Form 8868

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	form 7004 to request an extension of time to file incon		113.			
Part I - Ide	entification					
Type or	Name of exempt organization, employer, or other file	Taxpayer identification number (TIN)		nber (TIN)		
Print						
File by the	AMERICAN FRIENDS OF ALYN H		13-61008	33		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 122 EAST 42ND STREET, 1519	see instruct	tions.			
instructions.	City, town or post office, state, and ZIP code. For a $10168-0002$	foreign add	ress, see instructions.			
Enter the R	Return Code for the return that this application is for (f	ile a separa	te application for each return)			01
Applicatio	n Is For	Return Code	Application Is For			Return Code
Form 990 c	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 4720	(individual)	03	Form 5227			10
Form 990-F	PF	04	Form 6069			11
Form 990-T	۲ (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	Γ (trust other than above)	06	Form 5330 (individual)			13
Form 990-T	(corporation)	07	Form 5330 (other than individual)			14
Form 1041	-A	08				
 After vou 	ı enter your Return Code, complete either Part II or Pa	art III. Part I	II. including signature, is applicable	onlv for ar	n extension of	
-	Form 5330.			,		
	Dilication is for an extension of time to the Form 5330	vou must e	nter the following information			
	plication is for an extension of time to file Form 5330, Name		•			
Plan	Name		•			
Plan Plan	Name		•			
Plan Plan Plan	Name					
Plan Plan Plan Plan Part II - Aut	Name					
Plan Plan Plan Plan Part II - Aut	Name	nizations (see instructions)	NY 10	168-0002	
Plan Plan <u>Plan</u> Part II - Aut The boo	Name	nizations (see instructions)			
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Plan Plan Plan Part II - Aut The boo Telepho • If the org	Name Number Year Ending (MM/DD/YYYY) tomatic Extension of Time To File for Exempt Orga pks are in the care of ADAM SCHWARTZ 122 EAST 42ND ST nne No. (212) 869-8085 ganization does not have an office or place of busines	nizations (REET , ss in the Ur	see instructions) 1519 - NEW YORK, E Fax No. ited States, check this box			
Plan Plan Plan Part II - Aut The boo Telepho If the org If this is	Name Number Year Ending (MM/DD/YYYY) tomatic Extension of Time To File for Exempt Orga pks are in the care of ADAM SCHWARTZ 122 EAST 42ND ST one No. (212) 869-8085 ganization does not have an office or place of busines for a Group Return, enter the organization's four-digit	nizations (REET , ss in the Ur Group Exe	see instructions) 1519 – NEW YORK, Fax No. ited States, check this box mption Number (GEN)	f this is fo	r the whole group	check this
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form JJJU

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service	
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Α	For th	e 2023 calendar year, or tax year beginning and	ending		
В	Check if applicab	C Name of organization		D Employer identific	ation number
_					
Ļ	Addre	P AMERICAN FRIENDS OF ALIN HOSPITAL, INC.	•		
Ļ	Name chang	pe Doing business as		13-610083	33
Ļ	returr	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr termi		1519		9-8085
_	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,067,944.
	return	$\mathbf{MEW} \mathbf{IOKK}, \mathbf{MI} \mathbf{IOI00} = 0002$		H(a) Is this a group re	
	tion pend	F Name and address of principal officer: ADAM DCITWART2		for subordinates'	
		SAME AS C ABOVE		H(b) Are all subordinates in	
-		tempt status: $X 501(c)(3) = 501(c) ()$ (insert no.) $4947(a)(1)$	or 527	,	list. See instructions
	Websi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1934 M	State of legal domicile: NY
Ρ	art I	Summary	COUPDI		
e	1	Briefly describe the organization's mission or most significant activities:	SCHEDU		
Governance					1-
veri	2	Check this box if the organization discontinued its operations or dispo			15 sets.
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			15
کە دە	4	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		·····	5
itie	6	Total number of volunteers (estimate if necessary)			15
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>			Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		4,349,671.	3,630,078.
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		404,455.	205,883.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,091.	250.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,763,217.	3,836,211.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,430,254.	2,601,571.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		469,457.	450,922.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 284, 3		0.	0.
ăx	b	Total fundraising expenses (Part IX, column (D), line 25) 284, 3	98.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		547,426.	420,515.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,447,137.	3,473,008.
	19	Revenue less expenses. Subtract line 18 from line 12		316,080.	363,203.
S OL			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		4,979,351.	5,494,878.
Net Assets or	21	Total liabilities (Part X, line 26)		452,372. 4,526,979.	183,462.
	<u>2 22</u> art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		4,340,9/9.	5,311,416.
		Isignature block alties of perjury, I declare that I have examined this return, including accompanying schedule	and atotam	ante and to the heat of mu	knowledge and belief it is
		ances of perjury, I declare that I have examined this return, including accompanying schedule ct, and complete. Declaration of preparer (other than officer) is based on all information of wi			KIIOWIEUYE AITU DEITEI, IL IS
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Sign	Signature of officer			Date					
	ADAM SCHWARTZ, EXECUTIVE	DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	CHRIS BELLANDO			oon omproyou	P00541714				
Preparer	Firm's name LUTZ AND CARR, CP	AS LLP		Firm's EIN 13-	1655065				
Use Only	Firm's address 551 FIFTH AVENUE,	SUITE 400							
	NEW YORK, NY 1017		Phone no. $212-$	697-2299					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

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	Other program services (Describe on Sche Expenses \$ in	dule O.) cluding grants of \$) (Revenue \$)
,	Fotal program service expenses	2,826,940.	/		/
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Form	990	(2023)

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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
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			
Ũ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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?			v
40	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	10	х	
11	or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10	Λ	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	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	444	х	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b	х	
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			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X
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	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
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		
25a	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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
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	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	27		
20	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			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		- 23
5	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
332004	(garibing) withings to prize withers?			(2023)
20200	5			<u>,</u>)

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023)	AMERICAN	FRIENDS	OF	ALYN	HOSPITAL	, INC
Statements R	egarding Othe	er IRS Filings	s and	d Tax Co	ompliance (com	tinued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
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)?	4a		Х				
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 (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			v				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
	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 required to file Form 8282?	7-		х				
ام	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		<u>л</u>				
		7e		х				
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
-	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 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	7h						
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
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						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
U	organization is licensed to issue qualified health plans 13b							
c	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							
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Form 990 (2023)

Part V

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Form 990	(2023))
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AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

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

X

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.

		. 1	4	F	Yes	N
1a		1a	L	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent	1b	1	5		
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		
2	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the			~ ~		F
0	of officers, directors, trustees, or key employees to a management company or other person?		•	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 99					
5	Did the organization become aware during the year of a significant diversion of the organization's asse					
6	Did the organization have members or stockholders?					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?				Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue	Code.)			_
					Yes	r
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				37	
	on Schedule O how this was done			12c		┢
	Did the organization have a written whistleblower policy?				X X	┢
4	Did the organization have a written document retention and destruction policy?			14		
5	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	x	
	The organization's CEO, Executive Director, or top management official				X	┢
b	Other officers or key employees of the organization			15b		-
C -	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
оа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			16a		2
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			loa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
				16b		
ec	exempt status with respect to such arrangements?	<u></u>				
	List the states with which a copy of this Form 990 is required to be filed NY, CA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)	(3)s only	/) avail	ab
0	for public inspection. Indicate how you made these available. Check all that apply.		,	0,0 011	y) uvui	ub
•				a a d fina a		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	TUNCT C	a interest policy,	anu rina	ncial	
0	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ke or	d rocorde			
20	ADAM SCHWARTZ - (212) 869-8085					
	122 EAST 42ND STREET, 1519, NEW YORK, NY 10168-000	14		_	000	15
) 12-21-23			Forr	n 990	(20

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensated
	Employees, and Independe	ent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and title Average hours par week (ist any below bel	(A)	(B)	Ľ		(0	C)			(D)	(E)	(F)
hours per week (list any hours for per lated organizations) compensation from the organizations compensation from the organizations compensation other organizations amount of other organizations (1) MINETTE BROWN 1.00 X X 0. 0. 0. 0. (1) MINETTE BROWN 1.00 X X 0. 0. 0. 0. 0. (2) FAULA GLAZIER 1.00 X X X 0. 0. 0. 0. (3) ED JOYCE 1.00 X X 0. 0. 0. 0. (4) JOANNE BLYE 1.000 X X X 0. 0. 0. (6) BRAN GRAN CENSER 1.000 X X 0. 0. 0. (1) UNENTER BLUE 1.000 X X 0. 0. 0. (3) ED JOYCE 1.000 X X 0. 0. 0. 0. (4) JOANNE BLYE 1.000 X X 0. 0. 0. 0.			(do		Pos	ition		one			
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(16) MAAYAN AVIV 40.00 EXECUTIVE DIRECTOR (THROUGH 2/2023) X (17) ADAM SCHWARTZ 40.00 EXECUTIVE DIRECTOR X 140,769. 0. 30,337.	(15) HOWARD WEBER	1.00									
EXECUTIVE DIRECTOR (THROUGH 2/2023) X 31,259. 0. 8,049. (17) ADAM SCHWARTZ 40.00 X 140,769. 0. 30,337.			X						0.	0.	0.
(17) ADAM SCHWARTZ 40.00 X 140,769. 0. 30,337.		40.00									
EXECUTIVE DIRECTOR X 140,769. 0. 30,337.					X				31,259.	0.	8,049.
		40.00									
	EXECUTIVE DIRECTOR				X				140,769.	0.	

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									SPITAL, INC.	13-61	L008	333	P	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offic	not cl , unle:	ss per	ition more rson i	than o is boti pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations		an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fr org and	om th anizat d relat anizati	e ion ed
	0.44-4-1								172,028.		0.	3	<u> </u>	86.
	Subtotal Total from continuation sheets to Part VI								0.		0.	5	0,5	0.
	Total (add lines 1b and 1c)								172,028.		0.	3	8,3	
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	sove	e) wh	io r	eceived more than \$100	,000 of reportabl	е			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual								•		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150			-					-	-		4	х	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			-			5		x
Sec	tion B. Independent Contractors		501	01 30	icii p	06/3	<u>.</u>					<u> </u>		
1	Complete this table for your five highest con the organization. Report compensation for t										ipensa	ation f	rom	
	(A) Name and business	y		ONE			01 11		(B) Description of s			(C	;) nsatio	
		address	INC		2				Description of a			Jinper	154110	
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	nite	d to	tho: (•	stec	d above) who received n	nore than				
											I	orm 9	990 ()	2023)

332008 12-21-23

Form Pa						RIE	NDS OF A	LYN HOSPII	CAL, INC.	13-6100	833 Page
						onse	or note to any lir	ne in this Part VIII			
			Check if Schedule O		<u></u>		<u></u>	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues]			
ts, (Am		с	Fundraising events		1c						
Gifi İlar		d	Related organizations		1d						
ns, Sim			Government grants (contr		. –						
er S		f	All other contributions, gifts,	-		~	600 000				
Oth			similar amounts not included				630,078.	-			
put		g	Noncash contributions included in					3,630,078.			
aC		n	Total. Add lines 1a-1f				Business Code	5,050,070.			
Ð	•	~					Business Code		-		
Program Service Revenue	2	a b									
Ser		c									
am		d									
ogra		e									
Pr		f	All other program service	reven	ue						
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue								
								125,446.	,		125,446
	4		Income from investment of	of tax-	exempt b	ond p	proceeds				
	5		Royalties	· · · · · · · ·							
					(i) Rea	ıl	(ii) Personal	4			
			Gross rents					4			
			Less: rental expenses	6b				-			
			Rental income or (loss)	6c							
	_		Net rental income or (loss	s)							
	7	а	Gross amount from sales of		(i) Securi 312,1		(ii) Other	4			
			assets other than inventory	/a -)12,1	/0.		-			
ē		D	Less: cost or other basis and sales expenses	76	231,7	33.					
venue		c	Gain or (loss)	70	80,4	37.					
			Net gain or (loss)					80,437.			80,437
Other Re	8		Gross income from fundraisi								
đ	-		including \$		-						
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from			nts					
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses			9b					
			Net income or (loss) from			es					
	10	а	Gross sales of inventory,			-					
		h	and allowances					-			
			Less: cost of goods sold Net income or (loss) from								
				50100	STATELIN	<i></i> y	Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	S IN	ICOME		900099	250.			250
ane		b									
sell: eve		c									
Alisc R			All other revenue								
<			Total. Add lines 11a-11d					250.			
	12		Total revenue. See instruction					3,836,211.	0.	0.	206,133
33200	9 12	-21									Form 990 (2023

10

AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 13-6100833 Page 10

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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) se or note to any line in	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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	0 604 554			
	individuals. See Part IV, lines 15 and 16	2,601,571.	2,601,571.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	210 415	52 604	105,207.	52 604
~	trustees, and key employees	210,415.	52,604.	105,207.	52,604
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	162,436.	65,238.	31,960.	65,238
8	Pension plan accruals and contributions (include				,200
5	section 401(k) and 403(b) employer contributions)	5,853.	1,894.	2,065.	1,894
9	Other employee benefits	44,854.	17,343.	10,168.	<u>1,894</u> 17,343
10	Payroll taxes	27,364.	8,856.	9,652.	8,856
11	Fees for services (nonemployees):				
а	Management				
b		9,302.		9,302.	
с	• • •	30,757.		30,757.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	31,442.		31,442.	
g		44 000			44 000
	column (A), amount, list line 11g expenses on Sch 0.)	11,823.	2 5 0 0		11,823
12	Advertising and promotion	18,048.	3,500.		14,548
13	Office expenses	60,669.	19,452.	21,765.	19,452
14	Information technology	88,505.		62,007.	26,498
15	Royalties	71,739.	23,217.	25,305.	23,217
16		9,613.	23,217.	9,613.	23,211
17	Travel	9,013.		9,013.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,357.	1,086.	1,184.	1,087
23		10,115.	,	10,115.	,
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		54,699.	27,350.		27,349
b	EVENT EXPENSES	19,318.	4,829.		14,489
с	MISCELLANEOUS	1,128.		1,128.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,473,008.	2,826,940.	361,670.	284,398
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 (2023

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Form **990** (2023)

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AMERICAN FRIENDS OF ALYN HOSPITAL, INC. Part X Balance Sheet

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

(A)

13-6100833 Page 11

(B) -

					Beginning of year		End of year
	1	Cash - non-interest-bearing			317,802.	1	196,099.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			65,954.	3	210,511.
	4	Accounts receivable, net			9,344.	4	
	5	Loans and other receivables from any current or					
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes			5		
	6	Loans and other receivables from other disqualit				-	
	-	under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			42,418.	9	33,619.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	41,110.			
	b	Less: accumulated depreciation		38,988.	5,479.	10c	2,122.
	11	Investments - publicly traded securities			3,990,873.	11	4,553,364.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			547,481.	15	499,163.
	16	Total assets. Add lines 1 through 15 (must equa			4,979,351.	16	5,494,878.
	17	Accounts payable and accrued expenses			36,116.	17	19,838.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		21			
es	22	Loans and other payables to any current or form	ner officer, di	irector,			
iliti		trustee, key employee, creator or founder, subst	antial contri	butor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons	·····		22	
	23	Secured mortgages and notes payable to unrela	ited third pa	rties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Con	nplete Part X	11C DEC		1 () () (
		of Schedule D			416,256.		163,624.
	26		<u> </u>		452,372.	26	183,462.
Se		Organizations that follow FASB ASC 958, che	ck here	X			
nce	~7	and complete lines 27, 28, 32, and 33.			255,257.		458,519.
ala	27	Net assets without donor restrictions			4,271,722.	27	4,852,897.
dE	28	Net assets with donor restrictions			4,2/1,/22.	28	4,052,097.
Fur		Organizations that do not follow FASB ASC 99	58, спеск n	ere 🛄			
or	00	and complete lines 29 through 33.				00	
ets	29 20	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balance	30 21	Paid-in or capital surplus, or land, building, or eq				30	
et /	31 22	Retained earnings, endowment, accumulated inc			4,526,979.	31 32	5,311,416.
z	32 33	Total net assets or fund balances			4,979,351.	32 33	5,494,878.
	33	Total liabilities and net assets/fund balances			1,5,5,551.	33	Form 990 (2023)
							10111000 (2023)

Form 990 (2023)

Form	AMERICAN FRIENDS OF ALYN HOSPITAL, INC.	13	-61008	33	Pa	ge 12
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				<u>11.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				08.
3	Revenue less expenses. Subtract line 2 from line 1	3				03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				79.
5	Net unrealized gains (losses) on investments	5		388	3,0	50.
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		3:	3,1	84.
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,	311	L,4	16.
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 on Schedul	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	O. 🗌			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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(Form 990)

Total

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.

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ.						Open to Public		
				Go to www.irs.gov/	Form990 for instruction	ns and the	e latest in	formation.		Inspection
Name of the organization				TON EDIEN				a		identification number
		Decen			DS OF ALYN H					3-6100833
	rt I				(All organizations must c				ns.	
	organ		•		(For lines 1 through 12, o	•	,			
1					on of churches describe		on 170(b)([.]	1)(A)(i).		
2					Attach Schedule E (Forn					
3					anization described in s e					
4			0	zation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A	A)(iii). Enter	the hospital's name,
		city, and stat								
5		0	•		ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
				Complete Part II.)						
6			-	-	mental unit described in					
7					antial part of its support f	from a gov	ernmental	l unit or from	the general	public described in
				omplete Part II.)						
8					(1)(A)(vi). (Complete Par					
9					l in section 170(b)(1)(A)(
			or a non-land-	grant college of agric	culture (see instructions).	. Enter the	name, cit	y, and state o	of the colleg	e or
	37	university:								
10	Χ				than 33 1/3% of its sup					
					ct to certain exceptions;					
					e (less section 511 tax) fr	om busine	esses acqu	uired by the c	rganization	after June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sa	•				
12		-	-		ively for the benefit of, to	-			-	
					ed in section 509(a)(1) o					Check the box on
		-			of supporting organizatio					
а				-	supervised, or controlled	•				
			-		egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
	_			complete Part IV, Se						
b					d or controlled in connec					
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
	_	organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
С			-		g organization operated				ally integrate	ed with,
		its support	ed organizatio	on(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d			-		porting organization oper				-	
			-		zation generally must sa	•		-	nd an attent	iveness
		requiremer	nt (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D,	, and Part	V.		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
					onally integrated support		zation.			
g			<u> </u>	n about the supporte		(iv) to the error	nization listed			
	(i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ing document?	(v) Amount of support (see i	-	(vi) Amount of other support (see instructions)
		organization	•		above (see instructions))	Yes	No			

Schedule A (Form 990) 2023 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)

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	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 \dots						
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)						
-	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			i		i	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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						
	Gross receipts from related activities		,			12	
13	First 5 years. If the Form 990 is for the						
	organization, check this box and sto	o here					
	ction C. Computation of Publ			(7)			
	Public support percentage for 2023 (•	.,,		14	%
	Public support percentage from 2022					15	%
108	33 1/3% support test - 2023. If the other here. The organization qualifies						
	stop here. The organization qualifies						
L.	33 1/3% support test - 2022. If the o						
47.	and stop here. The organization qua						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the fact meets the facts-and-circumstances to			-		-	
Ŀ		•	•		•	17a and line 15	
C C	10% -facts-and-circumstances tes more and if the organization meets t	-					
	more, and if the organization meets the facts and circ						
19	organization meets the facts-and-circ Private foundation. If the organization						
10	i mate roundation. It the organizatio	AT GIG HOL CHECK a		a, 100, 17a, 01 17			A (Earm 990) 2023

Schedule A (Form 990) 2023

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AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 13-6100833 Page 3 Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2960614.	2740570.	4245729.	4349671.	3630078.	17926662.
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						
	Total. Add lines 1 through 5	2960614.	2740570.	4245729.	4349671.	3630078.	17926662.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	36,064.	15,400.	10,000.	60,000.	267,608.	389,072.
	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	36,064.	15,400.	10,000.	60,000.	267,608.	389,072.
	Public support. (Subtract line 7c from line 6.)			•			17537590.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	2960614.	2740570.	4245729.	4349671.	3630078.	17926662.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	143,649.	144,791.	129,896.	104,034.	125,446.	647,816.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_		143,649.	144,791.	129,896.	104,034.	125,446.	647,816.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	145,045.		125,050.	104,034.	125,440.	047,010.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					250.	250.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3104263.	2885361.	4375625.	4453705.	3755774.	18574728.
	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizat	ion,
	check this box and stop here	-			-	-	
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))		15	94.42 %
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	95.43 %
Sec	tion D. Computation of Investion	stment Incom	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	3.49 %
18	Investment income percentage from	2022 Schedule A, I	Part III, line 17			18	3.80 %
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and line	
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2022. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	13 12-21-23		,	. ,			(Form 990) 2023
				16			. ,
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Schedule A (Form 990) 2023 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes No

1

Schedule A (Form 990) 2023 AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 13-6100833 Page 5

		capporting organizations (continuea)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
800	otion	R Type I Supporting Organizations			

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type II Supportin	ig Organizations

Section D. All Type III Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1
 1
 1
 1

	, , , , , , , , , , , , , , , , , , , ,			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Yes

1

2

No

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Schedule A (Form 990) 2023

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

13-6100833 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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 0.015 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 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	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-functiona	Illy integrat	ed Type III supporting org	ganization (see

instructions).

Schedule A (Form 990) 2023

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AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 13-6100833 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			-	
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

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Part VI	(Form 990) 2023					• 13-6100833 Pa
		normation. Prov	Ide the explanations	required by Part II,	Ine 10; Part II, line 17	'a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C,
	line 1 Part IV Section A, III	nes 1, 2, 3b, 3c, 4b, 4 on D_lines 2 and 3: P	4C, 5a, 6, 9a, 9b, 9C, 1 Part IV Section F line	11a, 11b, and 11c; s 1c 2a 2b 3a an	d 3h Part V line 1 P	es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V
	Section D, lines 5, 6	, and 8; and Part V, S	Section E, lines 2, 5, a	nd 6. Also complet	e this part for any add	ditional information.
	(See instructions.)	,,,,,,,, _	,,,,			
2028 12-21-2	3					Schedule A (Form 990)
				21		
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

2023

Employer identification number

AMERICAN	FRIENDS	OF	ALYN	HOSPITAL, INC.

13-6100833

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

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

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

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Name of organization

Employer identification number

13-6100833

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal 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	\$ <u>325,000.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VICTOR GOLDSMITH 21205 YACHT CLUB DR AVENTURA, FL 33180	\$206,153.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LEGACY HERITAGE FUND LIMITED 55 EAST 59TH STREET,20TH FLOOR NEW YORK, NY 10022	\$ <u>186,150.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CHARLES AND RENE LIPSHITZ FAMILY FOUNDATION 225 W 83RD ST, APT, 7G NEW YORK, NY 10024-4956	\$ <u>125,000.</u>	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	DONALDA KOHNKE N 468 SWAMP ANGEL RD LAKE GENEVA, WI 53147	\$101,735.	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
<u>6</u> 323452 12-2	MORGAN STANLEY DAF <u>1300 THAMES STREET WARF, 4TH FLOOR</u> BALTIMORE, MD 21231 3-23	- \$\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

13080716 759420 8321

Employer identification number

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

13-6100833

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RICHARD KULP 115 GELDERT DRIVE TIBURON, CA 94920	\$ <u></u> 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
8	GOLDRING FAMILY FOUNDATION 524 METAIRIE ROAD METAIRIE, LA 70005-4308	\$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
9	ESTATE OF CHARLES DIMSTON 315 HIGHLAND AVE, SUITE 101 CHESHIRE, CT 06410	\$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
10	PENNI ALPER 8300 DELMAR BLVD #503 UNIVERSITY CITY, MO 63124	\$ <u>50,000.</u>	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
11	WILLIAM LANSING 350 ALLEN RD WOODSIDE, CA 94062	\$ <u>35,000.</u>	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
	SAM GROSS 87 ELIZABETH STREET, APT 4D	\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for
323452 12-2	NEW YORK, NY 10013		Schedule B (Form 990) (2023)

13080716 759420 8321

Employer identification number

13-6100833

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HELEN P. BONDY FOUNDATION 7 SAINT PAUL STREET BALTIMORE, MD 21202-1636	\$30,000.	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
14	JOANNE BLYE 17 WOODLAND PLACE GREAT NECK, NY 11021-1036	\$26,887.	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
15	ESTATE OF MARTHA SIMON 950S. PINE ROAD, SUITE A-150 PLANTATION, FL 33324	\$ <u>26,498.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
No.	Name, address, and ZIF + 4	Total contributions	Type of contribution
<u>No.</u>	ESTATE OF MEREDITH DRENCH 11 UPLAND ROAD NEWBURYPORT, MA 01950	Iotal contributions - \$26,444.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	ESTATE OF MEREDITH DRENCH 11 UPLAND ROAD	-	Person X Payroll Noncash (Complete Part II for
16 	ESTATE OF MEREDITH DRENCH 11 UPLAND ROAD NEWBURYPORT, MA 01950 (b)	- \$\$26,444.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
16 (a) No.	ESTATE OF MEREDITH DRENCH 11 UPLAND ROAD NEWBURYPORT, MA 01950 (b) Name, address, and ZIP + 4 SILVERMAN FAMILY FOUNDATION 381 LAKESIDE TERRACE	- \$ <u>26,444.</u> - (c) Total contributions	Person X Payroll
(a) No. 17 (a)	ESTATE OF MEREDITH DRENCH 11 UPLAND ROAD NEWBURYPORT, MA 01950 (b) Name, address, and ZIP + 4 SILVERMAN FAMILY FOUNDATION 381 LAKESIDE TERRACE GLENCOE, IL 60022 (b)	- \$ <u>26,444.</u> - (c) Total contributions - \$ <u>25,000.</u> - (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)

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Schedule B (Form 990) (2023)

Name of organization

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 SIGMUND AND SOPHIE ENGLANDER	Total contributions	Type of contribution
19	FOUNDATION INC	\$25,000.	Person X Payroll Noncash (Complete Part II for
	NEW YORK, NY 10036		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	Name, autress, and Zir + 4		
20	GILBERT CHALEM 2711 S OCEAN DRIVE, SUITE 702	\$25,000.	Person X Payroll Noncash (Complete Part II for
	HOLLYWOOD, FL 33019		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	CISCO		Person X
	PO BOX 696024	\$20,000.	Payroll Noncash
	SAN ANTONIO, TX 78269		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	MIMI STERNLICHT		Person X
	121 OLD MILL RD.	\$20,000.	Payroll Noncash
	GREENWHICH, CT 06831		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23	SETH ROSENBERGER		Person X
	9 WALWORTH TERRACE	\$18,000.	Payroll Noncash
	WHITE PLAINS, NY 10606		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24	ENRICO RACCAH EIGHTEEN HY DEVELOPERS, 12713 SW 125TH AVENUE	\$18,000.	Person X Payroll Noncash (Complete Part II for
	MIAMI, FL 33186		noncash contributions.)
323452 12-2	6-23		Schedule B (Form 990) (2023)

Employer identification number

13-6100833

26

(a)

No.

LONG BEACH, CA 90801 (a) (b) No. Name, address, and ZIP + 4 29 STEVEN NACHMAN 28 CAROL STREET PLAINVIEW, NY 11803

THE MORTIMER J COHEN ESTATE

28 WILLIAM AND SEDELLE BELSON TRUST Person Payroll PO BOX 20160 14,500. Noncash \$ (Complete Part II for noncash contributions.) (c) **Total contributions** Type of contribution Person Payroll 14,200. Noncash (Complete Part II for noncash contributions.) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. FINNEGAN, HENDERSON, FARABOW, GARRETT 30 & DUNNER, LLP Person Pavroll 901 NEW YORK AVENUE, NW 14,000. Noncash \$ WASHINGTON, DC 20001 323452 12-26-23 27

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

ED KOPELOWITZ

29 AUTUMN CT

OTIS, MA 01253

STEPHEN TOMOR

11 SUTTON ROAD

MONSEY, NY 10952

21 CONCOLOR AVE

NEWTON, MA 02458

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

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

X

X

X

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X

X

13-6100833

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash (Complete Part II for

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

noncash contributions.)

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Type of contribution

(d)

(d)

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

Name of organization

Part I

(a)

No.

25

(a)

No.

26

(a)

No.

27

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

\$

\$

15,800.

15,000.

15,000.

(Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Employer identification number

13-6100833

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	EDWARD JOYCE 473 WEST END AVENUE, #4A NEW YORK, NY 10024	\$13,900.	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
32	DAVID LEVENFELD 2 BATTERY WHARF, UNIT 2310 BOSTON, MA 02109	\$13,120.	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
33	UTOPIA JEWISH CENTER 64-41 UTOPIA PARKWAY FLUSHING, NY 11365	\$13,069.	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
34	JOEL REINSTEIN 23417 VISTA LINDA LANE BOCA RATON, FL 33433-8228	\$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
35	DANIEL BLUMENTHAL 381 LAKESIDE TERRACE GLENCOE, IL 60022	\$12,050.	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
36	JONATHAN ISTRIN 5537 BLUEBELL AVE	\$11,839.	Person X Payroll Noncash (Complete Part II for
323452 12-2	VALLEY VILLAGE, CA 91607-1909		noncash contributions.) Schedule B (Form 990) (2023)

13080716 759420 8321

Employer identification number

AMERICAN	FRIENDS	OF	ALYN	HOSPITAL,	INC.

13-6100833

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37	SHARON CHEFITZ 4306 SUFFIELD CT SKOKIE, IL 60076	\$10,466.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38	STEVEN LAUFER 15 W LENOX ST CHEVY CHASE, MD 20815	\$10,060.	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
39	PAUL AND PEARL CASLOW FOUNDATION 950 MILWAUKEE AVENUE STE. 327 GLENVIEW, IL 60025	\$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
40	CAROL JOSEPH 473 WEST END AVENUE, #10C NEW YORK, NY 10024	\$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
	LEVY-MARKUS FOUNDATION 502 N. ELM DRIVE BEVERLY HILLS, CA 90210	\$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
42	MARK CASTELLANO 6 PINE HOLLOW LN.	\$10,000.	Person X Payroll Noncash (Complete Part II for
	FAR HILLS, NJ 07931		noncash contributions.)
323452 12-2	0-23		Schedule B (Form 990) (2023)

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AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Employer identification number

13-6100833

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	RANDALL BROWN161 VALLEY VIEW LANEBELVIDERE, TN 37306	\$ <u> </u>	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	KENNETH CORNICK 21 LEONARD STREET NEW YORK, NY 10013-0559	\$ <u>10,000.</u>	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
<u>45</u>	OAK FOUNDATION LTD 55 VILCOM CENTER DRIVE, SUITE 340 CHAPEL HILL, NC 27514	\$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
46	GOLDMAN SONNENFELDT FOUNDATION 13 JOBS LANE WATER MILL, NY 11976	\$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
47	SANDRA CHEFITZ 206 FRONT ST APT PHC BROOKLYN, NY 11202	\$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
<u>48</u> 323452 12-20	DENNIS ITAMI 844 EAST REFLECT RIDGE DR MERIDIAN, ID 83642 6-23 20	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Employer identification number

13-6100833

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>	JOSEPH M. GORDON TRUST 1515 MARKET ST, SUITE 1505 PHILADELPHIA, PA 19102	\$9,512.	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	DAVID EISENBERG 76 BUCKMINSTER RD BROOKLINE, MA 02445	\$9,480.	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
51	NY STATE INSURANCE FUND PO BOX 66699 ALBANY, NY 12206	\$9,315.	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
52	PAULA GLAZIER 3775 ORCHARD LAKE ROAD WEST BLOOMFIELD, MI 48324	\$8,618.	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	JEREMY MERRIN 78 HURLBURT ROAD GREAT BARRINGTON, MA 01230-0000	\$7,515.	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
54	JONATHAN STURMAN 231 MILL RIVER ROAD FAIRFIELD, CT 06824	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-2	⁶⁻²³ 31		Schedule B (Form 990) (2023)

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Employer identification number

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

13-6100833

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	JESSE CIVAN 1327 REMINGTON ROAD WYNNEWOOD, PA 19096	\$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
56	JULIE GOLDBERG-BOTVIN 1401 MERRY LANE NORTHEAST ATLANTA, GA 30329	\$7,460.	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
57	NORMAN HOROWITZ 215-15 NORTHERN BOULEVARD BAYSIDE, NY 11361	\$7,008.	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
58	DAVID GREENE 3 GIDON STREET, APT2 JERUSALEM, ISRAEL	\$7,000.	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	JUDITH BRAGIN REVOCABLE TRUST 1010 WASHINGTON BLVD, STAMFORD, CT 06901	\$6,650.	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
60	CATHERINE AISENBERG 26 RUE DES ECOLES MONTLIGNON, FRANCE 95680	\$6,534.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-20	6-23		Schedule B (Form 990) (2023)

13080716 759420 8321

Employer identification number

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

13-6100833

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	JERRY DREW 211 MCCLENAGHAN MILL RD WYNNEWOOD, PA 19096	\$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
62	JANNEY MONTGOMERY SCOTT LLC 1717 ARCH STREET PHILADELPHIA, PA 19103-2772	\$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
63	MICHAEL ROSEN 211 SOUTH SPALDING DRIVE BEVERLY HILLS, CA 90212-3607	\$5,206.	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
64	BRIAN RICHTER 1650 CLOVERDALE AVE HIGHLAND PARK, ID 60035	\$5,145.	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
65	CHARLES GOLDBERG 7 DEEPDALE DRIVE GREAT NECK, NY 11021	\$5,145.	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
<u>66</u>	ROBERT RUSSELL MEMORIAL FOUNDATION 333 SE 2ND AVE, SUITE 4400 MIAMI, FL 33131-2184	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

13080716 759420 8321

Employer identification number

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

13-6100833

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	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
68	MICHAEL AZEEZ 2187 MARSEILLE DR PALM BEACH GARDENS, FL 33410	\$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
69	RICHARD WILLIS 6025 STEINBECK BEND DRIVE WACO, TX 76708	\$5,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	TEOFILO KALACH 20165 NE 39TH PL 703 MIAMI, FL 33180	\$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
	RICHARD BILLER 401 QUAY COMMONS SARASOTA, FL 34236	\$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
<u>72</u> 323452 12-2	PETER JOSEPH 810 SEVENTH AVENUE - 7TH FLOOR NEW YORK, NY 10019	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

13080716 759420 8321

Employer identification number

13-6100833

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	CHARLES HECHT 45 E. 66TH STAPARTMENT 5E NEW YORK, NY 10065-6159	\$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
<u>74</u>	RITA BARATZ FOUNDATION INC 4040 N 44TH STREET HOLLYWOOD, FL 33021	\$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
75	RENA BARTA 1475 PALISADE AVENUE TEANECK, NJ 07666-3619	\$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
76	MERRILL GOLDBERG 10067 HEMLOCK DRIVE OVERLAND PARK, KS 66212	\$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
77	AVRI HOROWITZ 2 WINDWARD LANE SCARSDALE, NY 10583-7526	\$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
78	ROCHELLE LIPSON 6001 NORTH OCEAN DRIVE, APARTMENT 1501 HOLLYWOOD, FL 33019-4625	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-2		•	Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Name of organization

Employer identification number

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

13-6100833

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 SETH MERRIN 2549 MAPLE AVENUE CORTLANDT MANOR, NY 10567	Total contributions \$5,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	MARIA MOJICA ONE MARITIME PLAZA, 24TH FLOOR SAN FRANCISCO, CA 94111	\$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
81	ETHAN SCHWARTZ 90 RIVERSIDE DRIVE, 15D NEW YORK, NY 10024	\$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
82	JONATHAN SLONIM 55 EAST END AVENUE. APT.16K MANHATTAN, NY 10028-7932	\$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
83	TRIPP STEWART 510 EAST MAIN STREET CHARLOTTESVILLE, VA 22902	\$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
84	VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	\$14,014.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-2			Schedule B (Form 990) (2023)

13080716 759420 8321

Name of organization

Employer identification number

(d)

Type of contribution

X

13-6100833

Person Payroll

(c)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) No. Name, address, and ZIP + 4 **Total contributions** 85 NATIONAL PHILANTHRAPIC TRUST 165 TOWNSHIP LINE ROAD \$

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

	165 TOWNSHIP LINE ROAD	<u> </u>	
	JENKINTOWN, PA 19046		(Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributio

(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
— <u>—</u>		 \$	
23453 12-26-23 80716 759	38 9420 8321 2023.04000 AMB		Sched

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

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

Name of organization

Part II

Employer identification number

13-6100833

Page 3

	B (Form 990) (2023)			Page 4					
Name of c	organization			Employer identification number					
	CAN FRIENDS OF ALYN HOSP	ITAL, INC.		13-6100833					
Part III	from any one contributor. Complete columns (a) th	rough (e) and the following line ent	rv. For organizations						
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	ritable, etc., contributions of \$1,000 or I	less for the year. (Enter this info	o. once.) \$					
(a) No.			(
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
	[
		(e) Transfer of gif	t						
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ransferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
Part I									
	[
	I	(e) Transfer of gif	I						
F	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee						
		[
(a) No.	() D		() D						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
	[
		(.) T uran (
	(e) Transfer of gift								
	Transferee's name, address, and	i ZIP + 4	Relationship of transferor to transferee						
		[
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
		(e) Transfer of gif	t						
	Transferee's name, address, and		Relationship of t	ansferor to transferee					
		[
323454 12-2	26-23	I		Schedule B (Form 990) (2023)					
		39							

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SCHEDULE D

Department of the Treasury Internal Revenue Service

Name of the organization

(Form	990)
-------	------

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.



Employer identification number

	AMERICAN FRIENDS O	F ALYN HOSE	ITAL, INC	•	13-6100833
Par			er Similar Fur	nds or Acc	ounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor adv	rised funds	(b) F	unds 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	s held in donor ad	dvised funds	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?		YesNo
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that	grant funds can	be used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or fo	r any other purpo	ose conferring	ı <u> </u>
	impermissible private benefit?				Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "	Yes" on Form 99	0, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that app	oly).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation	of a historica	ally important land area
	Protection of natural habitat	[Preservation	of a certified	historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation con	tribution in the fo	rm of a conse	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				а
b	Total acreage restricted by conservation easements			2t	b
С	Number of conservation easements on a certified historic sta	ructure included on lin	e 2a		c
d	Number of conservation easements included on line 2c acqu	uired after July 25, 200	06, and not		
	on a historic structure listed in the National Register				d
3	Number of conservation easements modified, transferred, re	eleased, extinguished,	or terminated by	the organizat	tion during the tax
	year				
4	Number of states where property subject to conservation ea	sement is located		_	
5	Does the organization have a written policy regarding the pe	riodic monitoring, insp	pection, handling	of	
	violations, and enforcement of the conservation easements				
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations	, and enforcing c	onservation e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	l enforcing conse	rvation easen	nents during the year
8	Does each conservation easement reported on line 2d above				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservat				
	balance sheet, and include, if applicable, the text of the foot	note to the organization	on's financial stat	ements that c	describes the
Der	organization's accounting for conservation easements.			Othor Circ	-ilov Accete
Par			i reasures, or	Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Forn				
1a	If the organization elected, as permitted under FASB ASC 99	•			
	of art, historical treasures, or other similar assets held for pu	,	,		of public
_	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 99	•			
	art, historical treasures, or other similar assets held for public	c exhibition, educatior	n, or research in f	urtherance of	public service,
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				. \$
_					
2	If the organization received or held works of art, historical tree			ncial gain, pro	vide
	the following amounts required to be reported under FASB A	-			^
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.			Schedule D (Form 990) 2023
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		40			

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Sche	· · · · · ·	N FRIENDS (-		13-61			age 2	
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tr	easures, c	or Other	[·] Simil	ar Asse	ts (contin	ued)		
3	Using the organization's acquisition, accession	n, and other record	s, check ar	ny of the	following that	t make sig	nificant	use of its				
	collection items (check all that apply).											
а	Public exhibition	d		in or exc	hange progra	ım						
b												
с	Preservation for future generations											
4	Provide a description of the organization's co	llections and explair	how they	further t	he organizatio	on's exem	pt purp	ose in Par	t XIII.			
5	During the year, did the organization solicit or	receive donations of	of art, histo	rical trea	sures, or othe	er similar a	assets		-		,	
	to be sold to raise funds rather than to be ma		0						Yes		No	
Par	t IV Escrow and Custodial Arrang		e if the org	anizatior	n answered "	Yes" on Fo	orm 990	, Part IV, I	ne 9, or			
	reported an amount on Form 990, Parl											
1 a	Is the organization an agent, trustee, custodia	•	•						7	_	1	
	on Form 990, Part X?							L	Yes		No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing tab	e:					Amount			
							4		Amount			
	Beginning balance						1c					
	Additions during the year						1d 1e					
f	Distributions during the year						1f					
' 2a	Ending balance Did the organization include an amount on Fo	rm 990 Part X line			ustodial acco	unt liability			Yes		No	
	If "Yes," explain the arrangement in Part XIII.						,	······]	
Par												
		(a) Current year	(b) Prior		(c) Two year			/ears back	(e) Four	years	back	
1a	a Beginning of year balance 3,990,873. 4,887,056. 4,932,882. 4,900									385,	932.	
	Contributions											
	c Net investment earnings, gains, and losses 562,491812,127. 607,698. 653,634.										626.	
	Grants or scholarships											
	Other expenditures for facilities											
	and programs		- 8	34,056.	653	3,524.	6	521,024.		311,	286.	
f	Administrative expenses											
g	End of year balance	4,553,364.	3,99	90,873.	4,887	7,056.	4,9	32,882.	4,	900,	272.	
2	Provide the estimated percentage of the current	ent year end balance	e (line 1g, d	olumn (a	a)) held as:							
а	Board designated or quasi-endowment		%									
b	Permanent endowment 100	%										
С	Term endowment9	6										
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.										
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that a	re held a	ind administe	red for the	Э		г			
	organization by:									Yes	No	
	(i) Unrelated organizations?										X	
	(ii) Related organizations?										Х	
b	If "Yes" on line 3a(ii), are the related organizat								3b			
4	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment fun	ds.								
Fai	Complete if the organization answered		Dort IV li	0 110 9	Soo Earm 000	Dort V li	no 10					
			· · · ·									
	Description of property	(a) Cost or ot basis (investm		• •	or other (other)	• •	umulate eciation		(d) Bool	value	5	
10	Land			04313		depi	Colation					
	Land											
	Buildings Leasehold improvements											
	Equipment											
	Other			4	1,110.		38,9	88.		2,12	22.	
	Add lines 1a through 1e. (Column (d) must ed		X, line 10c		-					$\frac{1}{2}, 1$		
			.,,					Schedule				
										/		

(b) Book value	(c) Method of valuation: Cost or en	
(1) 20011 101010	(c) Method of valuation: Cost or en	d-of-vear market value
on Form 990 Part IV line -	11d See Form 990 Part X line 15	
		(b) Book value
		29,231
MATNDER TRUS	TS	299,533
	10	170,399
		170,355
		499,163
· (<i>D))</i>		499,103
on Form 000 Dart IV line t	11a ar 11f Saa Earm 000 Bart V lina 2	5
on Form 990, Fart IV, line	The of This See Forth 990, Part A, line 2	(b) Book value
		163,624
		103,024
		+
		163,624
	-	· · ·
	Description EMAINDER TRUS JSE ASSET . (B)) on Form 990, Part IV, line	EMAINDER TRUSTS JSE ASSET

AMERICAN FRIENDS OF ALYN HOSPITAL, INC.

Schedule D (Form 990) 2023

13-6100833 Page 3

332053 09-28-23

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 AMERICAN FRIENDS OF ALYN H	IOSPITAL	, INC.	13-	6100833 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With R			
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,226,003.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	388,050.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d	33,184.		
е	Add lines 2a through 2d			2e	421,234.
3	Subtract line 2e from line 1			3	3,804,769.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	31,442.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	31,442.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,836,211.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 123		Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements			1	3,441,566.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	5,111,5000
2 a	Donated services and use of facilities	2a			
a b					
c c	Prior year adjustments	··			
d					
					0
e				1 20 1	U.
	Add lines 2a through 2d			2e 3	0.
3	Subtract line 2e from line 1			2e 3	3,441,566.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	
3 4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		3	
3 4 a b	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	31,442.	3	3,441,566.
3 4 a b	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4a 4b	31,442.	3	3,441,566. 31,442.
3 4 b 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	31,442.	3	3,441,566.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTERESTS IN REMAINDER TRUSTS

PART V, LINE 4:

THE ENDOWMENT FUND IS USED TO SUPPORT THE ORGANIZATION'S MISSION.

332054 09-28-23

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Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	n990 for instructions and the latest	information.		Inspection
Name of the organization					Employer	identification number
AMERICAN FRIEN					13-61	
Part I General Inf Form 990, Part		Activities Ou	tside the United States. Compl	ete if the orgar	nization answ	vered "Yes" on
1 For grantmakers. Do	es the organization		ds to substantiate the amount of its gr the selection criteria used to award the			
2 For grantmakers. Dea United States.	scribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistar	nce outside the
			an be duplicated if additional space is			
(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 describe	vity listed in gram service specific typ (s) in the reg	e, expenditures for and investments
MIDDLE EAST AND						
NORTH AFRICA	0	0	GRANTS TO RECIPIENT	PROGRAM SEP	RVICE	2,601,571.
3 a Subtotal	0					2,601,571.
b Total from continuatio	n					
sheets to Part I c Totals (add lines 3a						0.
and 3b)	0	0				2,601,571.

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

123

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442023.04000 AMERICAN FRIENDS OF ALYN HO 8321___1

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SCHEDULE F (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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM SUPPORT	2601571.	WIRE	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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

Schedule F (Form 990) 2023

Page 2

Schedule F (Form 990) 2023	AMERICAN	FRIENDS	OF	ALYN	HOSPITAL, INC.

13-6100833

Page 3

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

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 13-6100833 Page 4 Part IV Foreign Forms 13-6100833 Page 4

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 the 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 the 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 the 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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

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	(Form 990) 2023	AMERICAN F	RIENDS OF	ALYN	HOSPIT	AL, INC.	13-610	0833 _F	Þaç
	Supplementa								
		nation required by Par							
		xpenditures per regio							
	(estimated number	er of recipients), as ap	plicable. Also com	plete this p	art to provide	e any additional	information. See inst	ructions.	
32075 11-29-2	3						Schedule	F (Form 99	0)
					8				
80716	759420 83	521	2023.040	JUU AM	ERICAN	FRIENDS	OF ALYN HO) 8321_	

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00)47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest	2023			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	Ľυ)
Depa	rtment of the Treasury	Attach to Form 990.		Open to		
Interr	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio		Employer i			mber
		AMERICAN FRIENDS OF ALYN HOSPITAL, INC.	13-6	10083	3	
Pa	rt I Question	s Regarding Compensation				
		inte la suíta de la compania de la companya de la c	- 000		Yes	No
та		ate box(es) if the organization provided any of the following to or for a person listed on Forn	1990,			
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.	naluaa			
	Travel for com	, i i i i i i i i i i i i i i i i i i i				
		ation and gross-up payments I Payments I business use of personance				
		spending account Personal services (such as maid, chauffe				
	Discretionary		ui, cheij			
h	If any of the hoves	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
_		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization	S			
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation of	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 re					
а		e payment or change-of-control payment?				X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only					
_		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	UI			
_	contingent on the r			50		x
d h	Any related organiz	ation?		5a 5b		X
U		ation? or 5b, describe in Part III.		50		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
U	contingent on the r		on			
а	° °			6a		x
b	Any related organiz	ation?		6b		x
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?	<u></u>	9		
For		ion Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2023

LHA 332111 11-06-23

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	kdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and other deferred				(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ADAM SCHWARTZ	(i)	140,769.	0.	0.	0.	30,337.	171,106.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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.

Schedule J (Form 990) 2023

SCHEDULE O

(Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



AMERICAN FRIENDS OF ALYN HOSPITAL, INC. 13-61

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:

A. 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.

B. THE CHAIR-PERSON OF THE BOARD OR EXECUTIVE COMMITTEE SHALL, IF

APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE

ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

C. 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.

D. 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

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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 11-14-23
 Schedule O (Form 990) 2023

332212 11-14-23 Schedule O (Form 990) 20 53
CHANGE IN VALUE OF DEMETICIAL INTEREDID IN REMAINDER IRODID 33,104
CHANGE IN VALUE OF BENEFICIAL INTERESTS IN REMAINDER TRUSTS 33,184
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
KEQUESI.
REQUEST.
FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILIABLE TO THE PUBLIC UP
FORM 990, PART VI, SECTION C, LINE 19:
OF THE BOARD OF DIRECTORS.
THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE COMPENSATION COMMITTI
FORM 990, PART VI, SECTION B, LINE 15:
TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.
IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS DECISION AS
BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE
Name of the organization AMERICAN FRIENDS OF ALYN HOSPITAL, INC. Employer identification numbers 13-6100833
Schedule O (Form 990) 2023 Pag

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