(Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change AMERICAN FRIENDS OF ALYN HOSPITAL, INC. Name change 13-6100833 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (212) 869-8085 122 EAST 42ND STREET 1519 termin-ated 4,311,453. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEW YORK, NY 10168-0002 H(a) Is this a group return Applica-F Name and address of principal officer: MAAYAN AVIV for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)() ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ALYNUS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1934 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 17 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 2,680,183. 2,960,614. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 174,848.217,465. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,897,648. 3,135,462. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,143,595. 2,218,104. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,160,739. 309,605. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 475,864. 415,780. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,780,198. 2,943,489. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 191,973. -882,550. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 5,348,129. 6,033,880. 20 Total assets (Part X, line 16) 428,726. 678,695. 21 Total liabilities (Part X, line 26) Net/ 4,669,434. 5,605,154. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign MAAYAN AVIV, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature P00541714 Paid CHRIS BELLANDO Firm's name LUTZ AND CARR, CPAS LLP Firm's EIN ▶ 13-1655065 Preparer Firm's address 551 FIFTH AVENUE, SUITE 400 Use Only Phone no. 212-697-2299 NEW YORK, NY 10176 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	📖
1	Briefly describe the organization's mission:	
	TO EDUCATE IN THE U.S. ABOUT THE ALYN-WOLDENBERG FAMILY	
	HOSPITAL/PEDIATRIC AND ADOLESCENT REHAB CENTER IN JERUSALEM, ISRAEL	,
	AND RAISE FUNDS TO SUPPORT THEIR WORK.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X 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	3.
	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)
	DISTRIBUTION OF GRANTS TO THE ALYN-WOLDENBERG FAMILY HOSPITAL/PEDIA	TRIC
	AND ADOLESCENT REHABILITATION CENTER IN JERUSALAM, ISRAEL, FROM	
	AMERICAN FRIENDS OF ALYN HOSPITAL.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
-10	(Code) (Liverine 4	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e		
	Form 9	90 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		\ _{3,7}
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		.
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			 ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	٠. ا	v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44.	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		 **
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		37	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	١		.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19		19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV	Checklist of Required Schedules (continued)
I all IV	Official of Medalied Ochedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
04 -	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0Eh		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			. v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 -7	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	I

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return2a	5						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b					
4a	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	ı?	4a		X			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	` '			37			
5a	, , , , , , , , , , , , , , , , , , , ,		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Λ			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ		60		Х			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or organization.		6a					
D	were not tax deductible?	1	6b					
7	Organizations that may receive deductible contributions under section 170(c).		OD					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro	vided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	.	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi	The state of the s						
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	,	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required?	7g					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		_					
_	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.		0-					
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b					
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		อม					
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
_	organization is licensed to issue qualified health plans They the amount of receives an hand							
	Enter the amount of reserves on hand		14-		X			
14a			14a 14b		-22			
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration o	 r	140					
13	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.		,5					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	e?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
	· · ·		Form	990	(2010)			

Form **990** (2019)

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				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	a 17			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent1	ь 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the d				
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets	s?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoo				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap	ters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b	efore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	$Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise \ to$	conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	" describe			
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	y independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in	ts participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ation's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►NY				
18	$Section\ 6104\ requires\ an\ organization\ to\ make\ its\ Forms\ 1023\ (1024\ or\ 1024\cdot A,\ if\ applicable),\ 990,\ and\ applicable)$	990-T (Section 501(c)(3	s)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on	,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confi	ict of interest policy, ar	ıd fina	ncial	
	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	s and records			
	MAAYAN AVIV - (212) 869-8085	0000			
	122 EAST 42ND STREET, NO. 1519, NEW YORK, NY 10168	-0002			

932006 01-20-20

Form **990** (2019)

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below	stee or director		nd a d	irecto	Highest compensated highest compensated employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	line)	Indivi	Institu	Officer	Key e	Highe emplo	Former			
(1) MINETTE BROWN	1.00	,,		,,					0	0
CHAIR	1 00	Х		Х				0.	0.	0.
(2) ISAAC SUTTON	1.00								•	•
PRESIDENT (THROUGH 12/2019)	1 00	Х		X				0.	0.	0.
(3) JOANNE BLYE	1.00								•	•
PRESIDENT	1 00	Х		Х				0.	0.	0.
(4) ED JOYCE	1.00								•	•
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(5) DANIEL BLUMENTHAL	1.00	,,		,,					0	•
SECRETARY	1 00	Х		Х				0.	0.	0.
(6) BRYAN GARTENBERG	1.00	,,		,,					0	•
TREASURER	1 00	Х		Х				0.	0.	0.
(7) CHARLES DIMSTON	1.00	,,							0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) VICTOR GOLDSMITH	1.00	٠,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) HARVEY GRAD	1.00	Ι,,							0	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) MADELEINE GROBLER	1.00	Х						0.	0.	^
BOARD MEMBER	1.00	^						0.	0.	0.
(11) HARMAN GROSSMAN	1.00	Х						0.	0.	0.
BOARD MEMBER (12) GIORGIO KULP	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
	1.00	^						0.	0.	0.
(13) WALLACE LEHMAN, M.D. BOARD MEMBER	1.00	Х						0.	0.	0.
(14) PASTOR DR. PETER MARSHALL	1.00	^						0.	· ·	•
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) ALAN ROSENZWEIG	1.00	<u> </u>		\vdash				0.	0.	.
BOARD MEMBER	1.00	х						0.	0.	0.
(16) STEWART SENTER	1.00	 ``	\vdash	\vdash		\vdash	\vdash	0.	0.	<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
(17) HOWARD WEBER	1.00	 	\vdash							<u></u>
BOARD MEMBER		x						0.	0.	0.
932007 01-20-20				_						Form 990 (2019)

932007 01-20-20 Form **990** (2019)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week	(do	not c	Position ot check more than one unless person is both an r and a director/trustee)				(D) Reportable compensation	(E) Reportable compensatio	on	an	(F) stimate nount	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	ıs	com fr org an	other opensation opens	e ion ed
(18) MAAYAN AVIV EXECUTIVE DIRECTOR	40.00			х				149,060.		0.	2	2,4	92.
(19) CATHY LANYARD	40.00											-	
FORMER EXECUTIVE DIRECTOR							Х	203,009.		0.			0.
		_				_							
						_					<u> </u>		
1b Subtotal								352,069.		0.	2	2,4	92.
c Total from continuation sheets to Part VI							\	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	352,069.		0.	22,492.		
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportab	le			2
												Yes	No
3 Did the organization list any former officer,											3	Х	
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su								ner compensation from			3	21	
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-		elat	ed organization or indiv	idual for services	;	5		Х
Section B. Independent Contractors	piete ochedun		UI SL	JCIT	pers	our .							
1 Complete this table for your five highest co										npens	ation	from	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir 	n the organization's tax : (B)	year.		(0	.)	
Name and business	address	N	ONE	3				Description of s	ervices	С		nsatio	n
							_						
2 Total number of independent contractors (i	-	ot li	mite	d to		_	sted	above) who received m	nore than				
\$100,000 of compensation from the organia	zation >					<u>) </u>							

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Pa	πv	/111		a au mada da ami ilim	a in this Dort VIII			
			Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	4	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant	'		Federated campaigns 1a Membership dues 1b					
'n.G			Fundraising events 1c					
ifts ir A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sil			All other contributions, gifts, grants, and					
ber		•	similar amounts not included above 11	2,960,614.				
oğ.		a	Noncash contributions included in lines 1a-1f	_,,				
Sor		_	Total. Add lines 1a-1f	•	2,960,614.			
		<u></u>	Totali / lad iii los la li	Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
e e	2	а						
vic	_	b						
Program Service Revenue		c						
am		d						
ogr R		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts))	143,649.			143,649.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 1,207,19	٥.				
		b	Less: cost or other basis					
nue			and sales expenses 7b 1,175,99					
Revenue		С	Gain or (loss) 7c 31,19					
		d	Net gain or (loss)	>	31,199.			31,199.
ther	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			,	a				
				b				
	_		Net income or (loss) from fundraising events	· ▶				
	9	а	Gross income from gaming activities. See					
		L.	· · · · · · · · · · · · · · · · · · ·	a b				
				-				
	40		Net income or (loss) from gaming activities	·····				
	10	a	Gross sales of inventory, less returns					
		h		Da Db				
			·····					
		U	Net income or (loss) from sales of inventory	Business Code				
Snc	11	2		Duomiess Code				
Miscellaneous Revenue	• •	a b		· 				
ella		C		·				
Re			All other revenue	·				
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		3,135,462.	0.	0.	174,848.
					, , , •	· · · · · · · · · · · · · · · · · · ·		, , , = - •

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 respon		er organizations must co this Part IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	2 210 104	2 210 104		
	individuals. See Part IV, lines 15 and 16	2,218,104.	2,218,104.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	171,552.	42,888.	85,776.	42,888
_	trustees, and key employees	1/1,552.	42,000.	05,770.	42,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	101,425.	39,934.	31,275.	30,216
7	Other salaries and wages	101,443.	33,334.	J1,4/J•	30,210
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	6,665.	3,363.	1,070.	2 222
9	Other employee benefits	29,963.	9,235.	12,656.	2,232 8,072
10	Payroll taxes	25,505.	J, 255 •	12,0301	0,072
11	Fees for services (nonemployees):				
a					
b		51,405.		51,405.	
۲ C	5 ·······	31,403.		31,4031	
d e	D (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
f	Investment management fees	29,651.		29,651.	
g		23,0320		23,0320	
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	64,596.	55,705.		8,891
13	Office expenses	107,111.	31,998.	47,244.	27,869
14	Information technology	28,145.	7.000	26,735.	1,410
15	Royalties			.,	, -
16	Occupancy	82,972.	25,721.	34,849.	22,402
17	Travel	361.	- ,	361.	, -
18	Payments of travel or entertainment expenses				
. •	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,501.	465.	631.	405
23	Insurance	17,188.		17,188.	
24	Other expenses. Itemize expenses not covered				
-	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EVENT EXPENSES	22,515.	5,629.		16,886
b	ON LINE FUNDRAISING FEE	6,195.			6,195
С	MISCELLANEOUS	4,140.		4,140.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,943,489.	2,433,042.	342,981.	167,466
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Part X | Balance Sheet

<u> Par</u>	χχ	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			142,447.	1	173,962
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			63,032.	3	108,842
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	sons (as defined				
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			10,332.	9	28,819
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	29,712.			
	b	Less: accumulated depreciation		16,546.	885.	10c	13,166
	11	Investments - publicly traded securities			4,385,932.	11	4,900,272
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	ie 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			745,501.	15	808,819
	16	Total assets. Add lines 1 through 15 (must ed			5,348,129.	16	6,033,880
	17	Accounts payable and accrued expenses			678,695.	17	428,726
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
g	22	Loans and other payables to any current or fo	rmer offi	er, director,			
		trustee, key employee, creator or founder, sul	ostantial	ontributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		22	
•	23	Secured mortgages and notes payable to unr	elated th	d parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	o related third			
		parties, and other liabilities not included on lin	es 17-24	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			678,695.	26	428,726
_		Organizations that follow FASB ASC 958, c	heck her	x X			
<u> </u>		and complete lines 27, 28, 32, and 33.					
<u> </u>	27	Net assets without donor restrictions			-896,836.	27	-74,706
<u> </u>	28	Net assets with donor restrictions		<u></u>	5,566,270.	28	5,679,860
		Organizations that do not follow FASB ASC	958, ch	ck here 🕨 🗌			
<u> </u>		and complete lines 29 through 33.					
<u>က</u>	29	Capital stock or trust principal, or current fund	ds			29	
מַ	30	Paid-in or capital surplus, or land, building, or	equipme	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
ē	32	Total net assets or fund balances			4,669,434.	32	5,605,154
_	l	Total liabilities and net assets/fund balances			5,348,129.	33	6,033,880

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,13				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,94				
3	Revenue less expenses. Subtract line 2 from line 1	3			-	73.		
4								
5	Net unrealized gains (losses) on investments	5		68	0,4	29.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		6	3,3	18.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	5	,60	5,1	54.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b				

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 13-6100833 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) 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 X An organization that normally receives: (1) more than 33 1/3% 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 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 13-6100833 Page 2

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

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

Sec	ction A. Public Support	7.	·	,			
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(-,	(=,==:=	(=,==::	(-,,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
·	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4					` , ,	``
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12		etc. (see instruct	ions)	'		12	
	First five years. If the Form 990 is for					on 501(c)(3)	
	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2019 (line 6, column (f) o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Par	t II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	ported organizatio	n			▶□
k	33 1/3% support test - 2018. If the o	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	•	•				•
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organization	ation qualifies as a	publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circ	umstances" test, o	check this box and	d stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test	. The organization	qualifies as a pub	licly supported org	anization	▶□
18	Private foundation. If the organization	n did not check a	a box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶□
					Sch	edule A (Form 990	or 990-EZ) 2019

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	clow, picase comp	olete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	,	,	()	` '	,	. ,
	membership fees received. (Do not						
	include any "unusual grants.")	2293137.	3063707.	2404996.	2680183.	2960614.	13402637.
_		2233137	3003707.	2404330.	2000103.	2500014.	13402037.
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						101000
6	Total. Add lines 1 through 5	2293137.	3063707.	2404996.	2680183.	2960614.	13402637.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	10,800.	23,000.	10,000.	14,620.	36,064.	94,484.
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						0.
	Add lines 7a and 7b	10,800.	23,000.	10,000.	14,620.	36,064.	94,484.
		10,000.	23,000.	10,000.	11,020.		13308153.
	Public support. (Subtract line 7c from line 6.)						T2200T22•
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	2293137.	3063707.	2404996.	2680183.	2960614.	13402637.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	139,831.	102,187.	139,191.	148,278.	143,649.	673,136.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	139,831.	102,187.	139,191.	148,278.	143,649.	673,136.
	Net income from unrelated business	133,031.	102,107.	133,131.	140,270.	143,043.	073,130.
•••	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2432968.	3165894.	2544187.	2828461.	3104263.	14075773.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
					-		
Sec	tion C. Computation of Publ						,
	Public support percentage for 2019 (I			column (f))		15	94.55 %
16	Public support percentage from 2018					16	93.02 %
	tion D. Computation of Investigation					10	33.02 70
	•			10 1 (0)		4=	4.78 %
17	Investment income percentage for 20					17	
18	Investment income percentage from 2					18	6.19 %
19a	33 1/3% support tests - 2019. If the						
	more than 33 $1/3\%$, check this box a	nd stop here. The	organization qualit	ies as a publicly s	upported organiza	tion	▶ X
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	orted organization	
20	Private foundation. If the organization						
				,		adula A (Farm 00)	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	- Ou		
	3b		
	20		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	401		
0	10b 90 or 90)0 EZ	. 0010

Schedule A (Form 990 or 990-EZ) 2019 AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 13-6100833 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	Ţ	
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.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_ 7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 13-6100833 Page 7

Pai	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	ns		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
		•	(i)	(ii)	(iii)
Sect	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
d	Exces	s from 2018			
_	- Fyoo	o from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2	019 AMERICAN	FRIENDS OF	ALYN HOSPIT	AL, INC. I	3-6100833 Page 8
Part VI	Part IV, Section A, line line 1; Part IV, Section	s 1, 2, 3b, 3c, 4b, 4c D, lines 2 and 3; Par	, 5a, 6, 9a, 9b, 9c, 11a t IV, Section E, lines 1	quired by Part II, line 10; I a, 11b, and 11c; Part IV, c, 2a, 2b, 3a, and 3b; Pa I 6. Also complete this pa	Section B, lines 1 and rt V, line 1; Part V, Se	d 2; Part IV, Section C, ection B, line 1e; Part V,
	(000 mon dono)					

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 13-6100833

Organization type (check one):

Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
• •	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(any one contr	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
year, contribu is checked, er purpose. Don	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box neer the total contributions that were received during the year for an exclusively religious, charitable, etc., 't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ritable, etc., contributions totaling \$5,000 or more during the year							
but it must answer "No	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to pertify that it doesn't meet the filing requirements of Schedule B (Form 990-PF).							

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

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

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WOLDENBERG FOUNDATION 524 METAIRIE ROAD METAIRIE, LA 70005	\$ 225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FIDELITY CHARTABLE PO BOX 770001 CINCINNATI, OH 45277	\$ <u>115,750</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JP MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	POSNACK FAMILY FOUNDATION OF HOLLYWOOD PO BOX 40200 JACKSONVILLE, FL 32203	\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BOB SIMON ELROI ST. 5G JERUSALEM, ISRAEL 92108	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	HELEN P. BONDY FOUNDATION 7 SAINT PAUL STREET BALTIMORE, MD 21202	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ESTATE OF MEREDITH DRENCH 11 UPLAND ROAD NEWBURYPORT, MA 01950	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	STEPHEN TOMOR 11 SUTTON ROAD MONSEY, NY 10952	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ESTATE OF MARTHA SIMON C/O DAVID FRIEDMAN, 950 S. PINE ISLAND PLANTATION, FL 33324	\$ 27,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	CLAIRE FRANKEL 2139 WYOMING AVE NW APT 21 WASHINGTON, DC 20008	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	REVOCABLE LIVING TRUST OF DONALD M. LOOPER C/O MS. CAROLYN YOUNG 425 FAIRGATE ROAD, CA 95825	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	DANIEL BLUMENTHAL 381 LAKESIDE TERRACE GLENCOE, IL 60022	\$18,564.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ENRICO RACCAH EIGHTEEN HY DEVELOPERS, 12713 SW 125TH AVENUE MIAMI, FL 33186	\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	PACCAR FOUNDATION PO BOX 1519 BELLEVUE, WA 95009	\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	ANONYMOUS C/O AMERICAN FRIENDS OF ALYN HOSPITAL, INC, 122 EAST 42ND ST- SUITE 1519 NEW YORK, NY 10168	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	CAROL JOSEPH 473 WEST END AVENUE, #10C NEW YORK, NY 10024	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	MIRIAM LEIFER CHARITABLE TRUST C/O FREDA ROSENFELD, 1651 55TH STREET BROOKLYN, NY 11204	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	WILLIAM AND SEDELLE BELSON TRUST PO BOX 20160 LONG BEACH, CA 90801	\$ <u>13,875.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 FINNEGAN, HENDERSON, FARABOW, GARRETT	Total contributions	Type of contribution
19	& DUNNER, LLP 901 NEW YORK AVENUE, NW WASHINGTON, DC 20001	\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	ARNOLD GOLDBRAUM 150 E 69 ST. NEW YORK, NY 10021	\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	BOB BELFER C/O DENIAL SOLUTIONS, 16 ISAAC LANE CHERRY HILL, NJ 08002	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 GENERAL IRON INDUSTRIES CHARITABLE FOUNDATION 1909 N. CLIFTON AVENUE CHICAGO, IL 60614	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	MARK CASTELLANO 6 PINE HOLLOW LN. FAR HILLS, NJ 07931	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	MILTON ROSENBERG 500 W BRADLEY ROAD #213C MILWUAKEE, WI 53217	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	OVATION TRAVEL GROUP 71 FIFTH AVENUE, 11TH FLOOR NEW YORK, NY 10003	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	PAPA & BARKLEY 1245 CHAMPA ST. DENVER, CO 80204	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	PAUL AND PEARL CASLOW FOUNDATION 950 MILWAUKEE AVENUE STE. 327 GLENVIEW, IL 60025	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	RACHEL & BARNEY GOTTSTEIN FOUNDATION 935 W. 3RD AVENUE ANCHORAGE, AK 99501	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	REGISTER ABSTRACT COMPANY, INC. 215-15 NORTHERN BLVD., SUITE 101 BAYSIDE, NY 11361	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	ROBIN KROLL 6001 60TH AVENUE NE SEATTLE, WA 98115	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
31	WILLIAM LANSING 350 ALLEN RD WOODSIDE, CA 94062	\$ 10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32	WORD OF FAITH CHRISTIAN CENTER 20000 W. NINE MILE RD. SOUTHFIELD, MI 48075	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33	JAMES BARASH 50 CHEYENNE MOUNTAIN BLVD. COLORADO, CO 80906	\$8,800.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
34	FOSTER CHASE PO BOX 499 COLBERT, WA 99005	\$ 8,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
35	JOSEPH SCHOTLAND 232 FOX HILL STREET WESTWOOD, MA 02090	\$8,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
36	ARTHUR DANTCHIK 206 MAPLE HILL ROAD GLADWYNE, PA 19035	\$ 7,763.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
37	RANDALL BROWN 161 VALLEY VIEW LANE BELVIDERE, TN 37306	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38	STEVEN NACHMAN 28 CAROL STREET PLAINVIEW, NY 11803	\$ 7,300.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39	DANIEL CUTLER 1225 EAST 34TH STREET BROOKLYN, NY 11210	\$6,552.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
40	MICHAEL NOVOGRATZ 77 WATER STREET FLOOR 9 NEW YORK, NY 10005	\$6,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
41	THOMAS MCDONALD 58 E. 92ND STREET NEW YORK, NY 10128	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
42	DOLORES ARNOVITZ 1259 KITTREDGE COURT NE ATLANTA, GA 30329	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c) Total contributions	(d)		
	Name, address, and ZIP + 4 SAM SUSSER 800 NORTH SHORELINE #2200N CORPUS CHRISTI, TX 78401	\$ 5,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
44	LAWRENCE KEMP 22 MONTGOMERY LANE GREENWICH, CT 06830	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
45	LIBERTANA HOME HEALTH 5805 SEPULVEDA BLVD. SUITE 605 SHERMAN OAKS, CA 91411	\$5,175.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
46	ORAN ARAZI-GAMILIEL 24 LILENBALUM STREET HADERA, ISRAEL	\$ 5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
47	BRIAN RICHTER 1650 CLOVERDALE AVE HIGHLAND PARK, ID 60035	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
48	CARYN SEIDMAN-BECKER PO BOX 7138 GARDEN CITY, NY 11530	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
49	DAVID EISMAN 13565 D'ESTE DRIVE PACIFIC PALISADES, CA 90272	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
50	EDWARD KOPELOWITZ 520 EAST 90 ST., #4A NEW YORK, NY 10128	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
51	FRED NATHAN 1211 GLEN OAK LANE NORTHBROOK, IL 60062	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
52	JAN PITCHER 12504 CRYSTAL POINTE DRIVE, #201 BOYNTON BEACH, FL 33437	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
53	JEFF FELNER 7284 W. PALMETTO PARK RD. #206 BACON RATON, FL 33434	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
54	JONATHAN STURMAN 231 MILL RIVER ROAD FAIRFIELD, CT 06824	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 JOSEPH AND RAE GANN CHARITABLE FOUNDATION PO BOX 130156 BOSTON, MA 02113	Total contributions - \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	KENNETH LANGONE 375 PARK AVENUE NEW YORK, NY 10152	- \$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	MICHAEL SONNENFELDT 146 CENTRAL PARK WEST NEW YORK, NY 10023	_ \$5,000. _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	MIMI STERNLICHT 121 OLD MILL RD. GREENWHICH, CT 06831	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	RICHARD WILLIS 6025 STEINBECK BEND DRIVE WACO, TX 76708	- \$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	RODGER HOLSTEIN 240 RIVERSIDE BLVD. 12C NEW YORK, NY 10069	- - \$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4 RUSSELL CHRISTOPHER 1114 AVENUE OF THE AMERICAS 37TH FLOOR NEW YORK, NY 10036	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
62	STANLEY DRUCKMILLER 40 WEST 57TH STREET 25TH FLOOR NEW YORK, NY 10019	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
63	STEWART AND DONNA SENTER 94 WHEATLEY ROAD OLD WESTBURY, NY 11568	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-06			990 990-F7 or 990-PF) (20

Employer identification number

Name of organization

13-6100833 AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

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 ALYN HOSPITAL, INC.

Employer identification number 13-6100833

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring		
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (for example, recrea		storically important land area		
	Protection of natural habitat	Preservation of a ce	ertified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a			
	day of the tax year.		Held at the End of the Tax Year		
	Total number of conservation easements				
	Total acreage restricted by conservation easements		· 		
	Number of conservation easements on a certified historic str		. 2c		
a	Number of conservation easements included in (c) acquired				
•	listed in the National Register				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	lanization during the tax		
4	year	coment is leasted			
4 5	Number of states where property subject to conservation ea				
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
Ū	b	Thanding of Violations, and emoroning conserve	ation casements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year		
-	▶ \$	aming of the latter, and emercing content and	cacemente aaning inc year		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	* * * * * * * * * * * * * * * * * * * *			
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footi	•			
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	palance sheet works		
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		•		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:			
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·		
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019		

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@continued a plant of the records, check any of the following that make significant use of its collection terms (check all that apply):			N FRIENDS (Page 2
a collection terms (check all that apply): a	Par			•				(continue	ed)
a Public exhibition d Loan or exchange program b Scholarly research Other c Preservation for future generations d 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 solor 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? Ves No Part IV Executed to a manufactor or the properties of the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is It have a subject to the properties of the organization answered "Ves" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, for secret or custodial account liability? Ves No If Yes, 'explain the arrangement in Part XIII and complete the following table: Additions during the year	3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	significant use	of its		
b Scholarly research e									
c	а	Public exhibition	d	Loan or exc	hange program				
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 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, 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, 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Amount 1c C Beginning of year balance 1d Agent are a few control and amount on Form 990, Part X, line 10. 1d Beginning of year balance 1d Agent are a few control and amount on Form 990, Part X, line 10. 1d Agent are a few control and amount on Form 990, Part X, li	b	Scholarly research	е	U Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection? Part IV	С	Preservation for future generations							
Does old to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's ex	empt purpose	in Part X	JII.	
Part V 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?	5								
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1e Inding balance 2 Distributions during the year 1e Ending balance 1 Ending balance 2 Distributions during the year 1 Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account tiability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance 4, 385, 932, 4, 847, 972, 4, 849, 736, 4, 589, 316, 4, 816, 893, b Contributions 5 Contributions 6 Contributions 7 Not investment earnings, gains, and losses 855, 277, -215, 697, 682, 065, 272, 563, -19, 188, d Grants or scholarships 9 Cother expenditures for facilities 9 and programs 9 Advantage and programs 9 Advantistrative expenses 9 End of year balance 9 (A) 900, 272, 4, 385, 932, 4, 847, 972, 4, 849, 736, 4, 589, 316, 289, 389, 316, 320, 320, 339, 340, 347, 349, 349, 349, 349, 349, 349, 349, 349									No_
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ If 'Yes,' explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Additions during the year □ Bostributions during the year □ Ending balance □ Distributions during the year □ Distributions during the year □ Endowment FundS. Complete if the organization answered "Yes" on Form 990, Part X, line 10. □ Distributions □ Di	Par		-	te if the organizatio	n answered "Yes" o	n Form 990, P	art IV, lin	e 9, or	
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d									
C Beginning balance C Beginning the year C Beginning balance	1a							ſ	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance g Distributions during the year f Ending balance b Distributions during the year f Ending balance g Distributions during the year f Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?							└	Yes	└── No
C Beginning balance 1	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization in Part IV, line 11.							A	mount	
Ending balance	С	Beginning balance				1c			
f Ending balance	d	Additions during the year				1d			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year				1e			
F Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	f	Ending balance				1f			
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 (d) Three years (d) Three year	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	ility?	└── '	Yes	└── No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years (d) Three y	<u>b</u>								
1a Beginning of year balance 4,385,932. 4,847,972. 4,849,736. 4,589,316. 4,516,893. b Contributions 855,277. -215,697. 682,065. 272,563. -19,188. c Net investment eamings, gains, and losses 855,277. -215,697. 682,065. 272,563. -19,188. d Grants or scholarships 9 0ther expenditures for facilities and programs 340,937. 246,343. 683,829. 12,143. 208,389. f Administrative expenses 9 End of year balance 4,900,272. 4,385,932. 4,847,972. 4,849,736. 4,589,316. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► % 9 b Permanent endowment ►	Par	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	orm 990, Part IV, line	10.			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 340,937. 246,343. 683,829. 12,143. 208,389. f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % 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 (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization isisted 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 Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other 29,712. 16,546. 13,166.			`,	(b) Prior year	(c) Two years back	(d) Three years	s back (e) Four ye	ears back
c Net investment earnings, gains, and losses d 355,277.	1a	Beginning of year balance	4,385,932.	4,847,972.	4,849,736.	4,589	,316.	4,83	16,893.
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 4,900,272, 4,385,932, 4,847,972, 4,849,736, 4,589,316. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ b Permanent endowment ▶ 100 ⋅ 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 (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related 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 depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	b	Contributions							
e Other expenditures for facilities and programs 340,937. 246,343. 683,829. 12,143. 208,389. f Administrative expenses 4,900,272. 4,385,932. 4,847,972. 4,849,736. 4,589,316. g End of year balance 4,900,272. 4,385,932. 4,847,972. 4,849,736. 4,589,316. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses	855,277.	-215,697.	682,065.	272	,563.	<u> </u>	19,188.
and programs 340,937. 246,343. 683,829. 12,143. 208,389. f Administrative expenses g End of year balance 4,900,272. 4,385,932. 4,847,972. 4,849,736. 4,589,316. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships							
## Administrative expenses g End of year balance	е	Other expenditures for facilities							
g End of year balance		and programs	340,937.	246,343.	683,829.	12	,143.	2	08,389.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f								
a Board designated or quasi-endowment ▶			4,900,272.	4,385,932.	4,847,972.	4,849	,736.	4,5	89,316.
a Board designated or quasi-endowment ▶			rent year end balance	e (line 1g, column (a	a)) held as:	•			
b Permanent endowment ▶	а		•		,,				
Term endowment ►			%	_					
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 29,712. 16,546. 13,166.			 %						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 29,712. 16,546. 13,166.		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations	За		•	ation that are held a	nd administered for	the organization	on		
(i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Related organization in Related organizations (iv) Related organizations (iv) (iv) Related organizations (iv) Related o						and organization		Y	es No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 29,712. 16,546. 13,166.		-					[
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) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 29,712. 16,546. 13,166.									
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) basis (other) basis (other) c Leasehold improvements d Equipment e Other 29,712. 16,546.	h								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Other Cother Date of	4						L	35	
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) 1a Land b Buildings c Leasehold improvements d Equipment e Other 29,712. 16,546.	Par			willett tuttus.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Description of property (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Description of property (f) Accumulated depreciation (f) Description of property (g) Accumulated depreciation (h) Book value (f) Description of property (h) Cost or other basis (other)				Part IV line 11a S	See Form 990 Part X	line 10			
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 29,712. 16,546. 13,166.							1 10		value
1a Land b Buildings c Leasehold improvements d Equipment e Other 29,712. 16,546. 13,166.		Description of property					"	J DOOK V	alue
b Buildings C Leasehold improvements c Leasehold improvements C Leasehold improvements d Equipment C 29,712. e Other 29,712.	10	Land	<u> </u>		(5151)	.p. 001411011			
c Leasehold improvements 4 Equipment d Equipment 29,712. 16,546. 13,166.									
d Equipment							-		
e Other 29,712. 16,546. 13,166.							+		
				 1	9 712	16 5/6	-	12	166
						10,540	\div		

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 AMERICAN FR	IENDS OF ALYN	HOSPITAL, INC. 1	3-6100833 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
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: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes"	Description	Tra. See Form 990, Part X, line 15.	(b) Book value
CECIDIENT DEDOCIE			29,231
\ \frac{1}{2}	EMAINDER TRUS	ΨS	779,588
(3)	<u> </u>	-15	1737300
(4)			
(5)			+
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	808,819
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 2	•
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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..

Schedule D (Form 990) 2019

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

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 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

Employer identification number

					10 (1000)	2.2
AMERICAN FRIEND		13-61008				
Part I General Info		etivities Ou	tside the United States. Comple	ete if the organ	ization answered "	'Yes" on
		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance	
_	•		the selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
	he following Part	t I, line 3 table c	an 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, pro- gram services, investments, grants to recipients located in the region)	is a pro-	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND						
NORTH AFRICA	0	0	GRANTS TO RECIPIENT	PROGRAM SEF	RVICE	2,218,104.
3 a Subtotal	0	0				2,218,104.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				2,218,104.

932071 10-12-19

Schedule F (Form 990) 2019

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

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)		(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)
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM SUPPORT	2218104.	WIRE	0.		FMV
		, 10111,	I ROGRAM BOTTON	2210101.		<u> </u>		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt								
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

3 Enter total number of other organizations or entities

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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

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

Schedule F (Form 990) 2019

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Employer identification number 13-6100833

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

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

Schedule J (Form 990) 2019

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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensation (B)(i)-(D) in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MAAYAN AVIV	(i)	149,060.	0.	0.	0.	22,492.	171,552.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CATHY LANYARD	(i)	0.	0.	203,009.	0.	0.		
FORMER EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
PURSUANT TO A SEVERANCE AGREEMENT WITH THE FORMER EXECUTIVE DIRECTOR/HEAD
OF DEVELOPMENT, CATHY LANYARD, A \$600,000 SETTLEMENT WAS ACCRUED AND
REFLECTED AS PART OF DEFERRED COMPENSATION AS OF DECEMBER 31, 2018.
SETTLEMENT PAYMENTS UNDER THE SEVERANCE AGREEMENT ARE PAYABLE PRO RATA
EVERY OTHER WEEK OVER THREE YEARS SO THAT \$200,000 IS PAYABLE DURING 2019,
\$200,000 IS PAYABLE DURING 2020 AND \$200,000 IS PAYABLE DURING 2021.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Employer identification number 13-6100833

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO EDUCATE IN THE U.S. ABOUT ALYN-WOLDENBERG FAMILY HOSPITAL/PEDIATRIC AND ADOLESCENT REHAB CENTER IN JERUSALEM, ISRAEL, AND RAISE FUNDS TO SUPPORT THEIR WORK.

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

FORM 990 IS REVIEWED WITH THE ACCOUNTANT, TREASURER AND EXECUTIVE DIRECTOR AND COPIES SUBMITTED TO BOARD FOR COMMENTS BEFORE FILING.

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

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:

- AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR EXECUTIVE COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.
- THE CHAIR-PERSON OF THE BOARD OR EXECUTIVE COMMITTEE SHALL, APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.
- AFTER EXERCISING DUE DILIGENCE, THE BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE WHETHER AFAH (AMERICAN FRIENDS OF ALYN HOSPITAL, INC.) CAN OBTAIN WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT
- FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.
- IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE

BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE

DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN AFAH'S

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

Schedule O (Form 990 or 990-EZ) (2019)

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.	13-6100833
BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAI	R AND REASONABLE.
IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE	ITS DECISION AS
TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE COMP	ENSATION COMMITTEE
OF THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILIABLE	TO THE PUBLIC UPON
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTERESTS IN REMAINDER TRUS	TS 63,318.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019

Open to Public Inspection

1.General Information

1.General informati	on							
For Fiscal Year Beginning	g (mm/dd/yy	yy) 01/01/	2019	and Ending (mm/dd/yy	yy) 12/31/	2019	
Check if Applicable: Address Change	Name of Organization: AMERICAN FRIENDS OF ALYN HOSPITAL, INC. Employer Identification Number (EIN): 13-6100833							
Name Change Initial Filing	Mailing Address: 122 EAST 42ND STREET, NO. 1519 NY Registration Number: 01-36-63							
Final Filing Amended Filing	City / State		10168-	0002			Telephone: 212 869-8085	
Reg ID Pending	Website:	LYNUS.ORG					Email:	
Check your organization's	<u> </u>							
registration category:	7A c	only EPTL	only X	DUAL (7A &	EPTL) [Confirm your Registration Category in th Charities Registry at www.CharitiesNYS.o	
2. Certification								
See instructions for certifitwo signatories.	cation requi	rements. Imprope	r certificatio	n is a violation	of law tha	at may be subjec	t to penalties. The certification requi	ires
We certify under p	enalties of p	periurv that we revi	ewed this re	eport. including	all attach	ments. and to th	e best of our knowledge and belief,	
							applicable to this report.	
					MA	AYAN AVI	V	
President or Authorized	Officer:				EX	ECUTIVE	DIRECTOR	
		Signature				Print Nam	e and Title Date	_
Chief Financial Officer or	Treasurer:							_
		Signature				Print Nam	e and Title Date	
3. Annual Reporting	Exempt	ion						
	-		organizatio	n is claiming ar	exemption	on under one cat	egory (7A or EPTL only filers) or both	h
,			· ·	ŭ	•		ied Char500. No fee, schedules, or	
							ne exemption, you must file applicat	
schedules and attachmer	nts and pay	applicable fees.						
I	<u> </u>	-			-		overnment agencies, etc. did not	
		ne organization did ne fiscal year.	d not engag	e a professiona	al fund rai	ser (PFR) or fund	raising counsel (FRC) to solicit	
Contribution	nis during ti	ic nocal year.						
☐ ah EDTI f	ilina ovomnt	ion: Gross receipt	a did not av	roood \$25,000	and tha n	arket value of a	sets did not exceed \$25,000 at any	, timo
	fiscal year.	lion. Gross receipt	s did flot ex	.ceeu \$25,000	and the n	iarket value or as	sets did not exceed \$25,000 at any	, time
	,							
4. Schedules and A	ttachmer	nts						
See the following page								
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer								
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.								
attachments to								
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the	7A filir	na fee:	EPTL filin	u tee.	Total fe	e.		
next page to calculate you		.g 100.		y 100.	1 Julian 18	.	Make a single check or money or	rder
fee(s). Indicate fee(s) you							payable to:	
are submitting here:	\$	25.	\$	250.	\$	275.	"Department of Law"	
Ī								

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

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^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our reven filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support was a DUAL filer and checked box 3a, no Review Report or Audit Report is	00 and up to \$750,000. Doort is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These organizations are not required to file annual financial reports but may do so voluntarily.
Send Your Filing	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com . Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street	NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and

Need Assistance?

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

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Total Liabilities (Part II, line 23(b)).