Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or th	e 201	8 calendar year, or tax year beginning	g 07/	01 ,2018	, and endin	g		06/	30 , 20 1	9		
R o	heck if ap		C Name of organization				P	Employer ide	entifica	ition number			
_	_		AMERICAN SOCIETY OF THE	UNIVERSITY OF	F HAIFA	•							
X	Addre chang		Doing Business As					13-6220819 E Telephone number					
	Name	change	Number and street (or P.O. box if mail is not d	elivered to street address	5)	Room/suite	E						
	Initial	return	P.O. BOX 1437				(212) 34	4 – 27	784			
	Term	inated	City or town, state or province, country, and Z	IP or foreign postal code									
X	Amer returr		NEW YORK, NY 10018				G	Gross receipt	s \$	13,75	55,575.		
	Applie pendi	cation ing	F Name and address of principal officer:	LISA SILVERMA	N		H	(a) Is this a grou	p return	for Ye	s X No		
			P.O. BOX 1437, NEW YORK,	NY 10018			Н	(b) Are all subordi		luded? Ye	s No		
<u> </u>	Tax-ex	empt st	atus: X 501(c)(3) 501(c)(◀ (insert no.)	4947(a)(1)	or 527	7	If "No," attac	h a list.	(see instructions	.)		
J	Websi	ite: 🕨	WWW.ASUH.ORG				Н	(c) Group exemp	tion nur	mber >			
K	Form	of orgar	nization: X Corporation Trust Asso	ociation Other >		L Year of	formation	ı: 1967 м	State o	f legal domici	ile: NY		
P	art I		mmary										
	1	Briefly	y describe the organization's mission or mo	st significant activities:	: TO INC	CREASE V	ISIBII	LITY AND	FIN	IANCIAL			
ė			PORT FOR THE UNIVERSITY OF										
Governance		IN .	ACADEMIC RESEARCH, EDUCATI	ON, AND COMMU	NAL AC	TIVITIES							
/err	2	Check	k this box if the organization disco	ntinued its operations	s or dispose	ed of more that	an 25% of	its net assets	 3.				
Ô	3	Numb	er of voting members of the governing body	y (Part VI, line 1a)					3		20.		
مخ در	4	Numb	er of independent voting members of the g	overning body (Part V	I, line 1b)				4		20.		
ties	5		number of individuals employed in calenda						5		9.		
Activities &	6		number of volunteers (estimate if necessary)						6		20.		
¥	7a	Total	unrelated business revenue from Part VIII, c						7a		0		
			nrelated business taxable income from Forn						7b		0		
								Prior Year		Current	Year		
a)	8	Contr	ibutions and grants (Part VIII, line 1h)				1	3,634,73	0.	13,7	53,894.		
ň	9	Progra	am service revenue (Part VIII, line 2g)		COF	Y FOR			0.		0		
Revenue	10		tment income (Part VIII, column (A), lines 3,		PUBLIC IN	NSPECTION		2,53	4.		1,681		
œ	11		revenue (Part VIII, column (A), lines 5, 6d,						0.		0		
	12		revenue - add lines 8 through 11 (must equ				1	3,637,26	4.	13,7	55 , 575.		
	13		s and similar amounts paid (Part IX, column					3,434,65	5.	9,4	73,533		
	14		its paid to or for members (Part IX, column (0.		0		
Ś	15		es, other compensation, employee benefits		1,290,73	0.	1,4	20,412					
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A),	line 11e)				218,082.		3	60,500		
xbe	b	Total	fundraising expenses (Part IX, column (D), li	ne 25) ▶ 1, 5	724,227								
Ш			expenses (Part IX, column (A), lines 11a-11					371,04	0.	6	08,792		
	18		expenses. Add lines 13-17 (must equal Part					5,314,50	7.	11,8	63,237.		
	19		nue less expenses. Subtract line 18 from line					8,322,75	7.	1,8	92,338		
ces							Beginnir	ng of Current Y	ear	End of \	/ear		
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				1	7,892,70	9.	17,9	75,020.		
AB	21	Total	liabilities (Part X, line 26)					5,938,06	1.	4,1	68,129		
Fe	22	Net as	ssets or fund balances. Subtract line 21 fror	n line 20			1	1,954,64	8.	13,8	06,891.		
Pa	rt II	Si	gnature Block										
			of perjury, I declare that I have examined this ref						my kr	nowledge and	belief, it is		
True	e, corre	and	complete. Declaration of preparer (other than office	er) is based on all inform	nation of whi	ich preparer na	s any knov	wieage.					
٠.													
Sig			Signature of officer					Date					
He	re												
			Type or print name and title										
Do!		Print/	Type preparer's name Pro	or's signature	luch	Date		Check	if P1	ΓIN			
Paid		PAU	L HAMMERSCHMIDT	aryumperson /	WWB	5/11/2	2022	self-employe	ed E	0138417	/8		
	parer Only	Firm's	sname > BDO USA, LLP				Fi	irm's EIN	13-5	381590			
	City	Firm's	saddress ► 100 PARK AVENUE NEW	YORK, NY 10	017-500)1	Р	hone no.	212-	885-800	0		
May	the I	RS dis	cuss this return with the preparer shown ab	ove? (see instructions))					X Yes	No		
For	Pape	rwork	Reduction Act Notice, see the separate in	structions.				-		Form 9	90 (2018)		

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA 13-6220819 Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: 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? 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 services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 9,543,848. including grants of \$ _ 4a (Code:) (Expenses \$ 9,473,533.) (Revenue \$ TO PROVIDE STUDENT SCHOLARSHIPS, SUPPORT FACULTY, FUND RESEARCH AND ENHANCE FACILITIES AT THE UNIVERSITY OF HAIFA. **4b** (Code: including grants of \$

 4c (Code: _____) (Expenses \$ _____including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶

9,543,848.

Page 3 Form 990 (2018)

			Yes	
		$\overline{}$		No
comple	organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	te Schedule A	1	Х	
2 Is the o	rganization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3 Did the	organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
candida	tes for public office? If "Yes," complete Schedule C, Part I	3		X
4 Section	501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
election	in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5 Is the c	rganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
assessr	nents, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		
6 Did the	organization maintain any donor advised funds or any similar funds or accounts for which donors			
have th	e right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
"Yes," c	omplete Schedule D, Part I	6		X
7 Did the	organization receive or hold a conservation easement, including easements to preserve open space,			
the env	ironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8 Did the	organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	te Schedule D, Part III	8		X
	organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	an for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	gotiation services? If "Yes," complete Schedule D, Part IV	9		X
	e organization, directly or through a related organization, hold assets in temporarily restricted			
	nents, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	rganization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	IX, or X as applicable.			
	organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
•	te Schedule D, Part VI	11a	Х	
	organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	tal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
	tal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
	organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			3.5
•	d in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
-	nization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	.	77	
	e D, Parts XI and XII.	12a	Х	
	e organization included in consolidated, independent audited financial statements for the tax year? If	40.		Х
	nd if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
	rganization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	organization maintain an office, employees, or agents outside of the United States?	148		- 22
	sing, business, investment, and program service activities outside the United States, or aggregate			
	investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
_	organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
-	organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	nce to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	х	
	organization report more than \$15,000 total of fundraising event gross income and contributions on	'		
	, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	complete Schedule G, Part III	19		Х
	organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	organization report more than \$5,000 of grants or other assistance to any domestic organization or	-55		
	ic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Page 4 Form 990 (2018)

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			
	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			
	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			
	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	0.4-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			3.5
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001-		Х
•	Schedule L, Part IV	28b		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251-		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	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	<u> </u>		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	000	(0.6.1
JSA		Form	990	(2018)

JSA

Page 5 Form 990 (2018)

Par	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 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		21
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	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			Х
	and services provided to the payor?	7a		Λ
	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	_		37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			37
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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
ı a	one or more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
_	the year by the following:	8a	Х	
a	The governing body?	8b	Х	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)	
	en and the control and the con	-	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 2	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling 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? <i>If "No," go to line 13 </i>	12a	Х	
b				
D	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretation of the conflict of interpretation of the conflict of	erest	policy	, and
	financial statements available to the public during the tax year.		7	
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 10018	s >		
	LISA SILVERMAN P.O. BOX 143/, NEW YORK, NY 10018 212-344-2784			

Form **990** (2018)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than of box, unless person is both officer and a director/trust			is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)WARREN GLEICHER, ESQ.	1.00									
CHAIR	0.	Х		Х				0.	0.	0 .
(2)SHARON S. NAZARIAN, PHD	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0
(3)DR. LILLIAN SOBER AIN	1.00									
DIRECTOR	0.	Х						0.	0.	0
(4)SIDNEY BANON	1.00									
DIRECTOR	0.	Х						0.	0.	0
(5)JOSHUA BARER	1.00									
DIRECTOR	0.	X						0.	0.	0
(6)MARC BERLEY	1.00									
DIRECTOR	0.	X						0.	0.	0
(7)LEWIS BORDOLEY	1.00									
DIRECTOR	0.	X						0.	0.	0
(8)JOHN BUSSEL	1.00									
DIRECTOR	0.	X						0.	0.	0
(9)DR. MALCOLM DORMAN	1.00									
DIRECTOR	0.	X						0.	0.	0
(10)LESLIE FELDMAN, ESQ.	1.00									
DIRECTOR	0.	X						0.	0.	0
(11)DENISE HOLZER	1.00									
DIRECTOR	0.	X						0.	0.	0
(12)GEOFFREY H. LEWIS, ESQ.	1.00									
DIRECTOR	0.	Х						0.	0.	0
(13)MARK LAINER	1.00									
DIRECTOR	0.	Х						0.	0.	0
(14)DR ROMANA STROCHLITZ PRIMUS	1.00									
DIRECTOR	0.	X			<u> </u>		<u></u>	0.	0.	0

Form **990** (2018)

JSA.

Form 990 (2018)

(A) Name and title Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (T) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC)	ated nt of er nsation the
hours per week (list any hours for the compensation to the compens	nt of er nsation the zation elated
week (list any hours for hours for some last of the hours for hour	er nsation the zation elated
interior in the interior of th	the zation elated
organization (W-2/1099-MISC)	zation elated
below dotted c r mp s c mp s c mp s mp	ations
line) all trus oy ompp organiz	
15) AMBASSADOR PETER ROSENBLATI 1.00	
DIRECTOR 0. X 0.	0.
1.00 JEFFREY ROSEN 1.00	
DIRECTOR 0. X 0. 0.	0.
17) MICHAEL ROSEN 1.00	
DIRECTOR 0. X 0. 0.	0.
18) DR. TOBI RICHMAN-STEINHARDT 1.00	
DIRECTOR 0. X 0. 0.	0.
19) BENJAMIN R. SIGEL 1.00	
DIRECTOR 0. X 0. 0.	0.
20) RABBI DAVID STEINHARDT 1.00	
DIRECTOR 0. X 0. 0.	0.
21) KAREN BERMAN 40.00 40.00	
	3,625.
22) ALISA LYCHEVA 40.00 40.00	
	4,220.
23) JENNIFER RUBIN 40.00	
	3,138.
24) CAROLYN KELLER 40.00 40.00	
	2,843.
25) DONNA OSTROWER 40.00	
	0,282.
1b Sub-total	0.
c Total from continuation sheets to Part VII, Section A	5,149.
d Total (add lines 1b and 1c)	5,149.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of	
reportable compensation from the organization ► 6	
	es No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated	X
employee on line 1a? If "Yes," complete Schedule J for such individual	^
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	x
individual	-

Section B. Independent Contractors

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

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0.

Χ

Form 990 (2018)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	than or/trust e than or/trust e than or/trust e than bighest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from ed tions	com fro orga and	(F) timated nount of other pensatic om the anization d related	f on n d
26) JULIE REEDER	40.00												
REGIONAL DIR., MIDWEST	0.					Х		101,000.		0.		11,0	41.
	 	_											
1b Sub-total							—						
c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •		•						
d Total (add lines 1b and 1c)	_				• •								
2 Total number of individuals (including but not							o re	ceived more than	\$100,000	of			
reportable compensation from the organization	1 ▶	- 6	5										
												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
4 For any individual listed on line 1a, is the sorganization and related organizations gre	eater than	\$15	0,0	00?) If	"Yes	s,"	complete Schedu	le J for	such	4	Х	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual													
	for services rendered to the organization? If "Yes," complete Schedule J for such person							X					
Complete this table for your five highest communication from the organization. Report of the compensation from the organization.													
year.							T	(D)			(C)		
(A) Name and business add	ress							(B) Description of se	ervices	С	(C) ompens	ation	

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 ▶

Page 9

Part VIII	Statement of	Revenue
-----------	--------------	---------

Total freewale Relies of Security Relies of Security Control freewale Relies of Security Control free Relies Control free Relies	ı aı	· VIII	Check if Schedule O contains a respons	e or note to an	y line in this Part V	III		
Business Code Description Description			·		(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
Business Code Description Description	Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues		12 752 994			
3 Investment income (including dividends, interest, and other similar amounts)		n	Total. Add lines 1a-11		13,753,894.			
3 Investment income (including dividends, interest, and other similar amounts)	rogram Service Reven	b c d e f	All other program service revenue					
and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental expenses c Rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 4 Met gain or (loss) 5 A Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 5 B Less: direct expenses b Less: direct expenses c See Part IV, line 19 b Less: direct expenses b Less: direct expenses b Less: direct expenses c Not income or (loss) from gaming activities. See Part IV, line 19 c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b Less: direct expenses c Not income or (loss) from gaming activities. See Part IV, line 19 c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Not income or (loss) from gaming activities. See Part IV, line 19 c Net income or (loss) from sales of inventory, less returns and allowances a Less: cost of goods sold b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					0.			
(i) Personal (ii) Personal (iii) P		4	and other similar amounts)	proceeds >	0.			1,681.
Second Part		b c d 7a	Gross rents	(ii) Personal	0.			
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			` ,		0.			
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19	Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.				
See Part IV, line 19 a 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities > 0. 10a Gross sales of inventory, less returns and allowances a 0. b Less: cost of goods sold b 0. C Net income or (loss) from sales of inventory > 0. Miscellaneous Revenue Business Code 11a		С	Net income or (loss) from fundraising events		0.			
c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d 0.			See Part IV, line 19 a					
10a Gross sales of inventory, less returns and allowances a			•		0.			
C Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11a b c d All other revenue Total. Add lines 11a-11d D 0.			Gross sales of inventory, less returns and allowances a	0.				
Miscellaneous Revenue			Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
b								
c d All other revenue		11a						
d All other revenue		b						
e Total. Add lines 11a-11d								
e Total. Add lilles TTa-TTd			_		0.			
								1,681.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	512,170.	512,170.		
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	8,961,363.	8,961,363.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	466,593.	33,592.	231,446.	201,555.
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	773,102.	4,651.	44,174.	724,277.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	94,419.	1,780.	17,885.	74,754.
10	Payroll taxes	86,298.	2,589.	18,985.	64,724.
11	Fees for services (non-employees):				
á	Management	0.			
	Legal	29,500.		29,500.	
	Accounting	0.		25,500.	
	Lobbying	360,500.			360,500.
	Professional fundraising services. See Part IV, line 17 Investment management fees	0.			
	J Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.).	223,555.		218,587.	4,968.
12	Advertising and promotion	72,169.			72,169.
13	Office expenses	48,834.	1,329.	9,746.	37,759.
14	Information technology	15,090.	152.	1,113.	13,825.
15	Royalties	0.	2 055	00 416	F.C. 400
16	Occupancy	101,893.	3,057.	22,416.	76,420.
17	Travel	99,597.	14,940.		84,657.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	6,244.	6,244.		
20	Interest	0.			
21	Payments to affiliates	0.	E0.		1 080
22	Depreciation, depletion, and amortization	2,631.	79.	579. 731.	1,973. 2,493.
23	Insurance	3,324.	100.	/31.	2,493.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	EVENT PRODUCTION	5,955.	1,802.		4,153.
	·	3,755.	1,002.		4,133.
t (
,					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	11,863,237.	9,543,848.	595,162.	1,724,227.
_	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			Form 990 (2018)

Page **11** Form 990 (2018)

Part X **Balance Sheet**

	ILA					
		Check if Schedule O contains a response or n	ote to any line in this Pa	art X		<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		0.	1	0.
	2	Savings and temporary cash investments	2,172,800.	2	1,507,823.	
	3	Pledges and grants receivable, net	15,065,492.	3	15,702,307.	
	4	Accounts receivable, net		0.	4	0.
	5	Loans and other receivables from current and form	ner officers, directors,			
		trustees, key employees, and highest comp	pensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons		0.	5	0.
	6					
		4958(f)(1)), persons described in section 4958(c)(3)(B), an and sponsoring organizations of section 501(c)(9) volunta				
		organizations (see instructions). Complete Part II of Schedule	e L	0.	6	0.
ets	7	Notes and loans receivable, net		0.	7	0.
Assets	8	Inventories for sale or use		0.	8	0.
_	9	Prepaid expenses and deferred charges		62,404.	9	70,816.
	10 a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	59,759.			
	b	Less: accumulated depreciation 10	b 41,417.	7,025.	10c	18,342.
	11	Investments - publicly traded securities		0.	11	0.
	12	Investments - other securities. See Part IV, line 11		0.	12	0.
	13	Investments - program-related. See Part IV, line 11		0.	13	0.
	14	Intangible assets		0.	14	0.
	15	Other assets. See Part IV, line 11		584,988.	15	675,732.
	16	Total assets. Add lines 1 through 15 (must equal line		17,892,709.	16	17,975,020.
	17	Accounts payable and accrued expenses		21,249.	17	142,597.
	18	Grants payable		5,883,506.	18	4,000,000.
	19	Deferred revenue		0.	19	0.
	20	Tax-exempt bond liabilities		0.	20	0.
	21	Escrow or custodial account liability. Complete Part I	V of Schedule D	0.	21	0.
es	22	Loans and other payables to current and form				
Liabilities		trustees, key employees, highest compensate		_		_
jab		disqualified persons. Complete Part II of Schedule L $\underline{\ }$		0.		0.
_	23	Secured mortgages and notes payable to unrelated t		0.	23	0.
	24	Unsecured notes and loans payable to unrelated third		0.	24	0.
	25	Other liabilities (including federal income tax, pay	l l			
		parties, and other liabilities not included on lines 17	, ,	22 206		05 530
		of Schedule D		33,306.	25	25,532.
	26	Total liabilities. Add lines 17 through 25		5,938,061.	26	4,168,129.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), che complete lines 27 through 29, and lines 33 and 34.				
au	27	Unrestricted net assets		2,556,441.	27	6,343,350.
Ba	28	Temporarily restricted net assets		8,498,207.	28	7,463,541.
pu	29	Permanently restricted net assets		900,000.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	neck here and			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building, or equipm	nent fund		31	
Ę	32	Retained earnings, endowment, accumulated income	e, or other funds		32	
Net	33	Total net assets or fund balances		11,954,648.	33	13,806,891.
_	34	Total liabilities and net assets/fund balances	<u> </u>	17,892,709.	34	17,975,020.
		·				Form QQ0 (2019)

Form **990** (2018)

Page **12** Form 990 (2018)

Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			55,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2			63,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			92,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	11,9	54,6	48.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	40,0	95.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	13,8	06,8	91.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
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 cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	aht			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the selection o		~ I	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, or					
	Schedule O.	- II				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
Ju	the Single Audit Act and OMB Circular A-133?			3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lerao :	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	_	0	3b		

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

Employer identification number 13-6220819

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions	
		anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ibed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	ation operated in	conjunction with a hos	pital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <mark>sect</mark>	ion 170(b)(1)(A)(v).	
7	Χ	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Eı	nter the	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm	ted to its exempt frent income and un	unctions - subject to on the subject to one of the subject to the	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its
11		acquired by the organization An organization organized						
12		An organization organized	•	•	-			earny out the nurneese
12		of one or more publicly su	-	=	-			
		Check the box in lines 12a t	· ·					
•	Г	Type I. A supporting orga	=	7.7		_	·	=
а		the supported organization	•		-		• , ,	
		supporting organization.				ajority of	the directors of truste	es of the
b	Г	Type II. A supporting org	-			with ite	supported organization	on(e) by baying
b	_	control or management of	-					
		organization(s). You must			tile saili	c persor	is that control of man	age the supported
С	Г	Type III functionally integ			ted in co	onnectio	n with and functional	ly integrated with
·	_	its supported organization						iy intogratou witii,
d	Г	Type III non-functionally		•				ted organization(s)
-		that is not functionally inte			-			- ' '
		requirement (see instruct	-		-		•	
е		Check this box if the orga	•	-				I, Type III
		functionally integrated, or						, ,,
f	Er	nter the number of supported	• •					
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	,	,
(A)								
(/-) —								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2018 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,191,213.	13,205,342.	4,186,900.	3,634,730.	9,253,894.	36,472,079.		
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	6,191,213.	13,205,342.	4,186,900.	3,634,730.	9,253,894.	36,472,079.		
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)						20,659,318.		
6	Public support. Subtract line 5 from line 4						15,812,761.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	6,191,213.	13,205,342.	4,186,900.	3,634,730.	9,253,894.	36,472,079.		
9	similar sources	684.	489.	80.	2,534.	1,681.	5,468.		
3	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						36,492,653.		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12			
13	First five years. If the Form 990 is for organization, check this box and stop here.	r the organizat	ion's first, second	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)		
Sec	tion C. Computation of Public Supp	ort Percenta	ge						
14	Public support percentage for 2018 (lir	ne 6, column (f)	divided by line	11, column (f)).		14	43.33%		
15	Public support percentage from 2017 \$					15	56.21 %		
16a	331/3% support test - 2018. If the org	anization did n	ot check the box	x on line 13, an	nd line 14 is 33	1/3 % or more, ch			
	box and stop here. The organization qu	ıalifies as a pub	licly supported of	organization			> X		
b	331/3% support test - 2017. If the org	anization did no	ot check a box o	n line 13 or 16	a, and line 15 is	331/3 % or mor	e, check		
	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 the	ne "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly su	ipported		
	organization								
b	10%-facts-and-circumstances test - 2	_							
	15 is 10% or more, and if the orga						-		
	Explain in Part VI how the organization				-	-			
	supported organization						▶ □		
18	Private foundation. If the organization								
	instructions						<u> ▶ □</u>		

Schedule A (Form 990 or 990-EZ) 2018 Page 3

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.)

	tion A Bodylic Community			· ·	<u>'</u>	,	
	tion A. Public Support	(a) 2014	(b) 201 F	(a) 2016	(4) 2017	(a) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	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						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
b	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.)						
	tion B. Total Support		4.0045	4) 2042	() 00.17	1,2040	(n =
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 10 a	Amounts from line 6						
	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 loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first seco	nd third fourth	or fifth tax v	⊥ vear as a section	501(c)(3)
	organization, check this box and stop here	•			•		` ` ` ` _
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche	, ,	•			F	%
	tion D. Computation of Investment					1 1	70
17	Investment income percentage for 2018 (lin			13. column (f))		17	%
18	Investment income percentage for 2017 (in						
	331/3% support tests - 2018. If the org						
. J a	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2017. If the orgaline 18 is not more than 331/3%, check	anization did not	check a box on	line 14 or line 19	9a, and line 16	s more than 331/	3 %, and
20	Private foundation. If the organization		•	•			
4 U		ara mor ombot	a box on mic	ii, iou, oi lok	, oncor una D	on and occ mol	actions -

JSA 8E1221 1.000

Schedule A (Form 990 or 990-EZ) 2018 Page 4

Supporting Organizations Part IV

(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

			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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.	6		
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).	7		

- 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.
 - Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2018

8

9a

9b

9c

10a

10b

	ne A (1 0111 330 01 330 EZ) 2010			age •
Part	N Supporting Organizations (continued)		V	
			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)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	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.	116		
occu	on B. Type I dupporting organizations		Yes	No
			103	140
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).			
C = = 4!		1		
Secti	on D. All Type III Supporting Organizations		Vaa	N _a
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? <i>If "No," explain in Part VI how</i>			
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	Yes	
2	Activities Test. Answer (a) and (b) below.		res	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		
_	•	Zu		
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 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. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) FIIOI Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
4. A gave gote fair market value of all non exempt use exects (e.e.			(Optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	Iu		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+*+		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

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

Schedule A (Form 990 or 990-EZ) 2018 Page **7**

Sect	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	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 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015...
 c Excess from 2016...
 d Excess from 2017...
 e Excess from 2018...

Part V

Schedule A (Form 990 or 990-EZ) 2018 Page **8**

Schedule A (Form 990 or 990-EZ)

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA 13-6220819 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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** [X] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 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) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

Employer identification number 13-6220819

Part I	Contributors (see instructions). Use duplicate copies of	Part I if	additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	-	(c) Total contributions	(d) Type of contribution
1_		- - \$ _	4,500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		- - \$ <u> </u>	2,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		- - \$	396,331.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		- - \$ <u> </u>	2,600,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		- - \$ <u> </u>		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		. \$_		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

Employer identification number 13-6220819

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obc adplicate copic	o oi i ait ii ii aaaiiioiia	i opace is riceaca.

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA **Employer identification number** 13-6220819 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

AME	RICAN SOCIETY OF THE UNIVERSITY OF	HAIFA	13-6220819
Pa	organizations Maintaining Donor Adv	rised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	r advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant for	unds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., red		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	ield a qualified conservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra		
•	tax year >	nateriou, released, extinguistica, or termin	lated by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing c	conservation easements during the year
	▶ \$		
8	$\label{loss_equation} \mbox{Does each conservation easement reported on line}$		
	and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIII, describe now the organization reports	conservation easements in its revenue and	a expense statement, and
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme		cial statements that describes the
Pa	rt III Organizations Maintaining Collections		r Similar Assets
	Complete if the organization answered		ommu Assets.
1a	If the organization elected as permitted under S	FAS 116 (ASC 958) not to report in its	revenue statement and halance sheet
	If the organization elected, as permitted under S works of art, historical treasures, or other simil	ar assets held for public exhibition, edu	ication, or research in furtherance of
L	public service, provide, in Part XIII, the text of the f If the organization elected, as permitted under		
b	works of art, historical treasures, or other simil public service, provide the following amounts relati	ar assets held for public exhibition, edu	
	(i) Revenue included on Form 990, Part VIII, line	<u> </u>	▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
_	following amounts required to be reported under S		.
а	Revenue included on Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2018

	Jule D (Form 990) 2016								Page Z
Pa	rt III Organizations Maintaini	_ 					<u>'</u>		
3	Using the organization's acquisition		other recor	ds, check	any of	the follow	ving that are a sigi	nificant use	e of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan o	r exchan	ge progra	ms		
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	s and expla	in how t	hey furth	er the or	ganization's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization	on solicit or receive of	donations o	f art, histo	orical trea	sures, or	other similar		
	assets to be sold to raise funds rath	ner than to be maint	ained as pa	rt of the o	rganizati	on's colle	ction?	Yes	No
Pa	rt IV Escrow and Custodial A	rrangements.			_				
	Complete if the organiza		es" on Forr	n 990, P	art IV, Iir	ne 9, or r	eported an amou	nt on Forr	n
	990, Part X, line 21.								
1a	Is the organization an agent, truste	e, custodian or othe	er intermed	iary for co	ontributio	ns or othe	r assets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing tab	le:				
		•		Ü			Amount		
С	Beginning balance				1	С			
d	Additions during the year								
e	Distributions during the year					e			
f	Ending balance								
	Did the organization include an am	ount on Form 990	Part X line	21 for e	scrow or		account liability?	Yes	No
	If "Yes," explain the arrangement i			•			, .		
	rt V Endowment Funds.	Tractine oncorri	010 11 1110 07	piariation	1140 2001	provided	on rait / in i		
. ~	Complete if the organiza	ation answered "Ye	es" on Fori	n 990. P	art IV. lir	ne 10.			
	γ	(a) Current year	(b) Prior			ears back	(d) Three years back	(e) Four ye	ars back
4 -	Denienien of wear belone	(4, 21 2 3, 21	(1)	,	.,,,,		(1)	(4)	
_	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage			e (line 1g,	column (a	a)) held as	:		
a	Board designated or quasi-endown		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	·							
	The percentages on lines 2a, 2b, a	•							
3a	Are there endowment funds not in	the possession of the	he organiza	tion that a	are held a	and admii	nistered for the		.
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	•	•					3b	
4	Describe in Part XIII the intended u		tion's endo	wment fun	ids.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	as" on For	m 000 E	Dart I\/ Ii	na 11a '	See Form 000 Pr	art Y line	10
	Description of property		r other basis		r other basis			d) Book value	
	1 a. b.aba.A		stment)		her)		eciation	., 2001. value	·
1 a	Land								
b	Buildings								
С	Leasehold improvements				5,121		865.	4	,256.
d	Equipment								
_е	Other				54,638		40,552.		,086.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part	X, column	n (B), line	10c.)	>	18	3,342.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page 3

Part VII	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(1) 15 000 B 17 1 (D) 5 10 1		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
_(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
raitix		"Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)	(4) 500	Somption	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	
Part X	Other Liabilities.		
	Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ие
(1) Feder	ral income taxes		
(2) DEFE	RRED RENT	25,	532.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 25,5	532.
2. Liability fo	or uncertain tax positions. In Part XIII, provide the t	ext of the footnote to the	e organization's financial statements that reports the

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

Schedule D (Form 990) 2018 Page 4

Conoda	0 D (101111 000) 2010		1 age 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnation 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	13,715,480.
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	-	
C	Recoveries of prior year grants	-	
d e	Other (Describe in Part XIII.)	2e	-40,095.
3	Subtract line 2e from line 1	3	13,755,575.
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.)	4c	
с 5	Add lines 4a and 4b	5	13,755,575.
Part			<u></u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	11,863,237.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b C	Prior year adjustments	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,863,237.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	-	
b C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	11,863,237.
	XIII Supplemental Information.		15.00
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	XI, LINE 2D:		
CHAN	GE IN VALUE OF REMAINDER INTEREST IN		
С	HARITABLE ANNUITY TRUST\$(40,095.)		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

13-6220819

Department of the Treasury Internal Revenue Service Name of the organization

Part I

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

Employer identification number

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1	For grantmakers. Does the orga assistance, the grantees' eligibility grants or assistance?	ty for the grant	ts or assistanc		a used to award the	X Yes No
2	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
3	Activities per Region. (The follow	ing Part I, line	3 table can be	e duplicated if additional sp	ace 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		8,961,363.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(17) 3a	Subtotal					8,961,363.
b						5,501,503.
С	Totals (add lines 3a and 3b)					8,961,363.

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
				EDUCATION					
(1)			MIDDLE EAST/NORTH AFRICA	PROG.SUPPORT	8,961,363.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 En	ter total number of recipien	t organizations listed abo	ove that are recognized as o	charities by the f	oreign country, re	cognized as tax	-exempt		
hv	the IRS, or for which the gra	antee or counsel has pro	vided a section 501(c)(3) ed	nuivalency letter	5 7 , -	5	Ė		1.

Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)

Schedule F (Form 990) 2018

(16)

(17)

(18)

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

rait	roreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization	162	NO	
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No	

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page 5

Supplemental Information Part V

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 G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Name of the organization					Employer identification	on number
AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA					13-6220819	
Fundraising Activities. Com Form 990-EZ filers are not it				"Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization rais				activities. Check a	all that apply.	
a X Mail solicitations	е	X Solid	citation of i	non-government g	rants	
b X Internet and email solicitations	f	Solid	citation of	government grants	S	
c X Phone solicitations	g			ising events		
d X In-person solicitations	_			J		
2a Did the organization have a written of						V
or key employees listed in Form 990, b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the	viduals or entities					X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
		Yes	No		col. (i)	organization
1		162	INO			
ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
					2.50 -0.0	0.50 -0.0
3 List all states in which the organizate				contributions or	360,500. has been notified	
registration or licensing. AL, AZ, AR, CA, CT, DE, FL, GA, ID, IL	,IN,					
IA, KS, LA, MD, MA, MI, MO, MT, NE, NJ	,NM,NY,ND,OH,	PA,RI,	SD,TN,T	X,VT,VA,WY,		

Cab	ا، باد		AN SOCIETY OF TH	E UNIVERSITY OF	HAIFA 13	-6220819
Pa		Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contribut			
		9 , 9	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c)
Revenue	1	Gross receipts				
<u>~</u>	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add line Net income summary. Subtract lin	es 4 through 9 in colu	ımn (d)		
Pa			anization answered "			reported more than
Revenue		,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				

	6 Volunteer labor No No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)	
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)	
9 a b	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:	No
10a b	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes If "Yes," explain:	No
		_

Yes

Schedule G (Form 990 or 990-EZ) 2018

44	G (Form 990 or 990-EZ) 2018 Page ${f 3}$
12 Is	object the organization conduct gaming activities with nonmembers?
	ndicate the percentage of gaming activity conducted in:
	he organization's facility
	n outside facility
	nter the name and address of the person who prepares the organization's gaming/special events books and ecords:
N	lame ▶
А	ddress ▶
re	oes the organization have a contract with a third party from whom the organization receives gaming evenue?
b If	"Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
a	mount of gaming revenue retained by the third party > \$
c If	"Yes," enter name and address of the third party:
N	lame ▶
А	ddress ▶
16 G	caming manager information:
N	lame ►
G	caming manager compensation ►\$
D	Pescription of services provided ►
	Director/officer
17 M	Andatory distributions:
a Is	the organization required under state law to make charitable distributions from the gaming proceeds to
re	etain the state gaming license?
	nter the amount of distributions required under state law to be distributed to other exempt organizations repent in the organization's own exempt activities during the tax year ▶ \$
Part IV	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2018

NEW YORK NY 10022

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF		DID FUNDRAISER HAVE	GROSS RECEIPTS	AMOUNT PAID TO	AMOUNT PAID TO
FUNDRAISER	ACTIVITY	CUSTODY OR CONTROL	FROM ACTIVITY	(OR RETAINED BY	(OR RETAINED BY
		OF CONTRIBUTIONS?		FUNDRAISER	ORGANIZATION
		YES NO			
COMMUNITY COUNSELING SERV	CAMPAIGN				
FUNDRAISING	MANAGEMENT	X		360,500.	-360,500.
527 MADISON AVE, 5TH FLOOR					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2018

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

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
AMERICAN SOCIETY OF THE UNIVERSI	13-622083	19					
Part I General Information on Grants a	and Assistanc	e					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod 	ants or assistand cedures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH COMMUNAL FUND							
575 MADISON AVENUE, NEW YORK, NY 10022	23-7174183	501(C)(3)	512,170.				PROGRAM SUPPORT
_(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations	•	•					1.

JSA 8F1288 1 000

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	_
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

THE BOARD OF DIRECTORS OF THE AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

MONITORS THE USE OF GRANT FUNDS TO ENSURE THEY ARE APPROPRIATELY

SPENT.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

Employer identification number 13-6220819

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

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 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	f 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)	307,350.	0.	0.	0.	18,625.	325,975.	0.
1 ^{CEO}	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER RUBIN	(i)	159,400.	0.	0.	0.	18,138.	177,538.	0.
2 ^{VP, PARTNERSHIPS/SPECIAL PROJ.}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part | Supplemental Information

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

Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

gov/form990. Inspection
Employer identification number

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

13-6220819

FORM 990, HEADER, ITEM B, AMENDED RETURN

THE ACCOMPANYING 2018 FORM 990 WAS AMENDED TO REFLECT REPORTING OF

PROFESSIONAL FUNDRAISING COUNSEL. THE ORIGINAL 2018 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, PRIC	OR YEAR:		
	I, LINE		13,847,991.	13,634,730.
PART	I, LINE	10	89.	2,534.
PART	I, LINE	12	13,848,080.	13,637,264.
PART	I, LINE	13	2,534,655.	3,434,655.
PART	I, LINE	16	-0	218,082.
PART	I, LINE	17	589,122.	371,040.
PART	I, LINE	18	4,414,507.	5,314,507.
PART	I, LINE	19	9,433,573.	8,322,757.
PART	I, CURR	RENT YEAR:		
PART	I, LINE	16A	-0-	360,500.
PART	I, LINE	17	969,292.	608,792.

PART IV:

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

223,555.

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

584,055.

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:
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.

LINE 11G

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

Employer identification number

13-6220819

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 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.....\$(40,095.)

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.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

CA,

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

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

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization

AMERICAN SOCIETY OF THE UNIVERSITY OF HAIFA

ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

UT,WI,