# **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)

▶ 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.

OMB No. 1545-0047 Inspection

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<b>B</b> Che	eck if ap	oplicable:	C Name of			AMERIC.	AN FRII	ENDS	OF T	HE ISRA	EL :	PHILHA	ARMO:	Δ <u>F</u> CE	nployer id	entific	ation nur	nber	
				HESTRA															
	Addre chang			usiness As													33563		
	Name	change	Number	and street	(or P.O.	box if mail is	s not delivere	ed to stre	eet addres	SS)	Roo	m/suite		E Te	elephone r	umber			
	Initial	return		E 42N									4507		(2	12)	<u>697-2</u>	949	
	Termi		City or t	own, state	or provin	ce, country,	and ZIP or f	foreign p	ostal cod	е									
	Amen return	n		YORK,											ross receip			27,6	85.
	Applic pendir		F Name a	nd address	of princip	al officer:	JEN	NIFE:	R RIT	VO HUGH	IES				ls this a gro subordinates		n for	Yes	X No
			122	EAST	42ND	STREET	ROOM	4507	, NEW	YORK,	NY	10168		H(b)	Are all subor	dinates in	cluded?	Yes	No
<u> </u>	ax-exe	empt st	tatus: X	501(c)(3	)	501(c) (	) ◀	(insert r	no.)	4947(a)(1)	or	527	7		If "No," atta	ch a list.	. (see instru	ctions)	
J V	Vebsi	te: 🕨	WWW.A	FIPO.O	RG									H(c)	Group exem	ption nu	umber 🕨		
K F	orm c	of organ	nization: X	Corporat	ion	Trust	Associatio	n	Other	<u> </u>		L Year of	format	ion: 1	972 <b>M</b>	State	of legal d	omicile:	DC
Pa	rt I	Sui	mmary																
	1	Briefly	y describe	the organ	ization's	mission	or most sig	nificant	activitie	s: TO R.	AIS:	E FUNI	DS TO	O ST	PPORT	THE	E OPE	RATI	ONS
မွ		AN]	D SECUE	RE THE	ISRA	EL PHI	LHARMOI	NIC'S	S FIN	ANCIAL	FUT	URE.							
Jan																			
/er	2	Check	k this box	<b>▶</b> ☐ if	the org	anization	discontinu	ed its o	peratio	ns or dispos	ed of	more tha	n 25%	of its	net asset	s.			
Governance	3	Numb	er of votin	g membei	rs of the	governin	g body (Par	rt VI, lin	e 1a)							3			34
										VI, line 1b)						4			34
Activities &										ine 2a)						5			7
Ξ			number of													6			34
Ac					•											7a			
																7b			NONE
		1101 01	in clated bt	donness ta	AUDIC III	Joine Hon	11 01111 000	1, 11110	0+				<del></del>		r Year	1.0	Cur	rent Y	
	8	Contri	ibutions an	darante (	Part \/III	line 1h)									892,3	1 3			,030.
Jue			am service							COF	PY FC			- 1,		ONE		, , , , , ,	NONE
Revenue			tment inco								INSPE	ECTION			161,8			665	,669.
										)					525,1				,111.
																_			
-										A), line 12) ,					529,0				,588.
														۷,	820,6		4	,087	,028.
																ONE	1	200	NONE
ao i										lines 5-10)					981,4			, 202	,520.
ens	16a	Profes	ssional fur	ndraising fe	es (Parl	IX, colum	n (A), line	11e) <u> </u>						NONE					NONE
Ä			undraising expenses (Part IX, column (D), line 25) ▶ 1,291,263. expenses (Part IX, column (A), lines 11a-11d, 11f-24e)																
															961,9				<u>,413.</u>
										25)					764,0				<u>,961.</u>
	19	Rever	nue less ex	xpenses. S	Subtract	line 18 fro	m line 12 .								764,9			•	<u>,373.</u>
is o													Begin		f Current			d of Ye	
sset			assets (Pai	•	·										416,9				,413.
Net Assets or Fund Balances	21	Total	liabilities (I	Part X, line	26)										407,8	14.			<u>,174.</u>
			ssets or fu		es. Sub	tract line 2	1 from line	20						30,	009,1	04.	22	<u>, 653</u>	,239.
Par			gnature E																
Unde	er per	nalties o	of perjury, I	declare that	t I have	examined t	his return, in	ncluding	accomp	anying sched	dules a	and statem	nents, a	and to	the best o	f my k	nowledge	and b	elief, it is
	000	101, 0110			J. p. opa	<i>y</i> (01.101 1.10	0001, 10	20000	ασ		о р.		<i>a</i> ,		]				
C: ~~	_																		
Sign			Signature of	of officer											Date				
Her	е																		
			Type or prin	nt name and	d title														
<b>D</b>		Print/	Type prepar	rer's name			Preparer'	s signati	ure		T	Date			Check	if P	MIT		
Paid	~=~	AAR	ON SHA	APIRO			AARON	SH	APIRO		_	11/13	/202	3   8	elf-employ	red ]	P0133	3816	
Prep		Firm's	n's name ► FORVIS, LLP												EIN ►	44	4-0160	260	
Use	Unity		s address >		-		AMERICAS	#1200	NEW YO	RK, NY 100	36			Phone			12-86		00
May	the IF		cuss this												:			es	No
For F	Paper	rwork	Reduction	Act Noti	ce, see	the separa	ate instruct	tions.											0 (2022)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:  SEE SCHEDULE O	
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.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complishments for each program service reported.	
4a	(Code:) (Expenses \$4,017,455. including grants of \$3,333,015. ) (Revenue \$) AFIPO SUPPORTS THE ISRAEL PHILHARMONIC'S OPERATIONS, INCLUDING ITS  MUSIC EDUCATION PROGRAMS AND TOURING, TO FURTHER ENSURE THE  PHILHARMONIC'S FUTURE.	
4b	(Code:) (Expenses \$429,013. including grants of \$429,013. ) (Revenue \$)	
	AFIPO PROUDLY PROVIDES UNDERWRITING SUPPORT FOR THE ISRAEL PHILHARMONIC'S KEYNOTE OUTREACH AND EDUCATION PROGRAM AND SULAMOT	
	PROGRAM, WHERE CLASSICAL MUSIC IS USED AS A VEHICLE FOR TEACHING	
	COMPASSION, NURTURING OUR YOUTH, ENCOURAGING CLASSICAL MUSIC  AUDIENCES OF THE FUTURE AND ENRICHING THE CULTURAL LIFE OF ISRAEL.	
	BOTH PROGRAMS OFFER A WIDE VARIETY OF MUSIC EDUCATION ACTIVITIES,	
	FILLING THE VOID IN MUSIC INSTRUCTION AVAILABLE TO THE CHILDREN OF	
	ISRAEL. ORCHESTRA MUSICIANS AND TRAINED TEACHERS BRING CLASSICAL	
	MUSIC INTO JEWISH, ARAB-ISRAELI, RELIGIOUS AND SECULAR SCHOOLS, AS WELL AS INSTITUTIONS FOR HOMELESS AND DISADVANTAGED CHILDREN.	
4c	(Code:) (Expenses \$325,000. including grants of \$325,000. ) (Revenue \$)  AFIPO PROVIDED FINANCIAL SUPPORT FOR SPECIAL PROGRAMS INCLUDING	
	THE ISRAEL PHILHARMONIC'S GUEST ARTISTS PROGRAM WHICH HELPS DEFRAY THE ORCHESTRA'S EXPENSES.	
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 4 771 468	

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Part	Checklist of Required Schedules		•	ago e
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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 organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			3.7
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		- V
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ	
• • •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	, , , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	l		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4.7		3.7
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	10	37	
10		18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		v
20.5	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na
00	Did the consciention were there OF 000 of weeks on other posistence to be for demostic individuals and		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		37
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Λ	
24 a	\$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	242		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
Ч	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
-	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		_X
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	of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		77
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		
<b>J</b> U	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ 50	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	711		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1710		
IJ	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
•	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

23-7183563 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent.  1b 34			
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			
Ū	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
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 have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
·u	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
·	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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	4.01		
Casti	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, IL, MA, NY,	F /		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Upon request Other (explain on Schedule O)	I (sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record CATHERINE LOU 122 EAST 42ND ST SUITE 4507 NEW YORK, NY 10168	ls		

#### 23-7183563 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	rson	e than of is both tor/trust employ.	an tee)	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E)  Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee				
(1) DANIELLE AMES SPIVAK	40.00									
EXECUTIVE VP AND CEO	NONE			х				360,000.	NONE	9,202.
(2) CATHERINE LOU	40.00							300,0001	110111	7,2021
CHIEF FINANCIAL OFFICER	NONE			х				224,736.	NONE	13,667.
(3) SUZANNE K. PONSOT	40.00							,	_	,
NATIONAL PHILANTHROPY DIRECTOR	NONE					X		184,751.	NONE	8,937.
(4) JAMES ACKERMAN	1.00									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(5) ETA SOMEKH	0.30									
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(6) JANE STERN LEBELL	0.30									
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(7) MARILYN ZIERING	0.10									
VICE PRESIDENT (THROUGH 7/22)	NONE	Х		Х				NONE	NONE	NONE
(8) CLAUDIO PINCUS	0.30									
VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(9) RICHARD S. ZIMAN	0.30									
VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(10) SARA FABRIKANT	0.30									
VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(11) JOEL R. FOGEL	0.30									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(12) CAROL SCHUSSLER	0.30									
SECRETARY	NONE	X		Χ				NONE	NONE	NONE
(13) ABIGAIL TANANBAUM	0.10									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) ABRAHAM D. SOFAER	0.10									
DIRECTOR	NONE	X						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo			and I	Hig		ed Employees (d	continued)	
(A) Name and title	(B) Average hours per week (list any	,		Pos heck		e than o		(D) Reportable compensation	(E) Reportable compensation from	( <b>F</b> ) Estima amour othe	ated nt of
	hours for related organizations below dotted line)	office or dire		d a d		Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compen from organiz and rel organiza	sation the ation lated
15) ARNON ADAR DIRECTOR (THROUGH 12/22)	0.10 NONE	Х						NONE	NONE		NONE
	0.30							NONE	NONE		NONE
16) BENJAMIN HILDNER DIRECTOR	NONE	X						NONE	NONE		NONE
17) CHAIM KATZMAN	0.10	1 21						110111	110111		110111
DIRECTOR	NONE	X						NONE	NONE		NONE
18) DAVID A. HIRSCH	0.30								-		
DIRECTOR	NONE	X						NONE	NONE		NONE
19) DIANE BELFER	0.05										
DIRECTOR (THROUGH 1/22)	NONE	X						NONE	NONE		NONE
20) EMANUEL AX	0.10										
DIRECTOR	NONE	Х						NONE	NONE		NONE
21) HADAR SHEMTOV	0.10										
DIRECTOR	NONE	X						NONE	NONE		NONE
22) HEIDI LEARNER	0.30										
DIRECTOR	NONE	X						NONE	NONE		NONE
23) HELGARD FIELD-LION	0.30										
DIRECTOR	NONE	X						NONE	NONE		NONE
24) IRWIN S. FIELD	0.50										
DIRECTOR	NONE	X						NONE	NONE		NONE
25) KFIR GAVRIELI	0.10										
DIRECTOR	NONE	-						NONE			NONE
1b Sub-total								769,487.	NONE		1,806.
c Total from continuation sheets to Part VII, S							<b>&gt;</b>	NONE			NONE
d Total (add lines 1b and 1c)							<u> </u>	769,487.	•	3.	1,806.
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	ed al	bov	e) who 3	o re	eceived more than	\$100,000 of		
Toportable dempendation from the erganization										V	es No
3 Did the organization list any former office	cer, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated		33 110
employee on line 1a? If "Yes," complete Scheo	dule J for su	ch ind	livid	ual						3	
4 For any individual listed on line 1a, is the organization and related organizations gr											
individual										4	
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y	es," comple	te Scl	hedu	ıle J	J for	such	per	son		5	
Section B. Independent Contractors											
1 Complete this table for your five highest con	npensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100,000 c	of	

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.

(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 ▶

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	plc	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	rson	e than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) LISA RUDES SANDEL	0.10									
DIRECTOR	NONE	X						NONE	NONE	NONE
27) LYNN SYMS	0.30_									
DIRECTOR	NONE	X						NONE	NONE	NONE
28) MARA BURROS SANDLER	0.10							17017		
DIRECTOR	NONE	X						NONE	NONE	NONE
29) MARTIN BLANK, JR.	0.30_ NONE	X						NONE	NONIE	NONE
DIRECTOR 30) MARTIN SELIG	0.10	Λ						NONE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
31) MATTI LESHEM	0.30	21						110111	110111	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
32) MYRON GLUCKSMAN	0.30									
DIRECTOR	NONE	Х						NONE	NONE	NONE
33) NINA LIBESKIND	0.10									
DIRECTOR (THROUGH 9/22)	NONE	Х						NONE	NONE	NONE
34) NOEMI BRIEF ZAFRANY	0.10_									
DIRECTOR	NONE	X						NONE	NONE	NONE
35) POLLY LEVINE	0.10									
DIRECTOR	NONE	X						NONE	NONE	NONE
36) SHARON GABRIEL	0.30_									
DIRECTOR	NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII										
d Total (add lines 1b and 1c)							<u> </u>	asirod mara than	\$100,000 of	
2 Total number of individuals (including but r reportable compensation from the organiza		nose	iiste	u ai	DOV	e) wnc	эте	eceived more than	\$ 100,000 01	
Toportubio compensation from the organiza	tion P									Yes No
3 Did the organization list any former of	officer directo	r or	tri	ıcto	^	kov. o	mn	lovos or highes	t componented	163 140
employee on line 1a? If "Yes," complete Sch										3
4 For any individual listed on line 1a, is the organization and related organizations	ne sum of rep	ortab	ole d	com	per	satior	n ai	nd other compens	sation from the	
individual										4
5 Did any person listed on line 1a receive for services rendered to the organization? It										5
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization. Repo										

year.

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

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

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees	(continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization	l
37) STACEY BRONFMAN DIRECTOR	0.30 NONE	X						NONE	NON	E 5	NONE
38) STEPHEN GORDON	0.30							110112	1,01,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DIRECTOR	NONE	Х						NONE	NON	Е 1	NONE
39) THEODORE MIRVIS	0.30										
DIRECTOR	NONE	X						NONE	NON	E I	NONE
40) TRICIA PANTZER	0.30	-									
DIRECTOR	NONE	X						NONE	NON	E 1	NONE
41) YEFIM BRONFMAN	<u>0.10</u>	3.7						NONE	NON		NT
DIRECTOR	NONE	X						NONE	NON	<u> </u>	NONE
	<del> </del>	1									
		-									
	<del></del>	1									
1b Sub-total							$\blacktriangleright$				
c Total from continuation sheets to Part VII, S	ection A										
d Total (add lines 1b and 1c)							<u> </u>		<b>*</b>		
2 Total number of individuals (including but not reportable compensation from the organizatio		nose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of		
										Yes	No
3 Did the organization list any former offic	er directo	or or	tru	iste	e 1	kev e	mn	lovee or highes	t compensated	103	110
employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the	sum of rer	oortab	ole d	om	pen	sation	าลเ	nd other compens	sation from the		
organization and related organizations gro	eater than	\$15	50,0	00?	) If	"Yes	3,"				
individual										4 X	
5 Did any person listed on line 1a receive or										_	
for services rendered to the organization? If "You Section B. Independent Contractors	es, compie	te Sci	neau	iie J	itor	sucn	per	son	<u> </u>	5	X
Complete this table for your five highest component compensation from the organization. Report of year.											
(A)								(B)		(C)	
Name and business add	dress							Description of se	ervices	Compensation	
							-				
2 Total number of independent contractors (in	ncluding bi	ıt no	t lim	nited	d to	thos	e li	isted above) who	received		

NONE

more than \$100,000 in compensation from the organization ▶

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# Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
ວັ ຣີ	c	Fundraising events 1c	1,905,774.				
rs, r A	d	Related organizations 1d					
Ēã	e	Government grants (contributions) 1e	110,000.				
Si'r	f	All other contributions, gifts, grants,	-				
ĕ₩	'	and similar amounts not included above . 1f	1,925,256.				
를	g	Noncash contributions included in	,, ,, ,,				
10 E	9	lines 1a-1f 1g	\$				
a S	h	Total. Add lines 1a-1f		3,941,030.			
_	- ''	Total. Add lilles Ta-11	Business Code	3,711,030.			
Ö	_		Buoirioso Godo				
₹	2a						
Se	b						
필	С						
gra Re	d						
Program Service Revenue	е						
_	f ~	All other program service revenue		NONE			
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,		500,862.			500,862.
		other similar amounts)		NONE			300,002.
	4   5	Income from investment of tax-exempt bond Royalties		NONE			
		(i) Real	(ii) Personal	NOME			
	60	Gross rents 6a	( )				
	6a	Less: rental expenses 6b					
	b	Rental income or (loss) 6c NON	E NONE				
	c d	Net rental income or (loss)	-	NONE			
	7a	Gross amount from (i) Securities	(ii) Other	110112			
	'"	sales of assets	( ) = 1				
		other than inventory <b>7a</b> 2,472,327					
a	b	Less: cost or other basis					
Revenue		and sales expenses <b>7b</b> 2,307,520					
eve	С	Gain or (loss) 7c 164,807					
Ř	d	Net gain or (loss)	'	164,807.			164,807.
Other I	8a	Gross income from fundraising					
ŏ	l oa	events (not including \$1,905,774.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	213,466.				
	b	Less: direct expenses 8b	781,577.				
	c	Net income or (loss) from fundraising events		-568,111.			-568,111.
	9a	Gross income from gaming					
	""	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory		NONE			
<u>s</u>			Business Code				
eon Ie	11a						
Miscellaneous Revenue	b						
e e	С						
≣s B	d	All other revenue					
_	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		4,038,588.			97,558

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# 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 or note to any line 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	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	NONE						
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	NONE						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	4,087,028.	4,087,028.					
	Benefits paid to or for members	NONE						
5	Compensation of current officers, directors,							
	trustees, and key employees	607,605.	144,386.	106,541.	356,678			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and	110111						
_	persons described in section 4958(c)(3)(B)	NONE	110 055	04.720	202 (20			
	Other salaries and wages	486,404.	118,055.	84,720.	283,629			
8	Pension plan accruals and contributions (include	NONE						
_	section 401(k) and 403(b) employer contributions)	46,889.	5,055.	9,622.	32,212			
	Other employee benefits	61,622.	6,643.	12,645.	42,334			
10	Payroll taxes	01,022.	0,043.	12,045.	42,334			
	Fees for services (nonemployees):	NONE						
	Management	NONE						
	Legal	30,836.		5,808.	25,028			
	Lobbying	NONE		3,000.	237020			
	Professional fundraising services. See Part IV, line 17	NONE						
	Investment management fees	81,996.		81,996.				
	Other. (If line 11g amount exceeds 10% of line 25, column	,		,				
J	(A), amount, list line 11g expenses on Schedule O.)	6,818.		1,284.	5,534			
12	Advertising and promotion	660,270.	302,500.	82,287.	275,483			
13	Office expenses	99,611.	2,000.	16,182.	81,429			
14	Information technology	19,352.	453.	4,347.	14,552			
15	Royalties	NONE						
16	Occupancy	152,149.	33,407.	27,310.	91,432			
17	Travel	56,248.		3,462.	52,786			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	NONE						
20	Interest	NONE						
21	,	NONE						
	Depreciation, depletion, and amortization	77,671.	71,941.	1,318.	4,412			
	Insurance	7,424.		1,708.	5,716			
24	Other expenses. Itemize expenses not covered							
	above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)							
		20.020			20.020			
	MISCELLANEOUS	20,038.			20,038			
b								
c C								
d								
	All other expenses  Total functional expenses. Add lines 1 through 24e	6,501,961.	4,771,468.	439,230.	1,291,263			
	Joint costs. Complete this line only if the	0,001,001.	1,//1,400.	137,230.	1,271,203			
	organization reported in column (B) joint costs from a combined educational campaign and							
	fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)							

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	334,679.	1	226,326.
	2	Savings and temporary cash investments	904,798.	2	540,476.
	3	Pledges and grants receivable, net	1,570,051.	3	731,696.
	4	Accounts receivable, net	163,604.	4	329,842.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
sts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
⋖	9	Prepaid expenses and deferred charges	127,642.	9	23,125.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,652,734.			
	b	Less: accumulated depreciation		10c	2,066,862.
	11	Investments - publicly traded securities	22,217,540.	11	17,053,159.
	12	Investments - other securities. See Part IV, line 11	2,957,348.	12	2,792,317.
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	NONE	15	463,610.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	30,416,918.	16	24,227,413.
	17	Accounts payable and accrued expenses	258,463.	17	1,071,213.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	110,000.	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	39,351.		502,961.
	26	Total liabilities. Add lines 17 through 25	407,814.	26	1,574,174.
Secu		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
a a	27	Net assets without donor restrictions	23,869,508.	27	18,349,234.
Ä	28	Net assets with donor restrictions	6,139,596.	28	4,304,005.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
A SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	30,009,104.	32	22,653,239.
ž	33	Total liabilities and net assets/fund balances	30,416,918.	33	24,227,413.
_			,,0,		Form <b>990</b> (2022)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	1,0	38,	<u> 588</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>961</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4	63,	<u> 373</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u> 104</u>
5	Net unrealized gains (losses) on investments	5	_ 4	1,8	92,	<u>492</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	22	2,6	53,	<u>239</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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," ex	plain	on			
	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 con	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 audi	ted on	ı a 📗			
	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 over	_	I			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he	_		_
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits		3b		l

#### SCHEDULE A (Form 990)

# **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.

t. OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC 23-7183563 ORCHESTRA Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,972,200.	3,969,851.	2,261,380.	4,892,313.	3,941,030.	20,036,774.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	4,972,200.	3,969,851.	2,261,380.	4,892,313.	3,941,030.	20,036,774.
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)						1,808,199.
6	Public support. Subtract line 5 from line 4						18,228,575.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,972,200. 701,121.	3,969,851. 556,386.	2,261,380. 408,052.	4,892,313. 769,058.	3,941,030. 500,862.	2,935,479.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						22,972,253.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li		•			14	79.35 %
15	Public support percentage from 2021					15	76.45 %
тоа	331/3% support test - 2022. If the orgonization quality and stop here. The organization quality and stop here.						
h	331/3% support test - 2021. If the organization qu	•		•			
b	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 2	-		-			
	10% or more, and if the organization	_					
	Part VI how the organization meets					-	
	organization			_			
b	10%-facts-and-circumstances test - 2						
~	15 is 10% or more, and if the organization	_	=				
	in Part VI how the organization meets					-	
	organization						
18	Private foundation. If the organization						
	instructions						

# 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.)

Calendar year (or fiscal year beginning in)  (a) 2018  (b) 2019  (c) 2020  (d) 2021  (e) 2022  (f) Total  (f) Total  (f) Total office prices performed, or technically solid or services performed or technically solid or services performed or technically solid or services performed, or technically solid or services performed, or technically solid s	500	tion A. Public Support			· ·	•	,	
Gross receipts from administration, and membroships from membroships from administrations, mental and included on the control of the control			(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
received. (De not include any "unusual grains".) Gross receipts library and includes any "unusual grains".) Gross receipts library and include grains and any unusual grains and any any and any any and any	_	, , , , , , ,	(a) 2010	(6) 2013	(6) 2020	(u) 2021	(6) 2022	(i) rotai
2 Gross receipts from admissions, merchanolises and or services performed, or facilities for installed in any activity mail a related to the organization's tise-exempt purpose	'	,						
sold or services performed, of scallies furnished in any activity that is resisted to the organization's becempt purpose.  3 Gross receipts from activities that are not an uncelled trace because survey section 51 and activities and	2							
trunished in any activity that a related to the organization's tax exempts purpose	_	'						
organization to become purpose  Gross receipts from achildes that are not an unrelated trade or business under section \$13 .  4 Tax revenues looked for the organization is 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 2 and 3 received from disqualified persons .  8 Amounts included on lines 2 and 3 received from disqualified persons .  9 Amounts included on lines 2 and 3 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the greater of \$5,000 or 1% of the second the greater of \$		·						
3 Gross receipts from architect bath are not an unrelated trade or business under section 513 .  4 Tax revenues levided 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 received from other than disqualified persons .  8 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Amounts included on lines 1, 2 and 3 received from other than disqualified persons .  9 Public support. (Subtract line 7c from line 6) .  9 Public support. (Subtract line 7c from line 6) .  10 Add lines 7a and 7b .  10 Add lines 7a and 7b .  11 Add lines 7 and 7b .  12 Other income from infects, dividends, payments received on securities loans, rents, cryolise, and income from similar sources .  12 Other income. Do not include gain or loss section 511 taxes) from businesses acquired after June 30, 1975 .  13 Total support. (Add lines 9, 10c, 11, and 12) .  14 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)/3 organization, check this box and stop here. The organization qualifies as a publicly support percentage from 2021 Schedule A. Part III, line 17 .  15 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .  15 Years of the company of the company of the proparation of the company of the proparation of the public support percentage from 2021 Schedule A. Part III, line 17 .  16 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .  17 Not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .  10 by 31/3% support tests - 2021. If the organization did not check a box on line 14, and line 18 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organiza								
treatment trade or business under section 513.  1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  1 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf.  1 The value of services or facilities furnished by a governmental unit to the organization without charge.  1 Total. Add lines 1 through 5.  2 Anounts included on lines 1, 2, and 3 received from disqualified persons.  3 Anounts included on lines 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the amount or line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of	2	· · · ·						
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 received from disqualified persons.  8 Amounts included on lines 1, 2, and 3 received from other than disqualified persons and a received from other than disqualified persons and a received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of Add lines 7 and 76.  8 Public support. (Subtract line 7c from line 6).  5 Action B. Total Support  Calendar year (or fiscal year beginning in)  9 Amounts from line 6.  10 a Gross income from interest, dividends, payments received on securities bans, sources, payments received and securities bans, sources, payments received and securities bans, sources, payments received and securities bans, sources, payments from subject bans and state of the payment bans and subject bans and state of the payment band securities bans and state of the payment band securities bans and state and state of the payment band securities band securities and securities and securities and securities and securities.  10 To	3	·						
organization's benefit and either paid to or expended on its behalf	4							
or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total Add lines 1 through 5.  Amounts included on lines 1, 2, and 3 received from disqualified persons  Amounts included on lines 2 and 3 received from other than disqualified received from the same of capital same from similar sources.  Durrelated business taxable income (less section 511 taxes) from businesses section 511 taxe	7							
5 The value of services or facilities furnished by a governmental unit to the organization without charge		•						
furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons, b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6. 9 Amounts from line 6. 9 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated businesses activities not included on line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage 17 Investment income percentage from 2021 Schedule A, Part III, line 15. 15 9(b) 31/3% support tests - 2022. If the organization of check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization claffies as a publicly supported organization. In line 15 in nor more than 331/3%, check this box and stop here. The organization claffies as a publicly supported organization. In line 14 or line 14 or line 14 or line 15 is more than 331/3%, and line 18 is nor more than 331/3%, and stop here. The organization of line 14 is nor more than 331/3%, and line 18 is nor more than 331/3% and stop here. The organization of line 16 is more than 331/3%, and line 18 is nor more than 331/3%, and stop here. The organization of line 16 is more than 331/3%, and line 18 is nor more than 331/3%, and stop here. The organizati	5	·						
organization without charge	J							
6 Total Add lines 1 through 5 ,		, ,						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6	· · · · · · · · · · · · · · · · · · ·						
received from disqualified persons		· · · · · · · · · · · · · · · · · · ·						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 a and 7 b  8 Public support. (Subtract line 7 c from line 8.)  Section B. Total Support  Calendar year (or fiscal year beginning in 9 Amounts from line 6.)  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business acativities not included on line 10b, whether or not the business is regularly carried on, loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (ff))  15 You have the support percentage for 2022 (line 10c, column (f), divided by line 13, column (ff))  16 %  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (ff))  18 10 You have the support percentage for 2021 (Schedule A, Part III, line 17  19 331/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 31/3 %, and line 16 is not more than 331/3%, support tests - 2021. If the organization did not check a box on line 14 or li	ı a							
persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	b	· · · · · · · · · · · · · · · · · · ·						
or 1% of the amount on line 13 for the year c Add lines 7a and 7b								
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support  Calendar year (or fiscal year beginning in) 9 Amounts from line 6	c	, r						
Section B. Total Support  Calendar year (or fiscal year beginning in)  A mounts from line 6								
Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 6								
9 Amounts from line 6	Sec	tion B. Total Support						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b	Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b	9	Amounts from line 6						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10 a	payments received on securities loans, rents, royalties, and income from similar						
section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b								
acquired after June 30, 1975	b	,						
c Add lines 10a and 10b		,						
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2021 Schedule A, Part III, line 17  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19 a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization		' ' <u>'</u>						
activities not included on line 10b, whether or not the business is regularly carried on.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2021 Schedule A, Part III, line 17.  18 Investment income percentage from 2021 Schedule A, Part III, line 17.  19 a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
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.)	11							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		·						
loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2021 Schedule A, Part III, line 17.  18 Investment income percentage from 2021 Schedule A, Part III, line 17.  19 a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		• • •						
(Explain in Part VI.)	12	9						
Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))		·						
and 12.)	12							
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	13							
organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	11	,	the organizati	on's first socon	d third fourth	or fifth tax vo	or as a soction	501(a)(3)
Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	14		ŭ	· ·		•		` ` ` ` _
Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  15 %  Public support percentage from 2021 Schedule A, Part III, line 15	Sec							
Public support percentage from 2021 Schedule A, Part III, line 15				•	mn (f))		15	%
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))								
Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))							10	/0
18 Investment income percentage from 2021 Schedule A, Part III, line 17		•			13. column (f))		17	%
19a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
17 is not more than 331/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <b>b</b> 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization								
b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	·Ja		-					
line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	h			_				
	D							
	20			•	•			<del></del>

## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
g by			
	1		
is ed			
	2		
er	3a		
d e			
	3b		
3)			
	3с		
If	4a		
n n			
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	9a		
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it			
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	10a		
to	10b		

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Secti	ion B. Type I Supporting Organizations	110		
-	ion 2. Typo i oupportung organizationo		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	2		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see			
2	Activities Test. Answer lines 2a and 2b below.		. 03	
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 <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>If</i> "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves " describe in <b>Part VI</b> the role played by the organization in this regard	26		

Page 6

Schedule A (Form 990) 2022

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 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 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 **8 Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 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) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2022

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				

Schedule A (Form 990) 2022

5

6

Section D, line 7:

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

Applied to underdistributions of prior years
Applied to 2022 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* 

Excess distributions carryover to 2023. Add lines 3j

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No. 1545-0047

2022

Employer identification number

AMERICAN FRIENDS O	F THE ISRAEL PHILHARMONIC						
ORCHESTRA	23-7183563						
Organization type (check o	ine):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priva	ate foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private f	ioundation					
	501(c)(3) taxable private foundation						
Check if your organization	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .						
<b>Note:</b> Only a section 501(c) instructions.	)(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See					
General Rule							
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, copy or property) from any one contributor. Complete Parts I and II. See ins I contributions.						
Special Rules							
regulations under 16b, and that rec	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the resections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Forweived from any one contributor, during the year, total contributions of the ount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete the contributions of the ount on (ii) Form 990, Part VIII, line 1h; or (iii) Form 990-EZ, line 1.	m 990), Part II, line 13, 16a, or ne greater of <b>(1)</b> \$5,000; or					
contributor, durin literary, or educa	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.						
contributor, durin contributions tota during the year fo <b>General Rule</b> app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E2 g the year, contributions exclusively for religious, charitable, etc., purposaled more than \$1,000. If this box is checked, enter here the total contribor an exclusively religious, charitable, etc., purpose. Don't complete any oblies to this organization because it received nonexclusively religious, character more during the year	ses, but no such butions that were received of the parts unless the aritable, etc., contributions					
Caution: An organization th	nat isn't covered by the General Rule and/or the Special Rules doesn't fi	ile Schedule B (Form 990), 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC ORCHESTRA

Employer identification number 23-7183563

art I	Contributors (see inst	ructions). Use duplicate	e copies of Part I if add	ditional space is needed.
-------	------------------------	--------------------------	---------------------------	---------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$132,152.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$93,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$322,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$150,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC ORCHESTRA

Employer identification number 23-7183563

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
--------	----------------------------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	N/A	\$100,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$140,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 FRIENDS OF THE ISRAEL PHILHARMONIC Employer identification number
ORCHESTRA 23-7183563

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is nee	eded.
(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

Name of or	ganization AMERICAN FRIENDS OF T	THE ISRAEL PHILH	ARMONIC	Employer identification number		
Down III	ORCHESTRA			23-7183563		
Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer of the copies of the copies of the copies of Part III if additional transfer or the copies of the copies of Part III if additional transfer or the copies of the copies	the year from any coions completing Part e year. (Enter this inf	one contributor. Coll, enter the total contribution once. Se	omplete columns (a) through (e) and f exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
<u> raiti</u>			_			
	Transferee's name, address,	(e) Transfe and ZIP + 4	_	nip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
		(e) Transfe	or of gift			
	Transferee's name, address,		_	nip of transferor to transferee		
	-					
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
		(e) Transfe	r of gift			
	Transferee's name, address,	and ZIP + 4	Relationsl	nip of transferor to transferee		
(a) No.	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
Part I						
	(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationsl	nip of transferor to transferee		
	The state of the s					

# 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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC

Employer identification number

ORC	CHESTRA	23-7183563
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant full	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	Yes No
Pa	rt    Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
_		- 470/L\/4\/D\/:\
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its rev	Yes \( \) No
9	balance sheet, and include, if applicable, the text of the footnote to the organization's final	•
	organization's accounting for conservation easements.	and a statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
		statement and balance sheet works
. —	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	and in farmorance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under FASB ASC 958 relating to these items:	-
а	Revenue included on Form 990, Part VIII, line 1	\$
b		\$

Sche	dule D (Form 990) 2022 AME	RICAN FRIENDS	OF THE ISRAEI	PHILHAR	MONIC	23-7	7183563 Page <b>2</b>
Pa	rt    Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or	Other S	Similar Assets (	continued)
3	Using the organization's acquisition						
	collection items (check all that appl	y):					
а	Public exhibition		<b>d</b> Loan	or exchange	program		
b	Scholarly research		e Other				
С	Preservation for future gener	rations					
4	Provide a description of the organ	nization's collections	and explain how	they further	the orga	anization's exemp	t purpose in Part
	XIII.		·	•	Ū	·	
5	During the year, did the organizatio	n solicit or receive d	lonations of art, hist	orical treasu	res, or of	her similar	
	assets to be sold to raise funds rath					_	Yes No
Pa	rt IV Escrow and Custodial A		·			<u>-</u>	
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	s" on Form 990, F	Part IV, line	9, or rep	ported an amou	nt on Form
1.0	Is the organization an agent, trust	too quotodian ar at	thar intermediant f	ar aantributi	one or c	ther coests not	
ıa	included on Form 990, Part X?		-			_	Yes No
h	If "Yes," explain the arrangement in						res NO
D	ii res, explain the arrangement ii	Trait Alli allu comp	nete the following tal	Jie.		Amount	
С	Beginning balance			1c		Amount	·
d							
e	Distributions during the year						
f	Ending balance						
	Did the organization include an am-				stodial a	ccount liability?	Yes No
	If "Yes," explain the arrangement in						
	rt V Endowment Funds.		<u>'</u>	<u>'</u>			
	Complete if the organiza	ition answered "Ye	s" on Form 990. I	Part IV. line	10.		
	e emprete ii tire erganiza			a,	-		
	Jampieto ii tiro erganiza	(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Four years back
1a	, ,				s back	(d) Three years back 3,409,023.	(e) Four years back 3,512,622.
1a b	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years	s back	.,	
	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years	s back	.,	
b	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years	75.	.,	
b c	Beginning of year balance	(a) Current year 4,559,596.	(b) Prior year 3,960,681.	(c) Two years	75. 06.	3,409,023.	3,512,622.
b c	Beginning of year balance Contributions	(a) Current year 4,559,596.	(b) Prior year 3,960,681. 848,915.	(c) Two years	75. 06.	3,409,023.	3,512,622.
b c d	Beginning of year balance	(a) Current year 4,559,596.	(b) Prior year 3,960,681. 848,915.	(c) Two years	75. 06.	3,409,023.	3,512,622.
b c d	Beginning of year balance Contributions	(a) Current year 4,559,596.	(b) Prior year 3,960,681. 848,915.	(c) Two years	75. 06.	3,409,023.	3,512,622.
b c d	Beginning of year balance	(a) Current year 4,559,596.	(b) Prior year 3,960,681. 848,915.	(c) Two years	s back 75. 06. 00.	3,409,023.	3,512,622.
b c d e	Beginning of year balance Contributions	(a) Current year 4,559,596.  -630,591. 325,000.  3,604,005.  of the current year	(b) Prior year 3,960,681.  848,915. 250,000.	(c) Two years 3,989,9 520,7 550,0	s back 75. 06. 00. 81.	3,409,023. 780,952. 200,000.	3,512,622.
b c d e f g 2 a	Beginning of year balance Contributions	(a) Current year 4,559,596.  -630,591. 325,000.  3,604,005.  of the current year event	(b) Prior year 3,960,681.  848,915. 250,000.	(c) Two years 3,989,9 520,7 550,0	s back 75. 06. 00. 81.	3,409,023. 780,952. 200,000.	3,512,622.
b c d e f g 2 a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment	(a) Current year 4,559,596.  -630,591. 325,000.  3,604,005.  of the current year	(b) Prior year 3,960,681.  848,915. 250,000.  4,559,596.  end balance (line 1g	(c) Two years 3,989,9 520,7 550,0	s back 75. 06. 00. 81.	3,409,023. 780,952. 200,000.	3,512,622.
b c d e f g 2 a b	Beginning of year balance	(a) Current year 4,559,596.  -630,591. 325,000.  3,604,005.  of the current year elent%	(b) Prior year 3,960,681.  848,915. 250,000.  4,559,596.  end balance (line 1g)6	(c) Two years 3,989,9 520,7 550,0	s back 75. 06. 00. 81.	3,409,023. 780,952. 200,000.	3,512,622.
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Current year 4,559,596.  -630,591. 325,000.  3,604,005.  of the current year elent	(b) Prior year 3,960,681.  848,915. 250,000.  4,559,596.  end balance (line 1g%	(c) Two years 3,989,9 520,7 550,0 3,960,6 column (a))	s back 75. 06. 00. 81. held as:	3,409,023. 780,952. 200,000. 3,989,975.	3,512,622.
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Current year 4,559,596.  -630,591. 325,000.  3,604,005.  of the current year elent	(b) Prior year 3,960,681.  848,915. 250,000.  4,559,596.  end balance (line 1g%	(c) Two years 3,989,9 520,7 550,0 3,960,6 column (a))	s back 75. 06. 00. 81. held as:	3,409,023. 780,952. 200,000. 3,989,975.	3,512,622.
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Current year 4,559,596.  -630,591. 325,000.  3,604,005.  of the current year elent % and 2c should equal 1 the possession of the	(b) Prior year 3,960,681.  848,915. 250,000.  4,559,596.  end balance (line 1g)%	(c) Two years 3,989,9 520,7 550,0 3,960,6 column (a))	s back 75. 06. 00. 81. held as:	3,409,023.  780,952. 200,000.  3,989,975.	3,512,622. -103,599. 3,409,023.
b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Term endowment Term endowment 100.0000 % The percentages on lines 2a, 2b, a Are there endowment funds not in a organization by:  (i) Unrelated organizations	(a) Current year 4,559,596.  -630,591. 325,000.  3,604,005.  of the current year elent % and 2c should equal 1 the possession of the	(b) Prior year 3,960,681.  848,915. 250,000.  4,559,596.  end balance (line 1g%	(c) Two years 3,989,9 520,7 550,0 3,960,6 column (a))	s back 75.  06.  00.  81.  held as:	3,409,023.  780,952. 200,000.  3,989,975.	3,512,622.  -103,599.  3,409,023.  Yes No  3a(i) X
b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Term endowment 100.0000 % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by:  (i) Unrelated organizations  (ii) Related organizations	(a) Current year 4,559,596.  -630,591. 325,000.  3,604,005.  of the current year elent%  and 2c should equal 1 the possession of the	(b) Prior year 3,960,681.  848,915. 250,000.  4,559,596.  end balance (line 1g%	(c) Two years 3,989,9 520,7 550,0 3,960,6 column (a))	s back 75. 06. 00. 81. held as:	3,409,023.  780,952. 200,000.  3,989,975.	3,512,622.  -103,599.  3,409,023.  Yes No  3a(i) X  3a(ii) X
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endown Permanent endowment Term endowment 100.0000 % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by:  (i) Unrelated organizations (ii) Related organizations  If "Yes" on line 3a(ii), are the related	(a) Current year  4,559,596.  -630,591.  325,000.  3,604,005.  of the current year elent	(b) Prior year 3,960,681.  848,915. 250,000.  4,559,596.  end balance (line 1g%  100%. he organization that	(c) Two years 3,989,9 520,7 550,0 3,960,6 column (a))	s back 75. 06. 00. 81. held as:	3,409,023.  780,952. 200,000.  3,989,975.	3,512,622.  -103,599.  3,409,023.  Yes No  3a(i) X
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Term endowment 100.0000 % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by:  (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended up 100.0000 minus 1	(a) Current year  4,559,596.  -630,591.  325,000.  3,604,005.  of the current year elent	(b) Prior year 3,960,681.  848,915. 250,000.  4,559,596.  end balance (line 1g%  100%. he organization that	(c) Two years 3,989,9 520,7 550,0 3,960,6 column (a))	s back 75. 06. 00. 81. held as:	3,409,023.  780,952. 200,000.  3,989,975.	3,512,622.  -103,599.  3,409,023.  Yes No  3a(i) X  3a(ii) X
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endown Permanent endowment Term endowment 100.0000 % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended until Itand, Buildings, and Equitable Complete if the organizations	(a) Current year  4,559,596.  -630,591.  325,000.  3,604,005.  of the current year elent	(b) Prior year  3,960,681.  848,915. 250,000.  4,559,596.  end balance (line 1g%  100%. he organization that  d as required on Schtion's endowment fu	(c) Two years 3,989,9 520,7 550,0 3,960,6 column (a))	s back 75	3,409,023.  780,952. 200,000.  3,989,975.	3,512,622.  -103,599.  3,409,023.  Yes No  3a(i) X  3a(ii) X  3b
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Term endowment Term endowment 100.0000 % The percentages on lines 2a, 2b, a Are there endowment funds not in the organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended until VI Land, Buildings, and Equal to the service of the serv	(a) Current year  4,559,596.  -630,591.  325,000.  3,604,005.  of the current year event  ent  %  and 2c should equal 1 the possession of the possession of the current year event  et d organizations lister uses of the organization answered "Year event ation answered "Year event ans	(b) Prior year  3,960,681.  848,915.  250,000.  4,559,596.  end balance (line 1g%  100%. he organization that  d as required on Schtion's endowment further basis (b) Cost	(c) Two years 3,989,9 520,7 550,0 3,960,6 column (a)) are held and edule R? nds. Part IV, line or other basis	s back 75.  06.  00.  81.  held as:	3,409,023.  780,952. 200,000.  3,989,975.  stered for the	3,512,622.  -103,599.  3,409,023.  Yes No  3a(i) X  3a(ii) X  3b
b c d e f g 2 a b c 3a b 4 Pa	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment Term endowment 100.0000 % The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended until the program of property  Description of property	(a) Current year  4,559,596.  -630,591.  325,000.  3,604,005.  of the current year event  ent  %  and 2c should equal 1 the possession of the possession of the current year event  et d organizations lister is seen of the organization answered "Year event"  (a) Cost or (invest)	(b) Prior year  3,960,681.  848,915.  250,000.  4,559,596.  end balance (line 1g%  100%. he organization that  d as required on Schtion's endowment further basis (b) Cost	(c) Two years 3,989,9 520,7 550,0 3,960,6 column (a))  are held and edule R?	s back 75. 06. 00. 81. held as:	3,409,023.  780,952. 200,000.  3,989,975.  stered for the	3,512,622.  -103,599.  3,409,023.  Yes No  3a(i) X  3a(ii) X  3b X
b c d e f g 2 a b c 3a b 4 Pa	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endown Permanent endowment Term endowment 100.0000 % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended until Itand, Buildings, and Equitable Complete if the organizations	(a) Current year  4,559,596.  -630,591.  325,000.  3,604,005.  of the current year of the current year of the possession of the the possession of the the possession of the current year of the possession of the possession of the the possession of	(b) Prior year  3,960,681.  848,915.  250,000.  4,559,596.  end balance (line 1g%  100%. he organization that  d as required on Schtion's endowment further basis (b) Cost	(c) Two years 3,989,9 520,7 550,0 3,960,6 column (a)) are held and edule R? nds. Part IV, line or other basis	s back 75.  06.  00.  81.  held as:	3,409,023.  780,952. 200,000.  3,989,975.  stered for the	3,512,622.  -103,599.  3,409,023.  Yes No  3a(i) X  3a(ii) X  3b X

3,652,734.

1,585,872.

2,066,862. Schedule D (Form 990) 2022

2,066,862.

d Equipment.....

Schedule D (F	Form 990) 2022 AMERICAN FRIEN	DS OF THE ISRAE	L PHILHARMONIC 2	3-7183563 Page
Part VII	Investments - Other Securities.	\/	Deut IV 15 - 44   Co Farma 000	Dant V. Un - 40
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financia	al derivatives			
	held equity interests			
(3) Other _				
	GE FUNDS	970,790.	FMV	
	ITED PARTNERSHIPS	1,821,527.	FMV	
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	2,792,317.		
Part VIII		2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	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 valua	
			Cost or end-of-year mark	ret value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
raitix	Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
	· •	scription	, , a. , , , , , , , , , , , , , , , , ,	(b) Book value
(1)	(4) 2 3			(b) Dook raide
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered	"Voc" on Form 000	Dart IV line 11e or 11f See For	m 000 Part V
	line 25.	Tes official 990	, raitiv, lille tie of till. See Fol	
1.		tion of liability		(b) Book value
	ral income taxes			
	LIABILITIES			502,961
(3)				
(4)				
(5)				
(6) (7)				
(8)				
_ ( - /				

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 502,961. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . X

Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	1	-935,900.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,			
	Net unrealized gains (losses) on investments					
a	The same of the sa					
b	Behated services and dee of identities [1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	-				
С.	The content of prior year grante, the content of th	-				
d	, , , , , , , , , , , , , , , , , , , ,	2e	-4,892,492.			
e	Add lines 2a through 2d	3	3,956,592.			
3	Subtract line 2e from line 1	3	3,930,392.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	-				
b	Other (Becombe in Fart Att.)	4c	01 006			
С 5	Add lines <b>4a</b> and <b>4b</b>	5	81,996. 4,038,588.			
Part			4,030,300.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		6 410 065			
1	Total expenses and losses per audited financial statements	1	6,419,965.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	-				
b	Prior year adjustments	-				
С	Other losses	-				
d	Other (Describe in Part XIII.)	-				
е	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1	3	6,419,965.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	_				
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	4c	81,996.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	6,501,961.			
	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	24-1/	line 4. Dest V. line			
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, re XI, lines 2d and 4b: Also complete this part to provide any additional inform					
SEE	SUPPLEMENTAL PAGE					

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

AFIPO'S ENDOWMENT CONSISTS OF ONE INDIVIDUAL DONOR-RESTRICTED

ENDOWMENT FUND ESTABLISHED FOR SUPPORT FOR THE ISRAEL PHILHARMONIC

ORCHESTRA'S GUEST ARTIST PROGRAM FOR CONDUCTORS AND SOLOISTS WHO DO

NOT RESIDE IN ISRAEL TO PERFORM WITH THE ORCHESTRA.

SCHEDULE D, PART X, LINE 2:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

# 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.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Name	e of the organization AMERICAN FRI	ENDS OF TH	Œ ISRAEL E	PHILHARMONIC		Employer identifica	ition number		
ORC	CHESTRA					23-718356	53		
Pai	General Information o Form 990, Part IV, line 14l		Outside the	United States. Comple	ete if the	organization a	nswered "Yes" on		
1	For grantmakers. Does the org	ganization mai	ntain records	to substantiate the amou	int of its	grants and			
	other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No.								
2	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use o	of its grants and	d other assistance		
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is nee	eded.)			
	(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)	a pro describ	ivity listed in (d) is ogram service, e specific type of e(s) in the region	(f) Total expenditures for and investments in the region		
(1)	MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING			4,087,028.		
(2)	CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS			761,801.		
(3)	)								
(4)									
(5)									
(6)									
(7)									
(8)									

Subtotal

Total from continuation sheets to Part I

4,848,829.

4,848,829.

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

**(17)** 

3a

NONE

NONE

			OF THE ISRAEL PHIL		23-718				Page 2
Part II	Grants and Other Ass		ations or Entities Outsi ived more than \$5,000. F					ered "Yes" on	Form 990,
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)
				GENERAL SUPP					
(1)			MIDDLE EAST/NORTH AFRICA	SUPPORT	4,087,028.	WIRE TRNSFER		N/A	N/A
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
exe	er total number of recipient mpt 501(c)(3) organization by er total number of other organ	the IRS, or for which	the grantee or counsel has	provided a sec	tion 501(c)(3) equi	valency letter	<b></b>		1

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 recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
_(6)							
_(7)							
_(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
(13)							
(14)							
(15)							
(16)							
<u>(17)</u>							
(18)							

# Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	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) 2022

### Part V

#### **Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

THE AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC (AFIPO) IS A NON-PROFIT ORGANIZATION DEDICATED TO SUSTAINING THE FINANCIAL FUTURE OF THE ISRAEL PHILHARMONIC, A WORLD CLASS ORCHESTRA. THE AFIPO SEEKS TO BROADEN THE REACH OF THE ISRAEL PHILHARMONIC AND BRING ITS MESSAGE THROUGH MUSIC THROUGHOUT THE WORLD. THE ORCHESTRA'S MANAGEMENT SUBMITS REQUESTS FOR DISBURSEMENTS DEPENDENT ON THEIR FINANCIAL NEEDS. THE REQUESTS AND SUPPORTING DOCUMENTATION ARE REVIEWED AND MUST HAVE BOARD APPROVAL.

# **SCHEDULE G** (Form 990)

# **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.

Department of the Treasury In N

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

OMB No. 1545-0047 Open to Public

	of the organization	AMERICAN FRIE	NIC OF THE				Employer identification	on number
	HESTRA	AMERICAN FRI	INDS OF ITE	ISKALL E	TLLAKI	MONIC	23-718356	
Part		g Activities. Comp	lete if the orga	nization ar	nswered "	Yes" on Form 99		
		EZ filers are not re	-				,	
1	Indicate whether	the organization rais	sed funds throug	h any of the	following	activities. Check	all that apply.	
а	Mail solicita	tions		e Solid	citation of	non-government g	grants	
b	Internet and	l email solicitations		f Solid	citation of	government grant	S	
С	Phone solic	itations		g 🔙 Spe	cial fundra	ising events		
d	In-person so	olicitations						
2a		ition have a written o						
		es listed in Form 990						Yes No
b		10 highest paid inditeast \$5,000 by the		s (fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
	compensated at	least \$5,000 by the	organization.					
							(v) Amount paid to	
	(i) Name and add		(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fu	ındraiser)	(ii) / totavity		outions?	from activity	fundraiser listed in col. (i)	organization
				Yes	No		· ·	
1								
2								
3								
4								
-5								
5								
6								
7								
8								
9								
10								
Total								
3	List all states in	which the organization	tion is registered	or licensed	d to solicit	contributions or	has been notified	it is exempt from
	registration or lic	censing.						

	edule rt II	Fundraising Events. Complete than \$15,000 of fundraising even	if the organization arent contributions and g		990, Part IV, line	
4		gross receipts greater than \$5,000	0. (a) Event #1  NEW YORK GALA (event type)	(b) Event #2 LA GALA (event type)	(c) Other events  13  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	749,573.	564,119.	805,548.	2,119,240
	2	Less: Contributions Gross income (line 1 minus	696,573.	528,324.	680,877.	1,905,774
		line 2)	53,000.	35,795.	124,671.	213,466
		Cash prizes				
Se		Noncash prizes				
bense		Rent/facility costs			11,709.	
Direct Expenses		Food and beverages				
Ē		Entertainment			119,192.	
		Other direct expenses				
Pa	11 rt III	Net income summary. Subtract I  Gaming. Complete if the org	ine 10 from line 3, col anization answered "	umn (d)		-568,111
une		\$15,000 on Form 990-EZ, lin	e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
≅xpen	3	Noncash prizes				
Direct Exper	4	Rent/facility costs				
_	5	Other direct expenses	Yes %	Yes %	Yes%	
	6	Volunteer labor	No	No	No	
		Direct expense summary. Add lin				
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9 a b	ı l	Enter the state(s) in which the organts the organization licensed to con f "No," explain:	anization conducts ga duct gaming activities	in each of these state	es?	Yes No

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

No

10a

If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2022 AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC 23-7183563 Page	3
11	Does the organization conduct gaming activities with nonmembers?	,
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	)
13	Indicate the percentage of gaming activity conducted in:	
а		<u>%</u>
b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	. –
	Address ▶	. –
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	,
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	-
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	· _
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
_	retain the state gaming license?	)
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
Da	or spent in the organization's own exempt activities during the tax year > \$	_
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	_

# **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC

Employer identification number 23-7183563

ORCI	HESTRA 23-7183563							
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	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to							
2	explain	1b						
-	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 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.  Compensation committee  Independent compensation consultant  X Compensation survey or study  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	Receive a severance payment or change-of-control payment?	4a		Х				
b								
С								
_								
	and to any or miso has, not the personal and provide the approache amounts for each norm in a art in							
	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		Х				
b	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		Х				
_	payments not described on lines 5 and 6? If "Yes," describe in Part III							
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)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(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	
CATHERINE LOU	(i)	224,736.				13,667.	238,403.	
1 CHIEF FINANCIAL OFFICER	(ii)							
DANIELLE AMES SPIVAK	(i)	360,000.				9,202.	369,202.	
2 EXECUTIVE VP AND CEO	(ii)							
SUZANNE K. PONSOT	(i)	184,751.				8,937.	193,688.	
3 NATIONAL PHILANTHROPY DIRECTOR	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(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 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

2022

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.

AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC

Employer identification number 23-7183563

#### FORM 990, PART VI, SECTION A, LINE 2

DIRECTORS HELGARD FIELD-LION AND IRWIN FIELD HAVE A FAMILY RELATIONSHIP.

#### FORM 990, PART VI, SECTION B, LINE 11B

THE ORGANIZATION'S FORM 990 IS INITIALLY REVIEWED BY THE MEMBERS OF THE AUDIT COMMITTEE. THE FINAL REPORT IS DISTRIBUTED TO ALL MEMBERS OF THE ORGANIZATION'S GOVERNING BODY, FOR REVIEW AND APPROVAL. IF THE MEMBERS HAVE ANY QUESTIONS THEY ARE ADDRESSED BY MANAGEMENT PRIOR TO FILING WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY IS CIRCULATED TO ALL OFFICERS,

DIRECTORS AND STAFF AND RELATED PARTIES ON AN ANNUAL BASIS FOR REVIEW

AND DISCLOSURE. IF A CONFLICT OF INTEREST WERE TO ARISE, THE MATTER

WOULD BE BROUGHT TO THE REST OF THE BOARD'S ATTENTION PRIOR TO BEING

VOTED ON, WITH THE MEMBER AT CONFLICT BEING UNABLE TO PARTICIPATE IN

ANY DELIBERATIONS OR DECISIONS THAT FOLLOWED.

#### FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION FOR OFFICERS, INCLUDING THE CEO, IS REVIEWED BY THE
ORGANIZATION'S FINANCE COMMITTEE AND PART OF THE DELIBERATION PROCESS
INCLUDES A REVIEW OF COMPARABLE DATA. THIS DATA IS OBTAINED THROUGH
VARIOUS NON-PROFIT RESOURCES AS WELL AS A REVIEW OF SIMILAR NON-PROFIT
ORGANIZATIONS' 990 FOR COMPENSATION INFORMATION. A PERFORMANCE REVIEW WAS
DONE IN 2021, AS WELL AS SUBSEQUENTLY IN DECEMBER 2022.

### FORM 990, PART VI, SECTION C, LINE 19

THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AS WELL AS ON THE

# 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

2022

Open to Public Inspection

23-7183563

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.

Employer identification number

COMPANY'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY ARE ONLY AVAILABLE TO RELEVANT PARTIES.

AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC

Name of the organization

AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC

23-7183563

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

AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC (AFIPO) IS A NON-PROFIT ORGANIZATION DEDICATED TO SUSTAINING THE FINANCIAL FUTURE OF THE ISRAEL PHILHARMONIC, A WORLD CLASS ORCHESTRA. AFIPO SEEKS TO BROADEN THE REACH OF THE ISRAEL PHILHARMONIC AND BRING ITS MESSAGE THROUGH MUSIC THROUGHOUT THE WORLD. THE MONIES RAISED BY AFIPO ASSIST WITH THE OPERATIONAL SUPPORT OF THE ORCHESTRA AND ITS MUSICAL EDUCATION PROGRAMS THROUGHOUT ISRAEL.

Name of the organization

AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC

Employer identification number
23-7183563

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS IRELAND