Name of organization (Other trust Other trust St) unrelated one, describe the
Department of the Treasury Internet Revenue Service Provided Parts III-V Do not enter SSN numbers on this form as it may be made public if your organization Service Provided Parts III-V Number of organization Center box of mane changed and see instructions D. Employer Identific (Embloyees Inval, see AMERICAN FRIENDS OF THE TEL AVIV UNIVERSITY, INC. Number street, and room or suite no III a P O box, see instructions 13-1996126	Other trust st) unrelated one, describe the
Name Revenue Service No or center SSN numbers on this form as it may be made public. If your organization is edition. Name of organization (Other trust one, describe the
A Check box if address changed and see instructions D Employer Identific (Employees' trust, see address changed Saura Saur	Other trust one, describe the
B Exempt under section Solicity Solici	Other trust St) unrelated one, describe the
Secretary under section Solicy So	Other trust St) unrelated one, describe the Yes X No
Number, street, and room or surte no. If a P.O. box, see instructions 13-199612.6 E. Unrelated businest (See instructions) Source	Other trust St) unrelated one, describe the Yes X No
408(e) 220(e) 39 BROADWAY SUITE 15 E Unrelated busines (See natructions) Sex (a)	Other trust St) unrelated one, describe the Yes X No
Type 39 BROADWAY City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10006 F Group exemption number (See instructions) ▶ 94, 206, 276. G Check organization type ▶ X 501(c) corporation H Enter the number of the organization's unrelated trades or businesses ▶ 1 Describe the only (or first) untrade or business here ▶ If only one, complete Parts IV If more than one, first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances C Cost of goods sold (Schedule A, line 7). 4a Capital gain net income (attach Schedule D). 4b Net gain (loss) (Form 4797, Part II, line 17) (ettach Form 4797). 4c Capital loss deduction for trusts. 6 Rent income (Schedule C). 7 Unrelated debi-financed income (Schedule E). 7 Unrelated debi-financed income (Schedule E). 7 Unrelated development of a section 501(c)(7, (9), or (17) organization (Schedule F). 8 Interest, annulies, regulate, and rents from a controlled organization (Schedule F). 9 Investment income (Schedule C). 10 Explorated exempt activity income (Schedule F). 11 Total. Combine lines 3 through 12. Part II Deductions Not Taken Elsewhere (See instructions for limitations for militations for contributed deductions must be directly connected with the unrelated business income. 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salares and wasses.	Other trust st) unrelated one, describe the Yes X No
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NEW YORK, NY 10006 F Group exemption number (See instructions) P 94, 206, 276. G Check organization type N S01(c) corporation S01(c) trust 401(a) trust 101(a) trust	st) unrelated one, describe the Yes X No
94 , 2 0 6 , 2 7 6 . G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust H Enter the number of the organization's unrelated trades or businesses ▶ 1 Describe the only (or first) un trade or business sere ▶ If only one, complete Parts I-V If more than one, first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ If "Yes," enter the name and identifying number of the parent corporation ▶ Telephone number ▶ 212-742-9070 Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1 a Gross receipts or sales	st) unrelated one, describe the Yes X No
H Enter the number of the organization type ▶ X 501(c) corporation H Enter the number of the organization's unrelated trades or businesses ▶ 1 Describe the only (or first) unit trade or business here ▶ If only one, complete Parts I-V If more than one, first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ If Yes, enter the name and identifying number of the parent corporation ▶ Telephone number ▶ 212-742-9070 Part Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowences c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7)	st) unrelated one, describe the Yes X No
H Enter the number of the organization's unrelated trades or businesses Intrade or business here If only one, complete Parts I-V If more than one, first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation J The books are in care of ▶ARI WEIN Telephone number ▶ 212-742-9070 Part Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4c 5 Income (loss) (Form 4797, Part III, line 17) (attach Form 4797) 6 Rent income (Schedule C) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuites, royaltes, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 8 Interest, annuites, royaltes, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wasses 16 Salaries and wasses 17 Interest, and wasses 18 Salaries and wasses 19 Interest, and wasses 10 Interest, and wasses 11 Interest, and wasses 11 Interest and wasses 12 Interest and wasses 13 Interest and wasses 14 Compensation of officers, directors, and trustees (Schedule K) 15 Interest	st) unrelated one, describe the Yes X No
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Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, Inne 7). c Cost of goods sold (Schedule A, Inne 7). d Capital gain net income (attach Schedule D). d Net gain (loss) (Form 4797, Part III, line 17) (attach Form 4797). c Capital loss deduction for trusts. lincome (loss) from a partnership or an S corporation (attach statement). f Rent income (Schedule C). f Unrelated debt_financed income (Schedule E). f Interest, annuales, royalties, and rents from a controlled organization (Schedule F). f Interest, annuales, royalties, and rents from a controlled organization (Schedule G). f Exploited exempt activity income (Schedule I). f Advertising income (Schedule J). f Other income (See instructions, attach schedule). f Other income (See instructions, attach schedule)	
1a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, line 7). c Cost of goods sold (Schedule A, line 7). d Gross profit Subtract line 2 from line 1c. d Capital gain net income (attach Schedule D). d Aa Capital gain net income (attach Schedule D). d Aa Capital loss deduction for trusts. c Capital loss deduction for trusts. d Capital loss deduction for trusts. f Capital loss deductions f Capital loss f	(C) Net
b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7)	7.02 (4.02)0 (7.00)07/07/07/07/07/09/07
2 Cost of goods sold (Schedule A, line 7)	
3 Gross profit Subtract line 2 from line 1c	
4a Capital gain net income (attach Schedule D)	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts	<u> </u>
c Capital loss deduction for trusts	·
5 Income (loss) from a partnership or an S corporation (attach statement). 5 Rent income (Schedule C). 6 Rent income (Schedule C). 7 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F). 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F). 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G). 10 Exploited exempt activity income (Schedule I). 11 Advertising income (Schedule J). 12 Other income (See instructions, attach schedule). 13 Total. Combine lines 3 through 12. 13 Total. Combine lines 3 through 12. 14 Deductions Not Taken Elsewhere (See instructions for timitations of deductions must be directly connected with the unrelated business income). 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wares	
6 Rent income (Schedule C)	
7 Unrelated debt financed income (Schedule E)	
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9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I)	
10 Exploited exempt activity income (Schedule I)	,
11 Advertising income (Schedule J)	
12 Other income (See instructions, attach schedule)	*
Part II Deductions Not Taken Elsewhere (See instructions for limitations of deductions (Except for contributions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K)	
Part II Deductions Not Taken Elsewhere (See instructions for limitations of deductions of the deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K)	+
Part II Deductions Not Taken Elsewhere (See instructions for limitations of deductions of the deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K)	
deductions must be directly connected with the unrelated business moome) 14 Compensation of officers, directors, and trustees (Schedule K)	ntributions,
14 Compensation of officers, directors, and trustees (Schedule K)	·
15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Salaries and wages 19 Salaries and wages 19 Salaries and wages 10 Salaries and wages 11 Salaries and wages	
16 Repairs and maintenance	
17 Bad debts 17	
18 Interest (attach schedule) (see instructions)	
19 Taxes and licenses 19	
20 Charitable contributions (See instructions for limitation rules)	
21 Depreciation (attach Form 4562).	
22 Less depreciation claimed on Schedule A and elsewhere on return	
23 Depletion	
24 Contributions to deferred compensation plans	
25 Employee benefit programs	
·	
27 Excess readership costs (Schedule J)	
28 Other deductions (attach schedule)	
29 Total deductions. Add lines 14 through 28	
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30	
	Villa America et sectorio de la constanta
32 Unrelated business taxable income Subtract line 31 from line 30	

Form	9೪೦-T (2018)			Page 2
Par	t III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
••	instructions), , , , , , , , , , , , , , , , , , ,	33		
34	Amounts paid for disallowed fringes	-		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	 		
33	instructions),	35		
		33		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			•
	of lines 33 and 34			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	38		0.
Par	t IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40		
44	- · · · · · · · · · · · · · · · · · · ·	$\overline{}$		
41	Proxy tax. See instructions	42		
42	Alternative minimum tax (trusts only)			
43	Tax on Noncompliant Facility Income. See Instructions			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		
	t V Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a] ' ',		
b	Other credits (see instructions)	j# •		
С	General business credit Attach Form 3800 (see instructions)	3.		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u></u>		
	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	$\overline{}$		**
				0.
48	Total tax. Add lines 46 and 47 (see instructions)	49		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			
50 a	Tayments A 2017 Overbayment credited to 2010	-		
	2018 estimated tax payments	4 * 4		
C	Tax deposited with Form 8868	4 1		
d	Foreign organizations Tax paid or withheld at source (see instructions)	4		
е	Backup withholding (see instructions)	1.		
f	Credit for small employer health insurance premiums (attach Form 8941)			
	Other credits, adjustments, and payments Form 2439			
_	Form 4136 Other Total ▶ 50g			
51	Total payments. Add lines 50a through 50g	1-51		8,662.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		8,662.
	- A.K.			8,662.
55	The second of th			
Par		•		Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	-		•
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country	
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	·	X
	If "Yes," see instructions for other forms the organization may have to file			"•
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$. 1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	sest of my	knowledge	and belief, it is
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	46:	20. :	Abra
Her	The interpretation of	•	RS discuss preparer st	this return hown below
	Signature of officer Date Title		ns)? X Y	
	Print/Type preparer's name Preparer's manual E	\top	PTIN	, 110
Paid	2/5/2020 Chec		1	33816
	arer	employed		
	Firm's name DND, LLP		44-016	
	Firm's address ► 1155 AVENUE OF THE AMERICAS #1200, NEW YORK, NY 10036 Phon	eno ∠⊥.	2.867.	
JSA			Form 9	90-T (2018)

Form 990-T (2018)							Page 3		
Schedule A - Cost of Go	ods Sold. Er	ter method	of inventor	y valuation I	<u> </u>	<u> </u>			
1 Inventory at beginning of y	nventory at beginning of year . 1			6 Inventory	at end of yea	ar	6		
2 Purchases	2			7 Cost of	goods so	ld. Subtract line			
3 Cost of labor	3			6 from I	ine 5 En	ter here and in			
4a Additional section 263A co	sts			Part I, line	2		. 7		
(attach schedule)	4a					section 263A (v			
b Other costs (attach schedu				property	produced	or acquired for			
5 Total. Add lines 1 through				to the orga	anization?	<u> </u>	X		
Schedule C - Rent Income	(From Real F	roperty a	nd Person	al Property	Leased V	Vith Real Prope	rty)		
(see instructions)									
Description of property			,						
(1)									
(2)					·				
(3)									
(4)		"							
	2. Rent rece	ved or accrue	ed						
(a) From personal property (if the for personal property is more th more than 50%)	age of rent for p	ersonal property personal property ased on profit or	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)									
(2)									
(3)				•					
(4)									
Total		Total							
(c) Total income. Add totals of co	olumns 2(a) and 2	(b) Enter				(b) Total deduction Enter here and or			
here and on page 1, Part I, line 6						Part I, line 6, colu			
Schedule E - Unrelated Do			e instructio	ns)					
2. Gross				come from or debt-financed		debt-finan	onnected with or allocable to need property		
			1	perty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			4 d	olumn Ivided Ilumn 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%					
(2)				%					
(3)				%					
(4)		100		%					
	·				Enter her Part I, lin	re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals									

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)													
Exempt Controlled Organizations													
Name of controlled organization	2 Employer Identification numb	er ,		Net unrelated income oss) (see instructions)		4. Total of specified payments made		ed inc	Part of column 4 that is included in the controlling organization's gross incom			connected with income	
(1)													
(2)						···	_						
(3)													
(4)													
Nonexempt Controlled Organi	zations											-	
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made			10 Part of column 9 included in the control organization's gross in			trolling conn		. Deductions directly nected with income in column 10		
(1)												·	
(2)							Î		٠				
(3)				•	-								
(4)													
Add columns 5 and 10 Add columns 5 and 10 Enter here and on page 1, Enter he								d columns 6 and 11 er here and on page 1, rt I, line 8, column (B)					
1. Description of income	2. Amount of income			3. Deductions directly connected (attach schedule)			- 4. Set-a: (attach sc			asides		Total deductions and set-asides (col. 3 plus col. 4)	
(1)												<u> </u>	
(2)													
(3)													
(4)													
Totals	**************************************								Enter here and on page 1, Part I, line 9, column (8)				
Schedule I - Exploited Exc	empt Activity in	come	, Otne	r in	an Adverti	ising ir	come	(see ii	istruc	ctions)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income		nth of	4 Net income (loss from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5. Gross income from activity that is not unrelated business income		hat ed	6. Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)							<u> </u>						
(2)													
(3)					-								
	1				<u> </u>							 	
(4) Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	pag line	r here and ge 1, Part 10, col (1,			l		I A		Enter here and on page 1, Part II, line 26		
Schedule J-Advertising In												* *	
Part I Income From Per	iodicals Report	ed or	a Cor	nsoli	idated Bas	sis						-r:	
1. Name of periodical	2. Gross advertising income		3. Direct advertising costs		4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		n	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	1		_										
(2)	1												
(3)	† †							-					
(4)	 												
	† †				, ATAMANISTOCCOCC							,	
Totals (carry to Part II, line (5))								-		_	_	Form 990-T (2018)	

(3)

(4)

Total. Enter here and on page 1, Part II, line 14,

AMERICAN FRIENDS OF THE TEL AVIV UNIVERSITY, Page 5 Form 990-T (2018) Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising costs (column 6 2. Gross gain or (loss) (col 6. Readership 5. Circulation 3. Direct minus column 5, but advertising 2 minus col 3) If 1 Name of periodical advertising costs income costs not more than a gain, compute income column 4) cols 5 through 7 (2) (3) (4) Totals from Part I. Enter here and Enter here and on Enter here and on on page 1, . page 1, Part I, page 1, Part I, Part II, line 27 line 11, col (B) line 11, ∞l (A) Totals, Part II (lines 1-5) . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4. Compensation attributable to time devoted to 2. Title unrelated business % (2) ATCH 1 %

Form 990-T (2018)

% %