

## Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

### Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

### How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

*<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>*

Please contact your Forvis Mazars advisor if you have questions about these rules.

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: C Name of organization AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA D Employer identification number 23-7183563 E Telephone number (212) 697-2949 F Name and address of principal officer: CATHERINE L. LOU H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number I Tax-exempt status: J Website: WWW.AFIPO.ORG K Form of organization: L Year of formation: 1972 M State of legal domicile: DC

Part I Summary

Table with 22 rows and 4 columns. Rows include: 1 Briefly describe the organization's mission... TO RAISE FUNDS TO SUPPORT THE OPERATIONS AND SECURE THE ISRAEL PHILHARMONIC'S FINANCIAL FUTURE. 2-7a Summary statistics. 8-12 Revenue (Prior Year vs Current Year). 13-19 Expenses (Prior Year vs Current Year). 20-22 Net Assets or Fund Balances (Beginning of Current Year vs End of Year).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer CATHERINE L LOU, CEO & CFO Date

Paid Preparer Use Only: Print/Type preparer's name AARON SHAPIRO Preparer's signature AARON SHAPIRO Date 11/15/2025 Check if self-employed PTIN P01333816 Firm's name FORVIS MAZARS, LLP Firm's EIN 44-0160260 Firm's address 135 WEST 50TH STREET, NEW YORK, NY 10020 Phone no. (212) 812-7000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:  
(SEE ON 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?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,625,839 including grants of \$ 2,088,397 ) (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 \$ 430,000 including grants of \$ 430,000 ) (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 \$ 300,000 including grants of \$ 300,000 ) (Revenue \$ )  
AFIPO PROVIDED FINANCIAL SUPPORT FOR SPECIAL PROGRAMS INCLUDING THE ISRAEL PHILHARMONIC'S GUEST ARTISTS PROGRAM WHICH HELPS DEFRAY THE ORCHESTRA'S EXPENSES.

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 3,355,839

**Part IV Checklist of Required Schedules**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> 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 "Yes," complete Schedule G, Part II . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Part IV Checklist of Required Schedules** *(continued)*

|   | Yes        | No |
|---|------------|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .  | <b>22</b>  | ✓  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b>  | ✓  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .  | <b>24a</b> | ✓  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | <b>25a</b> | ✓  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | <b>25b</b> | ✓  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .   | <b>26</b>  | ✓  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  | ✓  |
| <b>28</b> 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).   |            |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28a</b> | ✓  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28b</b> | ✓  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b> | ✓  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  | ✓  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .   | <b>30</b>  | ✓  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .   | <b>31</b>  | ✓  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .   | <b>32</b>  | ✓  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .   | <b>33</b>  | ✓  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .   | <b>34</b>  | ✓  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  | <b>35a</b> | ✓  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .  | <b>36</b>  | ✓  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .  | <b>37</b>  | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .   | <b>38</b>  | ✓  |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes       | No |
|---|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .  | <b>1a</b> | 2  |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b> | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> |    |

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued) |  | Yes        | No |   |   |
|---|--|------------|----|---|---|
| <b>2a</b>   | 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  | <b>2a</b>  | 7  |   |   |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2b</b>  |    | ✓ |   |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  |    |   | ✓ |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>  |    |   |   |
| <b>4a</b>   | 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)?     | <b>4a</b>  |    | ✓ |   |
| <b>b</b>  | If "Yes," enter the name of the foreign country <u>BD, CJ</u><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |   |   |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  |    |   | ✓ |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  |    |   | ✓ |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |    |   |   |
| <b>6a</b>   | 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?  | <b>6a</b>  |    |   | ✓ |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |    |   |   |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |   |   |
| <b>a</b>  | 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?  | <b>7a</b>  |    | ✓ |   |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |    | ✓ |   |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  |    |   | ✓ |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |    |   |   |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |    |   | ✓ |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  |    |   | ✓ |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |    |   |   |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |    |   |   |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |    |   |   |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |   |   |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |    |   |   |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |    |   |   |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |   |   |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |   |   |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |   |   |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |   |   |
| <b>a</b>  | Gross income from members or shareholders  | <b>11a</b> |    |   |   |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |    |   |   |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |   |   |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |   |   |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |   |   |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |   |   |
| <b>b</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  | <b>13b</b> |    |   |   |
| <b>c</b>  | Enter the amount of reserves on hand   | <b>13c</b> |    |   |   |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> |    |   | ✓ |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |    |   |   |
| <b>15</b>   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                   | <b>15</b>  |    |   | ✓ |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  |    |   | ✓ |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> 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?<br>If "Yes," complete Form 6069. | <b>17</b>  |    |   |   |

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

**Section A. Governing Body and Management**

|           |  | Yes                                 | No                                  |
|-----------|--|-------------------------------------|-------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |                                     |                                     |
|           | <b>1a</b> 24   |                                     |                                     |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent . . . . .   |                                     |                                     |
|           | <b>1b</b> 24   |                                     |                                     |
| <b>2</b>  | 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? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>7b</b> |  |                                     |                                     |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                                     |                                     |
| <b>a</b>  | The governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>8a</b> |  |                                     |                                     |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>8b</b> |  |                                     |                                     |
| <b>9</b>  | 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 . . . . .   |                                     | <input checked="" type="checkbox"/> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes                                 | No                                  |
|------------|--|-------------------------------------|-------------------------------------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>b</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? . . . . .   |                                     |                                     |
| <b>10b</b> |  |                                     |                                     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .  |                                     |                                     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12b</b> |  |                                     |                                     |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>12c</b> |  |                                     |                                     |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15</b>  | 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?   |                                     |                                     |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15a</b> |  |                                     |                                     |
| <b>b</b>   | Other officers or key employees of the organization . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>15b</b> |  |                                     |                                     |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .   |                                     |                                     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |                                     |                                     |
| <b>16b</b> |  |                                     |                                     |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA, MA, NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
CATHERINE LOU, 122 EAST 42ND ST SUITE 4507, NEW YORK, NY 10168, (212) 697-2949

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-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)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) CATHERINE LOU<br>CFO & INTERIM CEO (EFFECTIVE 10/24)            | 40.0   |  |                       | ✓       |              |                              |        | 249,359   | 0  | 15,062  |
| (2) JENNIFER RITVO HUGHES<br>CHIEF EXECUTIVE OFFICER (THROUGH 9/24) | 40.0   |  |                       | ✓       |              |                              |        | 225,000   | 0  | 470   |
| (3) JAMES C ACKERMAN<br>PRESIDENT                                   | 3.0  | ✓  |                       | ✓       |              |                              |        | 0   | 0  | 0   |
| (4) CLAUDIO PINCUS<br>VICE PRESIDENT                                | 0.3  | ✓  |                       | ✓       |              |                              |        | 0   | 0  | 0   |
| (5) ETA SOMEKH<br>VICE PRESIDENT                                    | 0.3  | ✓  |                       | ✓       |              |                              |        | 0   | 0  | 0   |
| (6) JANE STERN LEBELL<br>VICE PRESIDENT                             | 0.3  | ✓  |                       | ✓       |              |                              |        | 0   | 0  | 0   |
| (7) RICHARD S ZIMAN<br>VICE PRESIDENT (THROUGH 6/24)                | 0.3  | ✓  |                       | ✓       |              |                              |        | 0   | 0  | 0   |
| (8) SARA FABRIKANT<br>VICE PRESIDENT (THROUGH 5/24)                 | 0.3  | ✓  |                       | ✓       |              |                              |        | 0   | 0  | 0   |
| (9) STACEY BRONFMAN<br>SECRETARY                                    | 0.3  | ✓  |                       | ✓       |              |                              |        | 0   | 0  | 0   |
| (10) ABIGAIL TANANBAUM<br>DIRECTOR                                  | 0.1  | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) ABRAHAM D SOFAER<br>DIRECTOR                                   | 0.1  | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |
| (12) BENJAMIN HILDNER<br>DIRECTOR                                   | 0.3  | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |
| (13) CHAIM KATZMAN<br>DIRECTOR                                      | 0.1  | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |
| (14) DAVID A HIRSCH<br>DIRECTOR                                     | 0.3  | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) EMANUEL AX<br>DIRECTOR                                    | 0.1  | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| (16) HADAR SHEMTOV<br>DIRECTOR                                 | 0.1  | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| (17) HEIDI LEARNER<br>DIRECTOR                                 | 0.3  | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| (18) HELGARD FIELD-LION<br>DIRECTOR (THROUGH 12/24)            | 0.1  | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) IRWIN S FIELD<br>DIRECTOR                                 | 0.3  | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| (20) LYNN SYMS<br>DIRECTOR                                     | 0.3  | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) MINA TULCHINSKY<br>DIRECTOR (AS OF 9/24)                  | 0.1  | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| (22) MYRON S GLUCKSMAN<br>DIRECTOR                             | 0.3  | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| (23) NOEMI BRIEF ZAFRANY<br>DIRECTOR                           | 0.3  | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| (24) POLLY LEVINE<br>DIRECTOR                                  | 0.1  | <input checked="" type="checkbox"/>   |                       |         |              |                              |        | 0   | 0  | 0   |
| (25) (SEE PART VII CONTINUATION SHEET)                         |  |   |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b>   |  |   |                       |         |              |                              |        | 474,359   | 0  | 15,532  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 474,359   | 0  | 15,532  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

|  |  |  | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|--|--|--|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants, and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . .  | <b>1a</b>            |  |                                      |   |  |
|  | <b>b</b>   | Membership dues . . . . .  | <b>1b</b>            |  |                                      |   |  |
|  | <b>c</b>   | Fundraising events . . . . .   | <b>1c</b>            | 1,080,727                                    |                                      |   |  |
|  | <b>d</b>   | Related organizations . . . . .  | <b>1d</b>            |  |                                      |   |  |
|  | <b>e</b>   | Government grants (contributions)  | <b>1e</b>            |  |                                      |   |  |
|  | <b>f</b>   | All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>            | 2,127,282                                    |                                      |   |  |
|  | <b>g</b>   | Noncash contributions included in<br>lines 1a-1f . . . . .   | <b>1g</b>            | \$   |                                      |   |  |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . .  |                      | 3,208,009                                    |                                      |   |  |
|  | <b>Program Service Revenue</b>   | <b>2a</b>  | Business Code        |  |                                      |   |  |
| <b>b</b>   |  |  |                      |  |                                      |   |  |
| <b>c</b>   |  |  |                      |  |                                      |   |  |
| <b>d</b>   |  |  |                      |  |                                      |   |  |
| <b>e</b>   |  |  |                      |  |                                      |   |  |
| <b>f</b>   |  | All other program service revenue . .  |                      | 0  | 0                                    | 0   |  |
| <b>g</b>   |  | <b>Total.</b> Add lines 2a-2f . . . . .  |                      | 0  |                                      |   |  |
| <b>Other Revenue</b>   | <b>3</b>   | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  |                      | 666,726                                      |                                      | 666,726   |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds   |                      |  |                                      |   |  |
|  | <b>5</b>   | Royalties . . . . .  |                      |  |                                      |   |  |
|  | <b>6a</b>  | Gross rents . . . . .  | (i) Real             |  |                                      |   |  |
|  |  |  | (ii) Personal        |  |                                      |   |  |
|  |  |  |                      |  |                                      |   |  |
|  | <b>b</b>   | Less: rental expenses  | <b>6b</b>            |  |                                      |   |  |
|  | <b>c</b>   | Rental income or (loss)  | <b>6c</b>            | 0  | 0                                    |   |  |
|  | <b>d</b>   | Net rental income or (loss) . . . . .  |                      |  |                                      |   |  |
|  | <b>7a</b>  | Gross amount from<br>sales of assets<br>other than inventory   | (i) Securities       |  | 3,243,610                            |   |  |
|  |  |  | (ii) Other           |  |                                      |   |  |
|  |  |  |                      |  |                                      |   |  |
|  | <b>b</b>   | Less: cost or other basis<br>and sales expenses . . . . .  | <b>7b</b>            | 1,916,321                                    |                                      |   |  |
|  | <b>c</b>   | Gain or (loss) . . . . .   | <b>7c</b>            | 1,327,289                                    | 0                                    |   |  |
|  | <b>d</b>   | Net gain or (loss) . . . . .   |                      | 1,307,043                                    |                                      | (20,246)  |  |
|  | <b>8a</b>  | Gross income from fundraising<br>events (not including \$ <u>1,080,727</u><br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>            | 127,795                                      |                                      |   |  |
|  | <b>b</b>   | Less: direct expenses . . . . .  | <b>8b</b>            | 540,704                                      |                                      |   |  |
| <b>c</b>   | Net income or (loss) from fundraising events . . . . .                 |  | (412,909)            |  | (412,909)                            |   |  |
| <b>9a</b>  | Gross income from gaming<br>activities. See Part IV, line 19 . . . . . | <b>9a</b>  |                      |  |                                      |   |  |
| <b>b</b>   | Less: direct expenses . . . . .  | <b>9b</b>  |                      |  |                                      |   |  |
| <b>c</b>   | Net income or (loss) from gaming activities . . . . .                  |  |                      |  |                                      |   |  |
| <b>10a</b>   | Gross sales of inventory, less<br>returns and allowances . . . . .     |  |                      |  |                                      |   |  |
|  |  |  |                      |  |                                      |   |  |
|  |  |  |                      |  |                                      |   |  |
| <b>b</b>   | Less: cost of goods sold . . . . .                                     | <b>10b</b>   |                      |  |                                      |   |  |
| <b>c</b>   | Net income or (loss) from sales of inventory . . . . .                 |  |                      |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>                                   | <b>11a</b>   | RECOVERY OF BAD DEBT   | Business Code        | 900099                                       | 30,000                               | 30,000  |  |
|  | <b>b</b>   |  |                      |  |                                      |   |  |
|  | <b>c</b>   |  |                      |  |                                      |   |  |
|  | <b>d</b>   | All other revenue . . . . .  |                      | 0  | 0                                    | 0   |  |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d . . . . .  |                      | 30,000                                       |                                      |   |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions . . . . .                       |  | 4,798,869            | 0  | (20,246)                             | 1,611,106   |  |

**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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | 2,818,397             | 2,818,397                       |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 489,891               | 140,715                         | 80,310                                 | 268,866                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages   | 670,569               | 115,515                         | 127,662                                | 427,392                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits  | 65,921                |                                 | 15,162                                 | 50,759                      |
| <b>10</b> Payroll taxes   | 37,066                | 17,068                          | 4,600                                  | 15,398                      |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  |                       |                                 |  |                             |
| <b>c</b> Accounting   | 36,672                |                                 | 7,625                                  | 29,047                      |
| <b>d</b> Lobbying   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   | 70,781                |                                 | 70,781                                 |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)  | 0                     | 0                               | 0                                      | 0                           |
| <b>12</b> Advertising and promotion   | 320,699               | 162,808                         | 34,804                                 | 123,087                     |
| <b>13</b> Office expenses   | 91,008                | 1,576                           | 15,673                                 | 73,759                      |
| <b>14</b> Information technology  | 35,509                | 455                             | 8,062                                  | 26,992                      |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | 122,574               | 27,364                          | 21,899                                 | 73,311                      |
| <b>17</b> Travel  | 41,734                |                                 | 6,580                                  | 35,154                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  |                       |                                 |  |                             |
| <b>20</b> Interest  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   | 77,242                | 71,941                          | 1,219                                  | 4,082                       |
| <b>23</b> Insurance   | 6,805                 |                                 | 1,565                                  | 5,240                       |
| <b>24</b> 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.)   |                       |                                 |  |                             |
| <b>a</b> MISCELLANEOUS  | 8,086                 |                                 | 276                                    | 7,810                       |
| <b>b</b> -----  |                       |                                 |  |                             |
| <b>c</b> -----  |                       |                                 |  |                             |
| <b>d</b> -----  |                       |                                 |  |                             |
| <b>e</b> All other expenses   | 0                     | 0                               | 0                                      | 0                           |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 4,892,954             | 3,355,839                       | 396,218                                | 1,140,897                   |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 388,942                  | <b>1</b>   | 208,828            |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 1,121,076                | <b>2</b>   | 1,147,784          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 622,459                  | <b>3</b>   | 457,459            |
|   | <b>4</b> Accounts receivable, net . . . . .  | 57,702                   | <b>4</b>   | 18,000             |
|   | <b>5</b> 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 . . . . . | 0                        | <b>5</b>   | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | 0                        | <b>6</b>   | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 63,796                   | <b>9</b>   | 239,760            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | 3,654,200                |            |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | 1,737,696                | <b>10c</b> | 1,916,504          |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 17,333,110               | <b>11</b>  | 18,509,598         |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 3,081,563                | <b>12</b>  | 2,820,395          |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b>  | 0                  |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 358,198                  | <b>15</b>  | 251,382            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 25,020,592   | <b>16</b>                | 25,569,710 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 44,364                   | <b>17</b>  | 77,458             |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue . . . . .   | 0                        | <b>19</b>  | 419,258            |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other 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 . . . . .     | 0                        | <b>22</b>  | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                    |
|   | <b>25</b> 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 . . . . .  | 391,521                  | <b>25</b>  | 277,371            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 435,885                  | <b>26</b>  | 774,087            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>  |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 20,039,842               | <b>27</b>  | 20,019,799         |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 4,544,865                | <b>28</b>  | 4,775,824          |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>  |                    |
|   | <b>32</b> Total net assets or fund balances . . . . .  | 24,584,707               | <b>32</b>  | 24,795,623         |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 25,020,592   | <b>33</b>                | 25,569,710 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 4,798,869  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 4,892,954  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | (94,085)   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 24,584,707 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 305,001    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 24,795,623 |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | ✓   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | ✓   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |     | ✓  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  |     |    |

**Part VII**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A) Name and Title                        | (B) Average hours per week<br>(list any hours for related organizations below dotted line) | (C) Position<br>(Check all that apply) |                       |         |              |                              |        | (D) Reportable compensation from the organization<br>(W-2/1099-MISC) | (E) Reportable compensation from related organizations<br>(W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |  |
| (25) SHARON GABRIEL<br>-----<br>DIRECTOR  | 0.3<br>-----   | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (26) STEPHEN GORDON<br>-----<br>DIRECTOR  | 0.3<br>-----   | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (27) THEODORE MIRVIS<br>-----<br>DIRECTOR | 0.3<br>-----   | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (28) TRICIA PANTZER<br>-----<br>DIRECTOR  | 0.3<br>-----   | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (29) YEFIM BRONFMAN<br>-----<br>DIRECTOR  | 0.1<br>-----   | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA</b> | Employer identification number<br><b>23-7183563</b> |
|--|---|

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020  | (b) 2021  | (c) 2022  | (d) 2023  | (e) 2024  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 2,261,380 | 4,892,313 | 3,941,030 | 2,993,687 | 3,208,009 | 17,296,419 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |           |           |           |           |           | 0          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |           |           |           |           |           | 0          |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 2,261,380 | 4,892,313 | 3,941,030 | 2,993,687 | 3,208,009 | 17,296,419 |
| <b>5</b> 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) . . . . . |           |           |           |           |           | 809,588    |
| <b>6 Public support.</b> Subtract line 5 from line 4   |           |           |           |           |           | 16,486,831 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020  | (b) 2021  | (c) 2022  | (d) 2023  | (e) 2024  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .  | 2,261,380 | 4,892,313 | 3,941,030 | 2,993,687 | 3,208,009 | 17,296,419               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 408,052   | 769,058   | 500,862   | 389,251   | 666,726   | 2,733,949                |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |           |           |           |           |           | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   | 0         | 0         | 0         | 0         | 30,000    | 30,000                   |
| <b>11 Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 20,060,368               |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |           |           |           |           | 12        | 0                        |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .   | <b>14</b> | 82.19 %                             |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 83.47 %                             |
| <b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  |           | <input type="checkbox"/>            |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  |          |          |          |          |          |           |
| <b>b</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                   |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .   |          |          |          |          |          |           |
| <b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .   | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .   | <b>18</b> | % |
| <b>19a 33 1/3% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33 1/3% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>   |           |   |

**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**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
|           | <b>11a</b>  |     |    |
| <b>b</b>  | A family member of a person described on line 11a above?  |     |    |
|           | <b>11b</b>  |     |    |
| <b>c</b>  | 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> .                             |     |    |
|           | <b>11c</b>  |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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. |     |    |
|          | <b>1</b>   |     |    |
| <b>2</b> | 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.   |     |    |
|          | <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | 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). |     |    |
|          | <b>1</b>  |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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? |     |    |
|          | <b>1</b>   |     |    |
| <b>2</b> | 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).  |     |    |
|          | <b>2</b>   |     |    |
| <b>3</b> | 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.  |     |    |
|          | <b>3</b>   |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|          |  |  |  |
|----------|--|--|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |  |
| <b>2</b> | Activities Test. <b>Answer lines 2a and 2b below.</b>  |  |  |
| <b>a</b> | 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 those supported organizations and explain</b> 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. |  |  |
|          | <b>2a</b>  |  |  |
| <b>b</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.  |  |  |
|          | <b>2b</b>  |  |  |
| <b>3</b> | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |  |  |
| <b>a</b> | 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? If "Yes" or "No," provide details in <b>Part VI</b> .   |  |  |
|          | <b>3a</b>  |  |  |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |  |
|          | <b>3b</b>  |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A—Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|--|----------------|-----------------------------|
| <b>1</b>                              | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                              | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                              | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                              | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                              | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                             |
| <b>7</b>                              | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                              | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |
| <b>Section B—Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| <b>a</b>                              | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                              | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                              | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                              | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                              | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                             |
| <b>2</b>                              | Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>       |                             |
| <b>3</b>                              | Subtract line 2 from line 1d.  | <b>3</b>       |                             |
| <b>4</b>                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>       |                             |
| <b>5</b>                              | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                              | Multiply line 5 by 0.035.  | <b>6</b>       |                             |
| <b>7</b>                              | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C—Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                              | Adjusted net income for prior year (from Section A, line 8, column A)  | <b>1</b>       |                             |
| <b>2</b>                              | Enter 0.85 of line 1.  | <b>2</b>       |                             |
| <b>3</b>                              | Minimum asset amount for prior year (from Section B, line 8, column A)   | <b>3</b>       |                             |
| <b>4</b>                              | Enter greater of line 2 or line 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | <b>6</b>       |                             |
| <b>7</b>                              | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |





**Part VI**

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

| Return Reference - Identifier                     | Explanation              |          |          |          |          |          |           |
|---|--------------------------|----------|----------|----------|----------|----------|-----------|
| SCHEDULE A, PART II,<br>LINE 10 - OTHER<br>INCOME | Description              | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|   | (1) BAD DEBT<br>RECOVERY |          |          |          |          | 30,000   | 30,000    |
|   | Total                    | 0        | 0        | 0        | 0        | 30,000   | 30,000    |

**Schedule B  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

|  |   |
|--|---|
| Name of the organization<br><b>AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA</b> | Employer identification number<br><b>23-7183563</b> |
|--|---|

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

|  |   |
|--|---|
| Name of organization<br><b>AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA</b> | Employer identification number<br><b>23-7183563</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | -----<br>-----<br>-----           | \$ ----- 65,000            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | -----<br>-----<br>-----           | \$ ----- 75,300            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | -----<br>-----<br>-----           | \$ ----- 75,000            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | -----<br>-----<br>-----           | \$ ----- 100,000           | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | -----<br>-----<br>-----           | \$ ----- 309,113           | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | -----<br>-----<br>-----           | \$ ----- 155,000           | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA</b> | Employer identification number<br><b>23-7183563</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 7          | -----<br>-----<br>-----           | \$ 69,771                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | -----<br>-----<br>-----           | \$ 100,000                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | -----<br>-----<br>-----           | \$ 90,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | -----<br>-----<br>-----           | \$ 65,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | -----<br>-----<br>-----           | \$ 68,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | -----<br>-----<br>-----           | \$ 100,000                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA</b> | Employer identification number<br><b>23-7183563</b> |
|--|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br><small>(See instructions.)</small> | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |

|  |   |
|--|---|
| Name of organization<br><b>AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA</b> | Employer identification number<br><b>23-7183563</b> |
|--|---|

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|--|
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA; Employer identification number: 23-7183563

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for conservation easement details, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form with rows for reporting on art and historical treasures, including revenue and asset values.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

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

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 3,909,865        | 3,604,005      | 4,559,596          | 3,960,681            | 3,989,975           |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     | 695,959          | 655,860        | (630,591)          | 848,915              | 520,706             |
| <b>d</b> Grants or scholarships                         | 300,000          | 350,000        | 325,000            | 250,000              | 550,000             |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 4,305,824        | 3,909,865      | 3,604,005          | 4,559,596            | 3,960,681           |

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

- a** Board designated or quasi-endowment 0.00 %
- b** Permanent endowment 0.00 %
- c** Term endowment 100.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     | ✓  |
| <b>3a(ii)</b> |     | ✓  |
| <b>3b</b>     |     |    |

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land  |                                      |                                 |                              |                |
| <b>b</b> Buildings  |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements   |                                      |                                 |                              |                |
| <b>d</b> Equipment  |                                      | 3,654,200                       | 1,737,696                    | 1,916,504      |
| <b>e</b> Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 1,916,504      |

**Part VII Investments—Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)             | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely held equity interests . . . . .   |                |  |
| (3) Other   |                |  |
| (A) HEDGE FUNDS   | 680,428        | END OF YEAR MARKET VALUE                                     |
| (B) LIMITED PARTNERSHIPS  | 2,139,967      | END OF YEAR MARKET VALUE                                     |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . . | 2,820,395      |  |

**Part VIII Investments—Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . . . |                |  |

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . . |                |

**Part X Other Liabilities**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) LEASE LIABILITIES   | 277,371        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . . | 277,371        |

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 .



**Part XIII**

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference - Identifier                                  | Explanation  |
|--|--|
| SCHEDULE D, PART V,<br>LINE 4 - SCHEDULE D,<br>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,<br>LINE 2 - SCHEDULE D,<br>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)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA

Employer identification number

23-7183563

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) MIDDLE EAST AND NORTH AFRICA                            | 0                                   | 0  | GRANTMAKING  |  | 2,818,397  |
| (2) CENTRAL AMERICA AND THE CARIBBEAN                       | 0                                   | 0  | INVESTMENTS  |  | 1,058,269  |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Subtotal . . . . .                                | 0                                   | 0  |  |  | 3,876,666  |
| <b>b</b> Total from continuation sheets to Part I . . . . . | 0                                   | 0  |  |  | 0  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 0                                   | 0  |  |  | 3,876,666  |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 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) |
|------|--------------------------|--|------------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  | MIDDLE EAST AND NORTH AFRICA | GENERAL SUPPORT      | 2,818,397                | WIRE TRANSFER                   |                                  |                                       |   |
| (2)  |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (3)  |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (4)  |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (5)  |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (6)  |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (7)  |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (8)  |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (9)  |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (10) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (11) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (12) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (13) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (14) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (15) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |
| (16) |                          |  |                              |                      |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 1

3 Enter total number of other organizations or entities . . . . . 0

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)                             |            |                          |                          |                                 |                                  |                                       |   |
| (2)                             |            |                          |                          |                                 |                                  |                                       |   |
| (3)                             |            |                          |                          |                                 |                                  |                                       |   |
| (4)                             |            |                          |                          |                                 |                                  |                                       |   |
| (5)                             |            |                          |                          |                                 |                                  |                                       |   |
| (6)                             |            |                          |                          |                                 |                                  |                                       |   |
| (7)                             |            |                          |                          |                                 |                                  |                                       |   |
| (8)                             |            |                          |                          |                                 |                                  |                                       |   |
| (9)                             |            |                          |                          |                                 |                                  |                                       |   |
| (10)                            |            |                          |                          |                                 |                                  |                                       |   |
| (11)                            |            |                          |                          |                                 |                                  |                                       |   |
| (12)                            |            |                          |                          |                                 |                                  |                                       |   |
| (13)                            |            |                          |                          |                                 |                                  |                                       |   |
| (14)                            |            |                          |                          |                                 |                                  |                                       |   |
| (15)                            |            |                          |                          |                                 |                                  |                                       |   |
| (16)                            |            |                          |                          |                                 |                                  |                                       |   |
| (17)                            |            |                          |                          |                                 |                                  |                                       |   |
| (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  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  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  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  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  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  No

**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.

| Return Reference - Identifier   | Explanation   |
|---|---|
| SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS                           | 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 F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS  | CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL<br>MIDDLE EAST AND NORTH AFRICA - ACCRUAL   |
| SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | MIDDLE EAST AND NORTH AFRICA - ACCRUAL  |

**SCHEDULE G  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA

Employer identification number

23-7183563

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of nongovernment grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1                         | (b) Event #2                            | (c) Other events           | (d) Total events                |
|--|---|--------------------------------------|---|----------------------------|---------------------------------|
|  |   | <u>NEW YORK GALA</u><br>(event type) | <u>LOS ANGELES GALA</u><br>(event type) | <u>4</u><br>(total number) | (add col. (a) through col. (c)) |
| Revenue  | <b>1</b> Gross receipts . . . . .   | 514,185                              | 374,009                                 | 320,328                    | 1,208,522                       |
|  | <b>2</b> Less: Contributions . . . . .  | 444,185                              | 346,849                                 | 289,693                    | 1,080,727                       |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                           | 70,000                               | 27,160                                  | 30,635                     | 127,795                         |
| Direct Expenses  | <b>4</b> Cash prizes . . . . .  |                                      |   |                            | 0                               |
|  | <b>5</b> Noncash prizes . . . . .   |                                      |   |                            | 0                               |
|  | <b>6</b> Rent/facility costs . . . . .  | 14,500                               | 0                                       | 5,000                      | 19,500                          |
|  | <b>7</b> Food and beverages . . . . .   | 82,997                               | 52,966                                  | 47,877                     | 183,840                         |
|  | <b>8</b> Entertainment . . . . .  | 85,006                               | 100,514                                 | 69,510                     | 255,030                         |
|  | <b>9</b> Other direct expenses . . . . .  | 17,743                               | 62,281                                  | 2,310                      | 82,334                          |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |                                      |   |                            | 540,704                         |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . |   |                                      |   | (412,909)                  |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|------------------|--|
|   |   | <b>1</b> Gross revenue . . . . .                                    |   |                  |  |
| Direct Expenses   | <b>2</b> Cash prizes . . . . .                                      |   |   |                  |  |
|   | <b>3</b> Noncash prizes . . . . .                                   |   |   |                  |  |
|   | <b>4</b> Rent/facility costs . . . . .                              |   |   |                  |  |
|   | <b>5</b> Other direct expenses . . . . .                            |   |   |                  |  |
| <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                  |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |   |   |   |                  |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |   |   |   |                  |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA

Employer identification number

23-7183563

**Part I Questions Regarding Compensation**

|   | Yes       | No                                  |
|---|-----------|-------------------------------------|
| <p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p> |           |                                     |
| <p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>  | <b>1b</b> |                                     |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>  | <b>2</b>  |                                     |
| <p><b>3</b> 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.</p> <p> <input type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract<br/> <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>   |           |                                     |
| <p><b>4</b> 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:</p>  |           |                                     |
| <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>   | <b>4a</b> | <input checked="" type="checkbox"/> |
| <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>   | <b>4b</b> | <input checked="" type="checkbox"/> |
| <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>   | <b>4c</b> | <input checked="" type="checkbox"/> |
| <p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>  |           |                                     |
| <p><b>5</b> 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:</p>  |           |                                     |
| <p><b>a</b> The organization? . . . . .</p>   | <b>5a</b> | <input checked="" type="checkbox"/> |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>   | <b>5b</b> | <input checked="" type="checkbox"/> |
| <p><b>6</b> 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:</p>  |           |                                     |
| <p><b>a</b> The organization? . . . . .</p>   | <b>6a</b> | <input checked="" type="checkbox"/> |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>   | <b>6b</b> | <input checked="" type="checkbox"/> |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>   | <b>7</b>  | <input checked="" type="checkbox"/> |
| <p><b>8</b> 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 . . . . .</p>   | <b>8</b>  | <input checked="" type="checkbox"/> |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>  | <b>9</b>  |                                     |

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

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

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

| (A) Name and Title |   | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                    |   | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1                  | CATHERINE LOU<br>CFO & INTERIM CEO (EFFECTIVE 10/24)            | (i) 249,359  | 0                                   | 0                                   | 0  | 15,062                  | 264,421                         | 0   |
|                    | (ii)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2                  | JENNIFER RITVO HUGHES<br>CHIEF EXECUTIVE OFFICER (THROUGH 9/24) | (i) 225,000  | 0                                   | 0                                   | 0  | 470                     | 225,470                         | 0   |
|                    | (ii)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3                  |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 4                  |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 5                  |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 6                  |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 7                  |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 8                  |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 9                  |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 10                 |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 11                 |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 12                 |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 13                 |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 14                 |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 15                 |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |
| 16                 |   | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)  |  |                                     |                                     |  |                         |                                 |   |

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

American Friends of Israel Philharmonic Orchestra

Employer identification number

23-7183563

| Return Reference - Identifier  | Explanation  |
|--|--|
| FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  | AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC ORCHESTRA (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 TO THE WORLD. THE MONIES RAISED BY AFIPO ASSIST WITH THE OPERATIONAL SUPPORT OF THE ORCHESTRA AND ITS MUSIC EDUCATION PROGRAMS THROUGHOUT ISRAEL. |
| 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. |
| FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS               | HELGARD FIELD-LION & IRWIN FIELD - FAMILY RELATIONSHIP   |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY                                 | 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, LINE 12C - CONFLICT OF INTEREST POLICY  | 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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL         | 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 DECEMBER 2024.   |
| FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES | 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 DECEMBER 2024.   |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC                            | THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AS WELL AS ON THE COMPANY'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ONLY AVAILABLE TO RELEVANT PARTIES.   |

**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**

**2024**

For calendar year 2024 or other tax year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

|   |                      |  |   |
|---|----------------------|--|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed.   | <b>Print or Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA</b> | <b>D Employer identification number</b><br><b>23-7183563</b>      |
| <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501( C )( 3 )<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A |                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>122 E 42ND STREET, 4507</b>   | <b>E Group exemption number</b><br>(see instructions)             |
| <b>C</b> Book value of all assets at end of year <b>25,569,710</b>  |                      | City or town, state or province, country, and ZIP or foreign postal code<br><b>NEW YORK, NY 10168</b>  | <b>F</b> <input type="checkbox"/> Check box if an amended return. |

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  
 6417(d)(1)(A) Applicable entity

**H** Check if filing only to claim  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

**J** Enter the number of attached Schedules A (Form 990-T) 1

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of **(SEE STATEMENT)** Telephone number **(212) 697-2949**

**Part I Total Unrelated Business Taxable Income**

|           |  |           |   |
|-----------|--|-----------|---|
| <b>1</b>  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)               | <b>1</b>  | 0 |
| <b>2</b>  | Reserved   | <b>2</b>  |   |
| <b>3</b>  | Add lines 1 and 2  | <b>3</b>  | 0 |
| <b>4</b>  | Charitable contributions (see instructions for limitation rules)   | <b>4</b>  | 0 |
| <b>5</b>  | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3                             | <b>5</b>  | 0 |
| <b>6</b>  | Deduction for net operating loss. See instructions   | <b>6</b>  | 0 |
| <b>7</b>  | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | <b>7</b>  | 0 |
| <b>8</b>  | Specific deduction (generally \$1,000, but see instructions for exceptions)  | <b>8</b>  | 0 |
| <b>9</b>  | <b>Trusts.</b> Section 199A deduction. See instructions  | <b>9</b>  | 0 |
| <b>10</b> | <b>Total deductions.</b> Add lines 8 and 9   | <b>10</b> | 0 |
| <b>11</b> | <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero        | <b>11</b> | 0 |

**Part II Tax Computation**

|           |  |           |   |
|-----------|--|-----------|---|
| <b>1</b>  | <b>Organizations taxable as corporations.</b> Multiply Part I, line 11, by 21% (0.21)  | <b>1</b>  | 0 |
| <b>2</b>  | <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | <b>2</b>  |   |
| <b>3</b>  | <b>Proxy tax.</b> See instructions   | <b>3</b>  | 0 |
| <b>4a</b> | Amount from Form 4255, Part I, line 3, column (q)  | <b>4a</b> | 0 |
| <b>b</b>  | Other tax amounts. See instructions  | <b>4b</b> | 0 |
| <b>5</b>  | Alternative minimum tax  | <b>5</b>  | 0 |
| <b>6</b>  | <b>Tax on noncompliant facility income.</b> See instructions   | <b>6</b>  | 0 |
| <b>7</b>  | <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies  | <b>7</b>  | 0 |

**Part III Tax and Payments**

|           |   |           |   |  |
|-----------|---|-----------|---|--|
| <b>1a</b> | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   | <b>1a</b> | 0 |  |
| <b>b</b>  | Other credits (see instructions)  | <b>1b</b> | 0 |  |
| <b>c</b>  | General business credit. Attach Form 3800 (see instructions)  | <b>1c</b> | 0 |  |
| <b>d</b>  | Credit for prior-year minimum tax (attach Form 8801 or 8827)  | <b>1d</b> |   |  |
| <b>e</b>  | <b>Total credits.</b> Add lines 1a through 1d   | <b>1e</b> | 0 |  |
| <b>2</b>  | Subtract line 1e from Part II, line 7   | <b>2</b>  | 0 |  |
| <b>3a</b> | Amount from Form 4255, Part I, line 3, column (r) (see instructions)  | <b>3a</b> |   |  |
| <b>b</b>  | Amount due from Form 8611   | <b>3b</b> |   |  |
| <b>c</b>  | Amount due from Form 8697   | <b>3c</b> |   |  |
| <b>d</b>  | Amount due from Form 8866   | <b>3d</b> |   |  |
| <b>e</b>  | Other amounts due (see instructions)  | <b>3e</b> | 0 |  |
| <b>f</b>  | <b>Total amounts due.</b> Add lines 3a through 3e   | <b>3f</b> | 0 |  |
| <b>4</b>  | <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | <b>4</b>  | 0 |  |

**Part III Tax and Payments** (continued)

|           |  |           |          |   |
|-----------|--|-----------|----------|---|
| <b>5</b>  | Current net 965 tax liability paid from Form 965-A, Part II, column (k)                                  |           | <b>5</b> | 0 |
| <b>6a</b> | Payments: Preceding year's overpayment credited to the current year                                      | <b>6a</b> | 0        |   |
| <b>b</b>  | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | <b>6b</b> | 0        |   |
| <b>c</b>  | Tax deposited with Form 8868   | <b>6c</b> | 0        |   |
| <b>d</b>  | Foreign organizations: Tax paid or withheld at source (see instructions)                                 | <b>6d</b> | 0        |   |
| <b>e</b>  | Backup withholding (see instructions)  | <b>6e</b> | 0        |   |
| <b>f</b>  | Credit for small employer health insurance premiums (attach Form 8941)                                   | <b>6f</b> | 0        |   |
| <b>g</b>  | Elective payment election amount from Form 3800  | <b>6g</b> | 0        |   |
| <b>h</b>  | Payment from Form 2439   | <b>6h</b> | 0        |   |
| <b>i</b>  | Credit from Form 4136  | <b>6i</b> | 0        |   |
| <b>j</b>  | Other (see instructions)   | <b>6j</b> | 0        |   |
| <b>7</b>  | <b>Total payments.</b> Add lines 6a through 6j   | <b>7</b>  |          | 0 |
| <b>8</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>        | <b>8</b>  |          | 0 |
| <b>9</b>  | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed              | <b>9</b>  |          | 0 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       | <b>10</b> |          | 0 |
| <b>11</b> | Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> 0 <b>Refunded</b>            | <b>11</b> |          | 0 |

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

|           |  |                                   |    |
|-----------|--|-----------------------------------|----|
| <b>1</b>  | At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes                               | No |
| <b>2</b>  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.  |                                   | ✓  |
| <b>3</b>  | Enter the amount of tax-exempt interest received or accrued during the tax year . . . . \$   |                                   |    |
| <b>4</b>  | Enter available pre-2018 NOL carryovers here \$ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.  |                                   |    |
| <b>5</b>  | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.  |                                   |    |
|           | Business Activity Code   | Available post-2017 NOL carryover |    |
|           | 523000   | \$ 0                              |    |
|           |  | \$                                |    |
|           |  | \$                                |    |
|           |  | \$                                |    |
| <b>6a</b> | Reserved for future use  |                                   |    |
| <b>b</b>  | Reserved for future use  |                                   |    |

**Part V Supplemental Information**

Provide any additional information. See instructions.

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date 11/15/2025 Title CEO & CFO

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

|                               |  |  |                           |   |                          |
|-------------------------------|--|--|---------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><u>AARON SHAPIRO</u>             | Preparer's signature<br><u>AARON SHAPIRO</u> | Date<br><u>11/15/2025</u> | Check <input type="checkbox"/> if self-employed | PTIN<br><u>P01333816</u> |
|                               | Firm's name <u>FORVIS MAZARS, LLP</u>                          |  |                           | Firm's EIN <u>44-0160260</u>                    |                          |
|                               | Firm's address <u>135 WEST 50TH STREET, NEW YORK, NY 10020</u> |  |                           | Phone no. <u>(212) 812-7000</u>                 |                          |

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2024**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |  |
|---|--|
| <b>A</b> Name of the organization<br><u>AMERICAN FRIENDS OF ISRAEL PHILHARMONIC ORCHESTRA</u> | <b>B</b> Employer identification number<br><u>23-7183563</u> |
| <b>C</b> Unrelated business activity code (see instructions) . . . . . <u>523000</u>          | <b>D</b> Sequence: <u>1</u> of <u>1</u>                      |

**E** Describe the unrelated trade or business UNRELATED INCOME FROM SHARES IN PARTNERSHIPS

| <b>Part I</b> Unrelated Trade or Business Income   | (A) Income         | (B) Expenses | (C) Net  |
|--|--------------------|--------------|----------|
| <b>1a</b> Gross receipts or sales <u>0</u>   |                    |              |          |
| <b>b</b> Less returns and allowances <u>0</u> <b>c</b> Balance   | <b>1c</b> 0        |              |          |
| <b>2</b> Cost of goods sold (Part III, line 8) . . . . .   | <b>2</b> 0         |              |          |
| <b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .  | <b>3</b> 0         |              | 0        |
| <b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . | <b>4a</b> 0        |              | 0        |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .                        | <b>4b</b> 0        |              | 0        |
| <b>c</b> Capital loss deduction for trusts . . . . .   | <b>4c</b>          |              |          |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . .                 | <b>5</b> (20,246)  |              | (20,246) |
| <b>6</b> Rent income (Part IV) . . . . .   | <b>6</b> 0         | 0            | 0        |
| <b>7</b> Unrelated debt-financed income (Part V) . . . . .   | <b>7</b> 0         | 0            | 0        |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .      | <b>8</b> 0         | 0            | 0        |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .           | <b>9</b> 0         | 0            | 0        |
| <b>10</b> Exploited exempt activity income (Part VIII) . . . . .   | <b>10</b> 0        | 0            | 0        |
| <b>11</b> Advertising income (Part IX) . . . . .   | <b>11</b> 0        | 0            | 0        |
| <b>12</b> Other income (see instructions; attach statement) . . . . .                                      | <b>12</b> 0        |              | 0        |
| <b>13 Total.</b> Combine lines 3 through 12 . . . . .  | <b>13</b> (20,246) | 0            | (20,246) |

| <b>Part II</b> Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. |           |   |           |          |
|--|-----------|---|-----------|----------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X) . . . . .  | <b>1</b>  |   |           | 0        |
| <b>2</b> Salaries and wages . . . . .  | <b>2</b>  |   |           | 0        |
| <b>3</b> Repairs and maintenance . . . . .   | <b>3</b>  |   |           | 0        |
| <b>4</b> Bad debts . . . . .   | <b>4</b>  |   |           | 0        |
| <b>5</b> Interest (attach statement). See instructions . . . . .   | <b>5</b>  |   |           | 0        |
| <b>6</b> Taxes and licenses . . . . .  | <b>6</b>  |   |           | 0        |
| <b>7</b> Depreciation (attach Form 4562). See instructions . . . . .   | <b>7</b>  | 0 |           |          |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return . . . . .   | <b>8a</b> | 0 | <b>8b</b> | 0        |
| <b>9</b> Depletion . . . . .   | <b>9</b>  |   |           | 0        |
| <b>10</b> Contributions to deferred compensation plans . . . . .   | <b>10</b> |   |           | 0        |
| <b>11</b> Employee benefit programs . . . . .  | <b>11</b> |   |           | 0        |
| <b>12</b> Excess exempt expenses (Part VIII) . . . . .   | <b>12</b> |   |           | 0        |
| <b>13</b> Excess readership costs (Part IX) . . . . .  | <b>13</b> |   |           | 0        |
| <b>14</b> Other deductions (attach statement) . . . . .  | <b>14</b> |   |           | 0        |
| <b>15 Total deductions.</b> Add lines 1 through 14 . . . . .   | <b>15</b> |   |           | 0        |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .                                     | <b>16</b> |   |           | (20,246) |
| <b>17</b> Deduction for net operating loss. See instructions . . . . .   | <b>17</b> |   |           | 0        |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .   | <b>18</b> |   |           | (20,246) |

| <b>Part III Cost of Goods Sold</b> |   | Enter method of inventory valuation |   |
|------------------------------------|---|-------------------------------------|---|
| <b>1</b>                           | Inventory at beginning of year . . . . .  | <b>1</b>                            | 0 |
| <b>2</b>                           | Purchases . . . . .   | <b>2</b>                            | 0 |
| <b>3</b>                           | Cost of labor . . . . .   | <b>3</b>                            | 0 |
| <b>4</b>                           | Additional section 263A costs (attach statement) . . . . .  | <b>4</b>                            | 0 |
| <b>5</b>                           | Other costs (attach statement) . . . . .  | <b>5</b>                            | 0 |
| <b>6</b>                           | <b>Total.</b> Add lines 1 through 5 . . . . .   | <b>6</b>                            | 0 |
| <b>7</b>                           | Inventory at end of year . . . . .  | <b>7</b>                            | 0 |
| <b>8</b>                           | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .  | <b>8</b>                            | 0 |
| <b>9</b>                           | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                                     |   |

| <b>Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)</b> |   |          |          |          |
|---|---|----------|----------|----------|
| <b>1</b>  | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.                                    |          |          |          |
|   | <b>A</b> <input type="checkbox"/>   |          |          |          |
|   | <b>B</b> <input type="checkbox"/>   |          |          |          |
|   | <b>C</b> <input type="checkbox"/>   |          |          |          |
|   | <b>D</b> <input type="checkbox"/>   |          |          |          |
|   |   | <b>A</b> | <b>B</b> | <b>C</b> |
| <b>2</b>  | Rent received or accrued  |          |          |          |
| <b>a</b>  | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .                           |          |          |          |
| <b>b</b>  | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . . |          |          |          |
| <b>c</b>  | <b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D . . . . .  |          |          |          |
| <b>3</b>  | <b>Total rents received or accrued.</b> Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) . . . . .                    |          |          | 0        |
| <b>4</b>  | Deductions directly connected with the income in lines 2a and 2b (attach statement) . . . . .   |          |          |          |
| <b>5</b>  | <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . .                                    |          |          | 0        |

| <b>Part V Unrelated Debt-Financed Income (see instructions)</b> |  |          |          |          |
|---|--|----------|----------|----------|
| <b>1</b>  | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.      |          |          |          |
|   | <b>A</b> <input type="checkbox"/>  |          |          |          |
|   | <b>B</b> <input type="checkbox"/>  |          |          |          |
|   | <b>C</b> <input type="checkbox"/>  |          |          |          |
|   | <b>D</b> <input type="checkbox"/>  |          |          |          |
|   |  | <b>A</b> | <b>B</b> | <b>C</b> |
| <b>2</b>  | Gross income from or allocable to debt-financed property . . . . .   |          |          |          |
| <b>3</b>  | Deductions directly connected with or allocable to debt-financed property  |          |          |          |
| <b>a</b>  | Straight line depreciation (attach statement) . . . . .  |          |          |          |
| <b>b</b>  | Other deductions (attach statement) . . . . .  |          |          |          |
| <b>c</b>  | <b>Total deductions</b> (add lines 3a and 3b, columns A through D) . . . . .   |          |          |          |
| <b>4</b>  | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .                  |          |          |          |
| <b>5</b>  | Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                              |          |          |          |
| <b>6</b>  | Divide line 4 by line 5 . . . . .  | %        | %        | %        |
| <b>7</b>  | Gross income reportable. Multiply line 2 by line 6 . . . . .   |          |          |          |
| <b>8</b>  | <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .        |          |          | 0        |
| <b>9</b>  | Allocable deductions. Multiply line 3c by line 6 . . . . .   |          |          |          |
| <b>10</b>   | <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . |          |          | 0        |
| <b>11</b>   | <b>Total dividends – received deductions</b> included in line 10 . . . . .   |          |          | 0        |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |

**Totals** . . . . . 0 0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|--|
| (1)                      |                     |   |                                  |  |
| (2)                      |                     |   |                                  |  |
| (3)                      |                     |   |                                  |  |
| (4)                      |                     |   |                                  |  |

Add amounts in column 2. Enter here and on Part I, line 9, column (A).  
 Add amounts in column 5. Enter here and on Part I, line 9, column (B).  
**Totals** . . . . . 0 0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |     |
|---|--|-----|
| 1 | Description of exploited activity: _____   |     |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                    | 2   |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)                  | 3   |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7                   | 4   |
| 5 | Gross income from activity that is not unrelated business income   | 5   |
| 6 | Expenses attributable to income entered on line 5  | 6   |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 0 |

**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

|   | A | B | C | D |
|---|---|---|---|---|
| <b>2</b> Gross advertising income . . . . .   |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .   |   |   |   | 0 |
| <b>3</b> Direct advertising costs by periodical . . . . .   |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .   |   |   |   | 0 |
| <b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . . . . |   |   |   |   |
| <b>5</b> Readership costs . . . . .   |   |   |   |   |
| <b>6</b> Circulation income . . . . .   |   |   |   |   |
| <b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .  |   |   |   |   |
| <b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .   |   |   |   |   |
| <b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 . . . . .  |   |   |   | 0 |

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name   | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| <b>(1)</b>  |          | %   |  |
| <b>(2)</b>  |          | %   |  |
| <b>(3)</b>  |          | %   |  |
| <b>(4)</b>  |          | %   |  |
| <b>Total.</b> Enter here and on Part II, line 1 . . . . . |          |   | 0  |

**Part XI Supplemental Information** (see instructions)

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| Return Reference - Identifier | Explanation  |
|-------------------------------|--|
| BOOK CARE - NAME AND ADDRESS  | CATHERINE LOU, 122 EAST 42ND ST SUITE 4507, NEW YORK, NY 10168 |

| Name of Partnership                                     | Share of gross income | Share of deductions | Gain or loss    |
|---|-----------------------|---------------------|-----------------|
| (1) LBC CREDIT PARTNERS IV, LP                          | 980                   |                     | 980             |
| (2) TRUEBRIDGE CAPITAL PARTNERS FUND VII (CAYMAN), L.P. | 725                   |                     | 725             |
| (3) AG REALTY VALUE FUND XI LP                          | (12,060)              |                     | (12,060)        |
| (4) AG RELATY FUND VIII LP                              | (11,214)              |                     | (11,214)        |
| (5) SUMMIT STRATEGIES COI FUND, LP                      | 1,323                 |                     | 1,323           |
| <b>Total</b>  | <b>(20,246)</b>       | <b>0</b>            | <b>(20,246)</b> |