,975.	0.	0.	0.	16,409.	349,384.	0.
1 ^{CEO (THRU 7/2020)}	(ii)	0.	0.	0.	0.	0.	0.	0.
DONNA OSTROWER	(i)	174,350.	0.	0.	0.	11,754.	186,104.	0.
2 REGIONAL DIR., WEST COAST	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER RUBIN	(i)	143,650.	0.	0.	0.	16,028.	159,678.	0.
VP, PARTNERSHIPS/SPECIAL PROJ.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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.

Page 3

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service	s.gov/form990. Inspection	
Name of the organization	Employer identification number	
AMERICAN SOCIETY (OF THE UNIVERSITY OF HAIFA	13-6220819

FORM 990, HEADER, ITEM B, AMENDED RETURN

THE ACCOMPANYING 2019 FORM 990 WAS AMENDED TO REFLECT REPORTING OF

PROFESSIONAL FUNDRAISING COUNSEL. THE ORIGINAL 2019 DID NOT INCLUDE SUCH

REPORTING AND AS SUCH THE AMENDED FORM 990 REPORTS THE FOLLOWING CHANGES

FROM FORM 990 AS ORIGINALLY REPORTED:

AS ORIGINALLY

FORM 990	REPORTED	AS AMENDED
PART I, PRIOR YEAR:		
PART I, LINE 16A	-0-	360,500.
PART I, LINE 17	969,292.	608,792.
PART I, CURRENT YEAR:		

PART	I,	LINE	16A	-0-	342,000.
PART	I,	LINE	17	1,116,551.	774,551.

PART IV:

LINE	17	NO	YES
PART	IX:		
LINE	11E	-0-	342,000.
LINE	11G	356,252.	14,252.

Schedule O (Form 990 or 990-EZ) 2019	Page
Name of the organization	Employer identification number
AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA	13-6220819

SCH G: REPORTED COMMUNITY COUNSELING SERVICE FUNDRAISING AS THE PROFESSIONAL FUNDRAISER OF THE ORGANIZATION ON SCHEDULE G, PART I.

FORM 990, PART VI, SECTION A, LINE 2: DIRECTORS RABBI DAVID STEINHARDT AND DR. TOBI RICHMANN-STEINHARDT HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B: THE CEO AND THE FINANCE COMMITTEE REVIEWED AND APPROVED THE ORGANIZATION'S FORM 990. A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. THE BOARD REVIEWED ANY ISSUES FOUND DURING THE REVIEW OF THE 990 WITH THE TAX PREPARERS.

FORM 990, PART VI, SECTION B, LINE 12C:

JSA 9E1228 1.000

BOARD MEMBERS HAVE SIGNED THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO REPORT ANY POSSIBLE CONFLICTS. ANY BOARD MEMBER WITH A CONFLICT IS NOT PERMITTED TO VOTE ON THE MATTER IN WHICH HE/SHE HAS A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A: THE MEMBERS OF THE BOARD OF DIRECTORS SIT ON SEVERAL NOT FOR PROFIT BOARDS AND HAVE A HIGH DEGREE OF AWARENESS OF COMPARABLE SALARIES, WHICH THEY USE AS A GUIDE TO DETERMINE THE CEO, KAREN BERMAN'S SALARY. THIS WAS LAST PERFORMED IN 2019.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

AMENDED

2

Schedule O (Form 990 or 990-EZ) 2019		
Name of the organization	Employer identification number	
AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA	13-6220819	

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9:

CHANGE IN VALUE OF REMAINDER INTEREST IN

CHARITABLE ANNUITY TRUST.....\$(94,098)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA (ASUH) INCREASES VISIBILITY AND FINANCIAL SUPPORT FOR THE UNIVERSITY OF HAIFA TO ENSURE ITS CONTINUED EXCELLENCE IN ACADEMIC RESEARCH, EDUCATION, AND COMMUNAL ACTIVITIES. ASUH CULTIVATES RELATIONSHIPS AND SERVES AS A VITAL CONNECTION BETWEEN THE UNIVERSITY AND ITS FRIENDS, ALUMNI, AND PARTNER INSTITUTIONS IN THE UNITED STATES.

FORM 990, PART VI, LINE 17 - STATES

CA,

HI,IL,KY,MD,MA,MI,

MN, MS, NH, NJ, NY, NC, PA,

UT,WI,

		• O (Form 990 or 990-EZ) 2019	
COMMUNITY COUNSELING SERVICES, LLC 527 MADISON AVENUE NEW YORK, NY 10022	FUNDRAISING CONSULT	745,500.	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION	
990, PART VII- COMPENSATION OF THE FIVE HIGH		<u>VT 3</u>	
	ATTACHMEN	ATTACHMENT 3	

ATTACHMENT 2