

# Form

# EXTENDED TO MAY 15, 2025

Activities & Governance

000		Return of Organization Exempt F	-rom Ir	ncome Tax	OMB No. 1545-0047					
, <b>9</b> !	2023 Open to Public									
	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.									
or the	or the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024									
neck if										
Addre	ss FRIEND	S OF ARAVA THE INSTITUTE LTD.								
Name chang	e Doing b	usiness as		11-3485736						
Initial return Final return	Number 1320 C	E Telephone number 617-266-7100								
termin ated	_	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,411,390.						
Ameno return	NEWION	CENTRE, MA 02459	H(a) Is this a group retur	n						
Application	F Name a	nd address of principal officer: RACHEL KALIKOW	for subordinates?	Yes X No						
pendir	SAME AS	C ABOVE		H(b) Are all subordinates includ	ed? Yes No					
ax-exe	empt status:		or 527	If "No," attach a list	. See instructions					
ebsit		SOFARAVA.ORG		H(c) Group exemption no	umber					
	organization:		<b>L</b> Year o	of formation: 1999 M St	tate of legal domicile: NY					
rt I	Summary									
1	Briefly describ	be the organization's mission or most significant activities: TO SUPI	PORT THE	CRITICAL WORK OF						
	THE ARAVA	INSTITUTE FOR ENVIRONMENTAL STUDIES THROUGH PUBLIC								
2	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.									
3	Number of vot	ting members of the governing body (Part VI, line 1a)		3	45					
4	Number of ind	dependent voting members of the governing body (Part VI, line 1b)		4	45					
5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)		5	14					
6	Total number	of volunteers (estimate if necessary)		6	52					

			Prior Year	Current Year
۵	8	Contributions and grants (Part VIII, line 1h)	4,002,140.	4,166,242.
Revenue	9	Program service revenue (Part VIII, line 2g)	878.	429.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,928.	212,404.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,784.	-4,945.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,073,730.	4,374,130.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,161,066.	1,844,045.
	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)	849,491.	1,121,823.
use	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expense	b	Total fundraising expenses (Part IX, column (D), line 25) 60,895.		
ıũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,285,499.	653,122.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,296,056.	3,618,990.
	19	Revenue less expenses. Subtract line 18 from line 12	-222,326.	755,140.
es o			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	5,856,932.	6,517,301.
Net Assets Fund Baland	21	Total liabilities (Part X, line 26)	453,135.	361,191.
ESE	22	Net assets or fund balances. Subtract line 21 from line 20	5,403,797.	6,156,110.
Pa	rt II	Signature Block		

7 a Total unrelated business revenue from Part VIII, column (C), line 12

**b** Net unrelated business taxable income from Form 990-T, Part I, line 11

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

Sign	Signature of off	icer			Date					
Here	CAROLYN FLA	MMEY, CFO								
	Type or print na	ime and title								
	Print/Type prep	arer's name	Preparer's signature	Date	Check PTIN					
Paid	SANDY ROSS		SANDY ROSS	03/17/25	self-employed P01399337					
Preparer	Firm's name	KAHN, LITWIN, RENZA & CO.	, LTD.	Firm's EIN 05-0409384						
Use Only	Jse Only Firm's address 951 NORTH MAIN STREET									
		PROVIDENCE, RI 02904		F	Phone no.401-274-2001					
May the I	May the IRS discuss this return with the preparer shown above? See instructions									

7a

Check if Schedule Controls a response or rots pary line in this Part III    Check   Schedule Controls a response or rots to any line in this Part III   Check   Schedule Controls a response or rots to any line in this Part III   Check   Schedule Controls are response or rots and line in this Part III   Check   Schedule Controls are response or rots and line in this Part III   Check   Schedule Controls   Schedule   S	Form	1990 (2023) FRIENDS OF ARAVA THE INSTITUTE LTD.	11-3485736	Page 2
1 Briefly describe the organization's mission: TO SUPPORT DIE CRITICAL WORK OF TWE ABAVA INSTITUTE FOR INVIRONMENTAL  STUDIES TRADUCH PUBLIC ANARENSES, STUDIEST RECRUITMENT AND PUBLICAL SING CAMPATONS, TO ADVANCE CLOSE-SEADER ENTROMMENTAL COOPERATION IN THE  PAGE OF POLITICAL CORPLICY.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 890 or 800 E2?  If "Yes," describe these new services on Schedule O.  3 Did the organization crease conducting, or make significant changes in how it conducts, any program services?  ———————————————————————————————————				
1 Briefly describe the organization's mission: TO SUPPORT DIE CRITICAL WORK OF TWE ABAVA INSTITUTE FOR INVIRONMENTAL  STUDIES TRADUCH PUBLIC ANARENSES, STUDIEST RECRUITMENT AND PUBLICAL SING CAMPATONS, TO ADVANCE CLOSE-SEADER ENTROMMENTAL COOPERATION IN THE  PAGE OF POLITICAL CORPLICY.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 890 or 800 E2?  If "Yes," describe these new services on Schedule O.  3 Did the organization crease conducting, or make significant changes in how it conducts, any program services?  ———————————————————————————————————		Check if Schedule O contains a response or note to any line in this Part III		
TO SUPPORT THE CRITICAL WORK OF THE MANATINESS TRUBEST PROBLEMENTAL  STUDIES TRUBORD FUNDATION AMARINESS, STUDIES TRUBUNDATION AND PURDATISTIC  CAMPATIONS, TO ADVANCE CROSS REQUER SEVINOMERINAL COOPERATION IN THE  FACE OF POLITICAL CONTINUE.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900-E2?    Yes \( \bar{\text{No.10}} \) No if Yes, 'Georgia the organization cases conducting, or make significant changes in how it conducts, any program services?   Yes \( \bar{\text{No.10}} \) No if Yes, 'Georgia theore cases conducting, or make significant changes in how it conducts, any program services?   Yes \( \bar{\text{NO.10}} \) No if Yes, 'Georgia theore cases conducting, or make significant changes in how it conducts, any program services?   Yes \( \bar{\text{NO.10}} \) No if Yes, 'Georgia theore is an engured a composition of its three largest program services as measured by expenses. Section 90 (100); and 501(6)(6)(7) and 501(6)(6) granizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Control (10)) (Section 1) (Section 2) (Section 1) (Section 2) (Se	1			
SPOURS TRADUCH PUBLIC ANARENESS, STUDENT RECRUITMENT AND PRIDEATISM COMPATION, TO ADVANCE GROSS-READISM SINTROMOMENTAL COOPERATION IN THE FACE OF POLITICAL CONFLICT,  If Yes, "describe these new services on Schedule O.  If Yes, "describe these new services on Schedule O.  Did the organization crease conducting, or make significant changes in how it conducts, any program services?" Yes X No  If Yes, "describe these changes on Schedule O.  Did the organization crease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501c(3) and 501c(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for ceach program service sported.  Section 501c(3) and 501c(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service sported.  Section 501c(3) and 501c(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service sported.  Section 501c(3) and 501c(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service sported.  Section 501c(3) and 501c(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program services (Section 501c(4)) and 501c(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program services (Section 501c(4)) and 501c(4) organizations are required to report the amount of grants and allocations to other, the total expenses, and the section 501c(4) organizations are required to report the amount of grants and allocations to other, the total expenses of the section 501c(4) organizations are required to report the amount of grants and allocation	-	,		
CAMPATONS. TO ADVANCE CROSS BROUGH ENVIRONMENTAL COOPERATION IN THE PACE OF POLITICAL CONTINUED.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 950 950.27?    Yes \( \bar{\text{No}} \) No   1' Yes, 'Geocribe these new services on Schedule O.				
PACE OF POLITICAL CONFLICT.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?   Yes \( \Sigma \) No If Yes, "describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?   Yes \( \Sigma \) No If Yes," describe these changes on Schedule O.  4 Describe the organization Services on Schedule O.  5 Describe the organization Services on Schedule O.  6 Describe the organization Services on Schedule O.  7 Describe the organization Services on Schedule O.  8 Section 501(c)(S) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sported.  7 Describe Team, for each program service sported.  8 SEPORTED DOMESTIC AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN ISRAEL AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN ISRAEL AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN ISRAEL AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN ISRAEL AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN ISRAEL AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN ISRAEL AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN ISRAEL AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN ISRAEL AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN ISRAEL AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN ISRAEL AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN ISRAEL AND INTERNATIONAL PROGRAMS RATE POSTER ENVIRONMENTAL COOPERATION BETWEEN THE POSTER R		,		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990 E27				
prior Form 990 or 990-EZ?				
If "Yes," describe these new services on Schedule O.   Did the organization case conducting, or make splitCard changes in how it conducts, any program services?	2			V N
Vec   X   No   If "Yes," describe these changes on Schedule O.		prior Form 990 or 990-EZ?	Yes	S A NO
If "Yes," describe the sea changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and reversus, if any, for each program service reported.  4 (code:) (secrets = 3,154,106. Including grants of \$				
4c (code:) (Expenses S	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	S LX No
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (code  ) (comess S		If "Yes," describe these changes on Schedule O.		
revenue, if any, for each program service reported.  4a (code:) (Express S	4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses	
4a (code:) (Expenses \$ 3,154,106. Including grants of \$ 1,844,045.) (Revenue \$ 5,828.)		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, a	and
SUPPORTED DOMESTIC AND INTERNATIONAL PROGRAMS THAT FOSTER ENVIRONMENTAL  COOPERATION BETWEEN ISRAEL AND NEIGHBORING COUNTRIES THROUGH PUBLIC  AWARNESS, STUDENT RECUITEMENT AND PUNDRAISING CAMPAIGNS.  4b (Code:) (Expenses S				
COOPERATION BETWEEN ISRAEL AND NEIGHBORING COUNTRIES THROUGH PUBLIC  AWARENESS, STUDENT RECUITEMENT AND FUNDRAISING CAMPAIONS.    Code:   (Expenses \$	4a	(Code:) (Expenses \$ 3,154,106. including grants of \$ 1,844,045. ) (Revenue	\$	5,828.)
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# 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	Х	
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			
	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		х
14a		14a		x
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		<del></del>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		_
15		45	х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	21	<del></del>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		
<b>.</b> -	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		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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	

332003 12-21-23

	(SOMETIMES)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			l
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			I
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			I
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	any tax-exempt bonds?	24c		
	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	050		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			I
	· ·	25b		Х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			I
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			I
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			I
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			17
•	contributions? If "Yes," complete Schedule M	30		<u>х</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			I
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_	ı
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
ral				
	Check if Schedule O contains a response or note to any line in this Part V			LL.
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  1b	4		
ņ	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
		•		

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

			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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		Х
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).	7-		Х
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		х
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
b				
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	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? If "No," provide an explanation on Schedule O	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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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal Nevenue Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
·	on Schedule O how this was done	12c	х	
13		13	Х	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150	Х	
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a 15b	X	
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
108		16a		Х
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		21
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed  Section 6104 year income an experience to make its Forms 1003 (1004 or 1004 A if applicable) 900, and 900 T (section 501(a)/3)	0.001.3	ov (= !! - !	ala.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	avallat	ле
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finand	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RACHEL KALIKOW - 617-266-7100			
	1320 CENTRE STREET, #206, NEWTON CENTRE, MA 02459			

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

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

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

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

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

- 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.

(A) Name and title	(B) Average		not c	Pos heck	more	than (		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week		, unle: cer ar					compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1099-NEO)	and related
	below	idual t	ution	la la	Key employee	est co	er .			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) MIRIAM MAY	40.00									
CHIEF EXECUTIVE OFFICER EMERITA (TO				Х				250,989.	0.	14,849.
(2) RACHEL KALIKOW	40.00									
CHIEF EXECUTIVE OFFICER (AS OF 06/24				Х				178,102.	0.	8,703.
(3) CAROLYN FLAMMEY	30.00									
CHIEF FINANCIAL OFFICER				Х				105,700.	0.	4,228.
(4) AARON FRANK	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(5) ADAM GOLDSTEIN	1.00	-								
BOARD MEMBER		Х						0.	0.	0.
(6) ALEXA BROIDA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) AMY GOLDMAN	1.00	-						_	_	_
BOARD MEMBER		Х						0.	0.	0.
(8) ANAT MOSKOWITZ	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) ANN STEHNEY	1.00	ł								•
BOARD MEMBER (TO 09/23)	1 00	Х						0.	0.	0.
(10) BERNARD FRIEDMAN	1.00									
BOARD MEMBER (TO 06/24)	1 00	Х						0.	0.	0.
(11) BRENDA JAFFE BOARD MEMBER	1.00	х						0.	0.	٥
(12) BRETT COHEN	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
(13) CERRI FRIEDMAN	1.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(14) CHET STEIN	1.00	Λ						0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.
(15) CRAIG MARGOLIS	1.00	21						· · ·	· ·	
BOARD MEMBER	1.00	х						0.	0.	0.
(16) DANIEL CAINE	1.00	<del></del>						· ·	· ·	<u>.</u>
BOARD MEMBER		х						0.	0.	0.
(17) DAVID ARFIN	1.00	<del></del> -					<del>                                     </del>	1	••	
SECRETARY		х		x				0.	0.	0.
	I						<u> </u>	1	٠.	= 000 (2222)

Form 990 (2023)

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1 61111 666 (2626)	OF ARAVA INE IN	PII	101	с п	ענ.				11-346573	o Page o
Part VII   Section A. Officers, Directors	s, Trustees, Key Em	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				<b>C</b> )			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) DAVID CAMP	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) DAVID EISENBERG	1.00									
BOARD MEMBER (TO 01/24)		Х						0.	0.	0.
(20) DAVID JAFFE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) DAVID YAFFE	1.00									
BOARD MEMBER (AS OF 06/24)		Х						0.	0.	0.
(22) DEBRA AARON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(23) EILON ADAR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) EMAN ANSARI	1.00									
BOARD MEMBER (AS OF 06/24)		Х						0.	0.	0.
(25) ERIC BERZON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(26) ETHAN GROSSMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								534,791.	0.	27,780.
c Total from continuation sheets to F	Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								534,791.	0.	27,780.

compensation from the organization

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

#### Section B. Independent Contractors

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

(A) Name and business address	NONE	<b>(B)</b> Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 FRIENDS OF A					_				11-3485	730
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related	ıstee or director	trustee		9:	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	organizations below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest com	Former			organizations
(27) FRANK CHUDNOW	1.00									
BOARD MEMBER		Х						0.	0.	0
(28) GARY KORUS	1.00									
BOARD MEMBER		Х						0.	0.	0
(29) GWEN BOROWSKY	1.00									
BOARD MEMBER		Х						0.	0.	0
(30) HERSHEL RICHMAN	1.00									
BOARD MEMBER		Х						0.	0.	0
(31) HILLEL SALOMON	1.00									
BOARD MEMBER		х						0.	0.	0
(32) HOWIE RODENSTEIN	20.00									
BOARD MEMBER		Х						0.	0.	0
(33) IRENE SCHWIEGER WHITE	1.00								-	
BOARD MEMBER		Х						0.	0.	0
(34) JACK PLATT	1.00								-	
BOARD MEMBER (TO 06/24)		Х						0.	0.	0
(35) JANINE BISKIND	1.00									
BOARD MEMBER		х						0.	0.	0
(36) JON HARRIS-SHAPIRO	1.00									
BOARD MEMBER		х						0.	0.	0
(37) JOSEPH EPPSTEIN	1.00									-
BOARD MEMBER		х						0.	0.	0
(38) KAREN SCHAPIRO	8.00								•	
CHAIRMAN	3.00	х		х				0.	0.	0
(39) MANDY PATINKIN	1.00							· ·	•	
BOARD MEMBER	1.00	x						0.	0.	0
(40) MARCIE SAMBERG	1.00								٠.	
BOARD MEMBER	1.00	х						0.	0.	0
(41) MICHAEL MARCUS	1.00	Λ						· · ·	0.	
BOARD MEMBER	1.00	х						0.	0.	0
(42) MINDY RADLER GLICKMAN	1.00	Λ						· · ·	0.	
BOARD MEMBER	1.00	Х						0.	0.	
(43) MIRIAM NEWMAN	1.00	Λ						· ·	0.	0
BOARD MEMBER	1.00	Х						0.	0.	_
(44) NANCY REICHMAN	1.00	Α.				$\vdash$		"	0.	0
BOARD MEMBER (AS OF 06/24)	1.00	v						0.	^	_
	1 00	Х	$\vdash$		$\vdash$	$\vdash$	-	"	0.	0
(45) NEAL EPSTEIN	1.00								•	_
BOARD MEMBER	1 00	Х			$\vdash$	_		0.	0.	0
(46) PETER WEXLER BOARD MEMBER	1.00								^	_
	1	Х		1	i l	ı	I	0.	0.	0

Form 990 FRIENDS OF A	RAVA THE IN	STI	TUT	ь р	TD.				11-3485	730
Part VII Section A. Officers, Directors, Tro	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all ·	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	L				oyee		the	organizations	compensation
	(list any	recto				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	n pen s				and related organizations
	below	dual tr	tiona	_	nploy	stcor	_			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) RICHARD GOLDMAN	1.00									
BOARD MEMBER		х						0.	0.	O
(48) SAMUEL HENDLER	1.00									
BOARD MEMBER		х						0.	0.	0
(49) SAUL PILCHEN	1.00									
BOARD MEMBER		Х						0.	0.	0
(50) SHAI ROBKIN	1.00	1								
BOARD MEMBER		Х						0.	0.	0
(51) SHELDON KAHN	1.00									
TREASURER	ļ	Х		Х				0.	0.	0
(52) STEVEN SANDERSON	1.00									
VICE CHAIR	1 00	Х						0.	0.	C
(53) TAREQ ABU HAMED	1.00	ł								_
BOARD MEMBER	1 00	Х						0.	0.	0
(54) VIVIAN FUHRMAN	1.00	Ţ						0.	_	
BOARD MEMBER (55) ZACHARY KORENSTEIN	1.00	Х						0.	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0
DOARD MEMBER	+	Α.	$\vdash$			$\vdash$		· · · · · · · · · · · · · · · · · · ·	· ·	
		1								
		1								
		1								
		1								
	<u> </u>									
		-								
			_			_				
		-								
		-								
		1								

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Form 990 (2023) FRIENDS OF Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			•	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S G	1 .	Federated campaigns 1a					
auta							
يَّ ق			201,771.				
Ţ\$,			201,771.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d					
ns,		Government grants (contributions)					
e ë	t	All other contributions, gifts, grants, and	2 064 451				
현된		similar amounts not included above 1f	3,964,471.				
펄	ç	Noncash contributions included in lines 1a-1f 1g \$					
<u>8 0</u>	ŀ	Total. Add lines 1a-1f		4,166,242.			
			Business Code				
ė	2 8	AIES PROGRAM INCOME	900099	429.	429.		
ē Š	k	)					
S a	c	:					
an	(	l					
Program Service Revenue	6						
Pr	f	All other program service revenue					
		Total. Add lines 2a-2f	<u> </u>	429.			
	3	Investment income (including dividends, intere					
		other similar amounts)		182,028.			182,028.
	4	Income from investment of tax-exempt bond p		,			, , , , , , , , , , , , , , , , , , , ,
	5	Royalties	1000000				
	3	(i) Real	(ii) Personal				
	6 -		(ii) i croonar				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	/** OII				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 1,000,286.					
	k	Less: cost or other basis					
e		and sales expenses <b>7b</b> 969,910.					
ther Revenue	c	Gain or (loss) 7c 30,376.					
Be		Net gain or (loss)		30,376.			30,376.
ē	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	57,006.				
	k	Less: direct expenses 8b	67,350.				
		Net income or (loss) from fundraising events		-10,344.			-10,344.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 6	and allowances10a					
	L						
		•	<b>'</b>				
-+		Net income or (loss) from sales of inventory	Business Code				
က္ခ	44	OTHER INCOME	900099	5,399.	5,399.		
leo ne	11 8		700033	J, 333.	J 3,399.		<u> </u>
Miscellaneous Revenue	k						
Sev Sev	C						
Ĕ	C	All other revenue		F 222			
	-	e Total. Add lines 11a-11d		5,399.	F 000	-	222 252
	12	Total revenue. See instructions		4,374,130.	5,828.	0.	202,060.

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# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a responsible Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations	42,685.	12 695		
and domestic governments. See Part IV, line 21	42,005.	42,685.		
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				
individuals. See Part IV, lines 15 and 16		1,801,360.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	577,323.	396,161.	142,171.	38,991
6 Compensation not included above to disqualified	,	·	,	·
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	436,678.	369,566.	56,304.	10,808
Pension plan accruals and contributions (include)		, , , , , , , , , , , , , , , , , , , ,	, •	,
section 401(k) and 403(b) employer contributions)	14,399.	12,005.	2,005.	389
9 Other employee benefits	22,118.	17,308.	3,902.	908
	71,305.	53,479.	14,261.	3,565
*	71,303.	33,173.	11,201.	3,303
` ' ' ' '				
a Management				
b Legal	31,081.		21 001	
c Accounting	31,001.		31,081.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.		206,864.	40,166.	864
12 Advertising and promotion		30,204.		
13 Office expenses		31,246.	26,401.	621
14 Information technology	65,191.	55,771.	7,536.	1,884
15 Royalties				
16 Occupancy		42,970.	11,459.	2,865
<b>17</b> Travel	53,297.	53,297.		
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,893.	41,190.	8,703.	
20 Interest				
21 Payments to affiliates				
Depreciation, depletion, and amortization				
23 Insurance				
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.)				
a BAD DEBT EXPENSE	60,000.		60,000.	
b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , ,	
d				
	3,618,990.	3,154,106.	403,989.	60,895
·		0,101,100.	100,505.	30,033
,				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2023

# Form 990 (2023) Part X Balance Sheet

Par	t X	Balance Sneet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,159,938.	1	1,788,845
	2	Savings and temporary cash investments	38,621.	2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		321,624.	4	131,05
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul				
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqu	nese persons alified persons (as defined			
		under section 4958(f)(1)), and persons describ		6		
<u>بر</u>	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges	117,550.	9	210,71	
	10a	Land, buildings, and equipment: cost or other	.			
		basis. Complete Part VI of Schedule D	. 10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	4,004,356.	11	4,213,93	
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		214,843.	15	172,75
	16	Total assets. Add lines 1 through 15 (must e		5,856,932.	16	6,517,30
	17	Accounts payable and accrued expenses		115,797.	17	112,93
	18	Grants payable		18		
	19	Deferred revenue	124,987.	19	75,47	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
္ပ	22	Loans and other payables to any current or fo	rmer officer, director,			
<u> </u>		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese persons		22	
ן כ	23	Secured mortgages and notes payable to unr	elated third parties		23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D		212,351.	25	172,78
	26	Total liabilities. Add lines 17 through 25		453,135.	26	361,19
		Organizations that follow FASB ASC 958, c	heck here X			
Ses		and complete lines 27, 28, 32, and 33.				
au au	27	Net assets without donor restrictions		2,439,123.	27	3,346,73
ם	28	Net assets with donor restrictions	······································	2,964,674.	28	2,809,37
		Organizations that do not follow FASB ASC	958, check here			
ב		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current fund	ds		29	
er Ser	30	Paid-in or capital surplus, or land, building, or	equipment fund		30	
As	31	Retained earnings, endowment, accumulated	income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		5,403,797.	32	6,156,110
_	33	Total liabilities and net assets/fund balances		5,856,932.	33	6,517,301

Pai	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,374,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,618,	
3	Revenue less expenses. Subtract line 2 from line 1	3		755,	140.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,403,79		
5	Net unrealized gains (losses) on investments	5		-2,	827.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6	,156,	110.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	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 separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	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 Scho	edule O.			
За	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	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**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

**ZUZ**3

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** FRIENDS OF ARAVA THE INSTITUTE LTD. 11-3485736 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and				• •		
	membership fees received. (Do not						
	include any "unusual grants.")	2,177,818.	1,904,576.	7,305,066.	3,974,997.	4,166,242.	19,528,699.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,177,818.	1,904,576.	7,305,066.	3,974,997.	4,166,242.	19,528,699.
	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)						603,635.
6	Public support. Subtract line 5 from line 4.						18,925,064.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2,177,818.	1,904,576.	7,305,066.	3,974,997.	4,166,242.	19,528,699.
	Gross income from interest,	, , ,	, , .	, , ,	, , .	, ,	, , ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	18,630.	5,271.	15,583.	53,838.	182,028.	275,350.
۵	Net income from unrelated business	23,333	-,-:		,		
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	. (5		998.	1,039.	6,784.	5,399.	14,220.
11	Total support. Add lines 7 through 10		220.	2,002.	5,,51.	5,025.	19,818,269.
		oto (ooo inatruotia	20)			12	161,549.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•		ourth or fifth tax vo	oar as a soction 50		101,313.
13	organization, check this box and stor					. , . ,	
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (li			olumn (fl)		14	95.49 %
	Public support percentage from 2022	, ,,,	•	.,,		15	%
	33 1/3% support test - 2023. If the o						
100	<b>stop here.</b> The organization qualifies						
h	33 1/3% support test - 2022. If the o						
	and <b>stop here.</b> The organization qual	•		•		•	
173	10% -facts-and-circumstances test						
110	and if the organization meets the facts	-					
	_					_	
ı.	meets the facts-and-circumstances te					72 and line 15 is 1	
i.	10% -facts-and-circumstances test	ū				•	1 U 70 UI
	more, and if the organization meets the		•				
10	organization meets the facts-and-circu						
10	<b>Private foundation.</b> If the organization	n did not check a t	oox on line 15, 16a	, 100, 17a, 01 17b,	CHECK THIS DOX AF		(Form 990) 2023
						Ochiedule A	1. 51111 5501 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</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	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						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						_
k	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						
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.)						
			I		T	1 ,,,,,,,	T 49 = 1.1
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
•••	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						+
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization to f	rot occurs this	formeth and figure 1.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	[ [01(a)(0) ===================================	ion
14	First 5 years. If the Form 990 is for the	Ü		•	•	( )( )	· —
Sec	check this box and stop here ction C. Computation of Publi				•••••		
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022	, (,,	, ,			16	96.61 %
	ction D. Computation of Inves					1.751	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	.73 %
	33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organization	
20	Drivate foundation If the organization	n did not obook o	hoy on line 14, 10	a ar 10h ahaali ti	hie how and see in	structions	

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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")? |f "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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

		Yes	No
ı	1		
	2		
-	20		
	3a		
ı	3b		
ı	OD		
ı	3с		
ı			
	4a		
	4b		
ı	4c		
	5a		
-			
ŀ	5b		
•	5c		
	6		
	7		
Ì			
ı	8		
	9a		
	9b		
ŀ	30		
	9с		
	10a		
_	10b		
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what contained or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	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		
Sec	tion D. All Type III Supporting Organizations			
			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			
0	supported organizations played in this regard.	3		
Sec	tion 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 year (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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ction.		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	.a		
J	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			
		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
<b>-</b>		За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		3b		

FRIENDS OF ARAVA THE INSTITUTE LTD.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st 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-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 50	09(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
	Qualified set-aside amounts (prior IRS approval required -	5		
	Other distributions (describe in Part VI). See instructions.	6		
	Total annual distributions. Add lines 1 through 6.		7	
	Distributions to attentive supported organizations to which			
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2023 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	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			
С	From 2020			
d	From 2021			
е	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:			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in <b>Part VI.</b> See instructions.			
	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.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

Part IV, Section A, Irises 1 (2.3), 52, 45, 46, 58, 6 (8.9), 98, 118, 119, upon 11c, Pert IV, Section B, arrives 1 and 2. Pert IV, Section C, Irise 1 Part IV, Section D, Irises 2 and 3, Ent IV, Section E, Irises 1 (2.3), 53, and 35, Part IV, Irise 1 Part IV, Section D, Irises 5, 6, and 8, and Part IV, Section E, Irises 2, 5, and 6. Also complete this part for any additional information.  See instructions.)	Part VI	Supplemental Information Desire the advantage of the Dath Fortage
Section (and so, and so, and so, and section E, lines 2, 5, and 5. Associatiples this part for any additional information.  See instructions.)	T CIT VI	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
		Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  (See instructions.)
	-	
	-	

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization

FRIENDS OF ARAVA THE INSTITUTE LTD.

**Employer identification number** 11-3485736

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
day of the tax year.	eld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a 2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—
Countries voluntees needed to membering, inepeeting, nationing of violations, and embering economication eacemen	onto during the your
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c 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 treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>	
	chedule D (Form 990) 2023

Par	t III   Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that n	nake sigr	nificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or excl	hange progran	n					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organization	's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or other	similar as	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the	organization	answered "Ye	es" on Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	s or other asse	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	stodial accour	nt liability	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if				1						
		(a) Current year	(b) F	Prior year	(c) Two years	back (d	i) Three y	ears back	(e) Four	years I	Dack_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1o	g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ssion of the organiza	ition tha	t are held an	id administered	d for the			Г	Yes	
	organization by:									res	No
	(i) Unrelated organizations?								3a(i)	-	
		Aire Hakada a sassis							3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	unas.							
	Complete if the organization answere		) Part I\	/ line 11a S	ee Form 990 F	Part X lin	ne 10				
	Description of property	(a) Cost or o	<u> </u>	(b) Cost	<u> </u>		umulate	<u>.</u>	(d) Pool	volue	
	Description of property	basis (investr		, ,	(other)		eciation	,u	(d) Book	value	,
10	Land	<u> </u>		233.0	()	2-51.	2.2.00.1				
	Land Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X line 1	Oc column	(B)) .						0.
. 5.01		gaari omi 330, i all	<u>, , , , , , , , , , , , , , , , , , , </u>	oo, coluitill	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Schedule	D (Form	990)	

Schedule D (Form 990) 2023 FRIENDS OF ARAVA	THE INSTITUTE LTD.		11-3485736	Page 🕻
Part VII Investments - Other Securities	5 000 D 1 N/ II 1	41.0.5.000.5.14.15.40		
Complete if the organization answered "Yes" or				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 000 Part IV line 1	10 Soo Form 990 Part V line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	and of year market	volue
	(b) book value	(c) Method of Valuation. Cost of	enu-or-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets				
Complete if the organization answered "Yes" or	n Form 990 Part IV line 1	1d See Form 990 Part X line 15		
	escription	Tu. coc i omi coc, i arex, inic io.	(b) Book	value
. , _	Comption		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col.	/P))			
Part X Other Liabilities	(D))			
Complete if the organization answered "Yes" or	n Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line	25.	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes			(2, 256)(	
(2) OPERATING LEASE PAYABLE				172,782
(3)				,
(4)				
(5)				
(6)				
(0)				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

172,782.

(8) (9)

Fai	Operate to the exemple the permitted per Addition of Death William 1		venue per ne	turri	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			1	4,371,303.
1				1	4,371,303.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مما	-2,827.		
a	Net unrealized gains (losses) on investments		2,027.		
b	Donated services and use of facilities				
С.	Recoveries of prior year grants	1 1			
d					2 927
e				2e	-2,827. 4,374,130.
3	Subtract line 2e from line 1			3	4,374,130.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				0
C				4c	0.
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  rt XII   Reconciliation of Expenses per Audited Financial State	monte With Ev	nenses ner B	5 cturn	4,374,130.
Га			penses per n	etuiii	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			4	3,618,990.
1	Total expenses and losses per audited financial statements			1	3,010,330.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما			
a	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	•			0
е				2e	0.
3	Subtract line 2e from line 1			3	3,618,990.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	, , , , , , , , , , , , , , , , , , , ,	·			
С				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,618,990.
	rt XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	•		; Part X, lir	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional information	on.		
PAR	T X, LINE 2:				
	TA TUTURE TROU THANKS THE LAST NUMBER AND THE STATE OF TH				
FAI	IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER SECTION	ON			
501	(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT	r fai			
OPE	RATES IN A MANNER CONSISTENT WITH ITS TAXEXEMPT STATUS AT BOT	TH THE			
STAT	TE AND FEDERAL LEVELS.				
FAI	ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION EXEMPT	FROM			
INCO	OME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO M	MONITOR THE			
ACT:	IVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS ARE SUBJECT	r to review			
BY 7	THE TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS	S AFTER			
THE	WERE FILED. FAI CURRENTLY HAS NO TAX EXAMINATIONS IN PROGRE	ESS.			

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FRIENDS OF ARAVA THE INSTITUTE LTD.	11-3485736	Page 5
Schedule D (Form 990) 2023 FRIENDS OF ARAVA THE INSTITUTE LTD.  Part XIII   Supplemental Information (continued)		
i i (continued)		
		-
		-

### SCHEDULE F (Form 990)

Department of the Treasury

# Statement of Activities Outside the United States

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

Open to Public

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** FRIENDS OF ARAVA THE INSTITUTE LTD. 11-3485736 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region MIDDLE EAST AND NORTH AFRICA -GRANTS, ISRAEL RIDE BIKE FUNDRAISER, PROGRAM ALGERIA, BAHRAIN, DJIBOUTI, EGYPT PROGRAM SERVICES AND GRANTS SUPPORT TO AIES. 1,801,360. 0 0 1,801,360. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... c Totals (add lines 3a 1,801,360. and 3b)

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN,		1 001 260				
		DJIBOUTI, EGYPT,	ENVIRONMENTAL STUDIES	1,801,360.	WIRE TRANSFER	0.		

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

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed 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)

Page 4

# Schedule F (Form 990) 2023 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Part V	Supplemental Information

investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
FRIENDS OF THE ARAVA INSTITUTE MONITORS USE OF GRANT PROCEEDS BY THE
ARAVA INSTITUTE FOR ENVIRONMENTAL STUDIES AS FOLLOWS:
-FAI'S CEO AND BOARD CHAIR ARE MEMBERS OF AIES BOARD OF DIRECTORS
-FAI'S CEO IS A MEMBER OF AIES FINANCE AND EXECUTIVE COMMITTEES
-FAI LEADERSHIP RECEIVES WRITTEN REPORTS AND PHOTOS ABOUT PROJECTS FROM
FACULTY/RESEARCHER RECIPIENTS OF DESIGNATED FUNDING.
-FAI EMPLOYEES ARE IN REGULAR CONTACT WITH AIES LEADERSHIP, RESEARCHERS,
AND FACULTY.
-FAI MANAGEMENT AND BOARD MEMBERS REGULARLY VISIT AIES. WHEN GRANT FUNDS
ARE DESIGNATED FOR THE PURCHASE OR DEVELOPMENT OF TANGIBLE OBJECTS, FAI
REPRESENTATIVES CAN OBSERVE THAT FUNDS HAVE BEEN USED AS STIPULATED BY
DONORS.

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

vame of the organization  FRIENDS OF	ARAVA THE INSTITUTE LTD.					11-348573	ntification number 6
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants rnment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Ist all states in which the organizatio or licensing.	n is registered or licensed to solicit c		 utions	or has been notified	it is e	exempt from reg	gistration
3							

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

Schedule G (Form 990) 2023

Pa	rt I	-	-				
_		of fundraising event contributions and gro		EZ, lines 1 ar (b) Eve		events with gross re (c) Other events	
			(a) Event #1	(b) Eve	Πt #2	NONE	d) Total events
			CELEBRATION BRUNCH			NONE	(add col. (a) through
			(event type)	(event	tvpe)	(total number)	col. <b>(c)</b> )
ne			(cross syps)	(0.0	-)   -)	(10141111111111111111111111111111111111	
Revenue	1	Gross receipts	258,777.				258,777.
ă							
	2	Less: Contributions	201,771.				201,771.
	3	Gross income (line 1 minus line 2)	57,006.				57,006.
		Cook prizes					
	4	Cash prizes					
	5	Noncash prizes					
es	Ū						
ens	6	Rent/facility costs	3,645.				3,645.
Direct Expenses							
ect	7	Food and beverages	24,079.				24,079.
Ę			540				540
	8	Entertainment					39,086.
	10	Other direct expenses					67.350
		Net income summary. Subtract line 10 from li					10 244
Pa							
		\$15,000 on Form 990-EZ, line 6a.					
Ф			(a) Bingo	(b) Pull tab		(c) Other gamin	(d) Total gaming (add
Revenue			., ,	bingo/progres	ssive bingo		col. (a) through col. (c))
Rev							
_	_1	Gross revenue					
	2	Cash prizes					
ses							
Direct Expenses	3	Noncash prizes					
i, E							
) Jirec	4	Rent/facility costs					
	_	Other direct concess					
_	5	Other direct expenses	Yes %	Yes	%	Yes	%
	6	Volunteer labor	No No	No	70	No	_ 70
	Ĭ						
	7	Direct expense summary. Add lines 2 through	5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
_		to the entertainty and the consequent of the consequence of					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	_	rtatos?			Yes No
		No," explain:					165 100
_							
		ere any of the organization's gaming licenses re				/ear?	Yes No
b	If "	Yes," explain:					
	_						
	_						
33208	12 NO	9-13-23				9	Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 FRIENDS OF ARAVA THE INSTITUTE LTD.	LI-3485/36	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	ı The organization's facility		<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$	nt	
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandaton, distributions		
	Mandatory distributions:  I s the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$	.0	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule 0	G (Form 990) F	RIENDS OF ARAVA THE INSTITUTE LTD.	11-3485736	Page 4
Part IV	G (Form 990) F Supplemental Informa	ation (continued)		<u> </u>
	• • • • • • • • • • • • • • • • • • • •	(continued)		

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number								
FRIENDS OF	11-3485736								
		-			-				
criteria used to award the grants or as 2 Describe in Part IV the organization's	procedures for monit	toring the use of grant	funds in the United	 I States			A Yes No		
Part II Grants and Other Assistance					anization answered "	∕es" on Form 990. Part	: IV. line 21. for any		
recipient that received more that	ın \$5,000. Part II can	be duplicated if addit	ional space is need	ed.		,			
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
JEWISH NATIONAL FUND (JNF) 42 E 69TH STREET							TO SUPPORT ARAVA INSTITUTE FOR ENVIRONMENTAL STUDIES		
NEW YORK, NY 10021	13-1659627	501 (C)(3)	0.	42,685.			(AIES)		
-									
2 Enter total number of section 501(c)(3	and government or	I ganizations listed in th	_I ne line 1 table				1.		
3 Enter total number of other organizati		-							

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rt IV Supplemental Information. Provide the information	required in Part I, line	e 2; Part III, columr	n (b); and any other ad	ditional information.	
Г I, LINE 2:					
NTS TO THE JEWISH NATIONAL FUND (JNF) ARE FOR	R THE BENEFIT OF	THE ARAVA			
FITUTE FOR ENVIRONMENTAL STUDIES (AIES). AIES	S CONFIRMS TO FR	IENDS OF THE			
VA INSTITUTE THAT THE GRANT FUNDS HAVE BEEN F					

## SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

**2023** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FRIENDS OF ARAVA THE INSTITUTE LTD.

Employer identification number 11-3485736

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee     X   Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
•		4a		х
h	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The first to daily of miles to o, not the personic and provide the approache amounter for each from mile are miles			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) MIRIAM MAY	(i)	250,989.	0.	0.	9,957.	4,892.	265,838.	0.
CHIEF EXECUTIVE OFFICER EMERITA (TO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RACHEL KALIKOW	(i)	178,102.	0.	0.	6,187.	2,516.	186,805.	0.
CHIEF EXECUTIVE OFFICER (AS OF 06/24	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							(5

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 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.

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

FRIENDS OF ARAVA THE INSTITUTE LTD.	11-3485736
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
AWARENESS, STUDENT RECRUITMENT AND FUNDRAISING CAMPAIGNS. TO ADVANCE	
CROSS-BRODER ENVIRONMENTAL COOPERATION IN THE FACE OF POLITICAL	
CONFLICT.	
FORM 990, PART VI, SECTION A, LINE 2:	
DAVID JAFFE AND BRENDA JAFFE ARE SPOUSES. DAVID CAMP AND GWEN BOROWSKY ARE	
SPOUSES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION BY THE PAID	
PREPARER. THE DRAFT IS REVIEWED BY THE ORGANIZATIONS SENIOR STAFF	
RESPONSIBLE FOR FINANCE AND OPERATION, WITH INPUT FROM THE APPROPRIATE	
BOARD MEMBERS UPON REQUEST. ONCE ANY REVISIONS HAVE BEEN MADE, THE FINAL	
DRAFT IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH YEAR ALL BOARD MEMBERS ARE PROVIDED WITH THE POLICY AND COMPLETE A	
DISCLOSURE FORM.	
FORM 990, PART VI, SECTION B, LINE 15:	
15A: A COMMITTEE OF DESIGNATED BOARD MEMBERS IS RESPONSIBLE FOR SETTING THE	
EXECUTIVE DIRECTOR'S SALARY, BASED ON AN ANNUAL REVIEW AND INFORMED BY	
RESEARCH OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATION.	
15B: SALARIES OF KEY EMPLOYEES ARE SET BY THE CEO IN CONSULTATION WITH	

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

Schedule O (Form 990) 2023

BOARD OFFICERS.  FORM 990, PART VI, SECTION C, LINE 19:  FINANCIAL STATEMENTS ARE AVAILABLE ON FAI WEBSITE, VIA 3RD PARTY WEBSITES  LIKE CHARITY NAVIGATOR OR GUIDESTAR, AND BY REQUEST. GOVERNING DOCUMENTS  AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST.  FORM 990, PART XII, LINE 2C  THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR	Name of the organization	Employer identification number
FORM 990, PART VI, SECTION C, LINE 19:  FINANCIAL STATEMENTS ARE AVAILABLE ON FAI WEBSITE, VIA 3RD PARTY WEBSITES  LIKE CHARITY NAVIGATOR OR GUIDESTAR, AND BY REQUEST. GOVERNING DOCUMENTS  AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST.  FORM 990, PART XII, LINE 2C  THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR	FRIENDS OF ARAVA THE INSTITUTE LTD.	11-3485736
FINANCIAL STATEMENTS ARE AVAILABLE ON FAI WEBSITE, VIA 3RD PARTY WEBSITES  LIKE CHARITY NAVIGATOR OR GUIDESTAR, AND BY REQUEST. GOVERNING DOCUMENTS  AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST.  FORM 990, PART XII, LINE 2C  THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR	BOARD OFFICERS.	
FINANCIAL STATEMENTS ARE AVAILABLE ON FAI WEBSITE, VIA 3RD PARTY WEBSITES  LIKE CHARITY NAVIGATOR OR GUIDESTAR, AND BY REQUEST. GOVERNING DOCUMENTS  AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST.  FORM 990, PART XII, LINE 2C  THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR		
FINANCIAL STATEMENTS ARE AVAILABLE ON FAI WEBSITE, VIA 3RD PARTY WEBSITES  LIKE CHARITY NAVIGATOR OR GUIDESTAR, AND BY REQUEST. GOVERNING DOCUMENTS  AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST.  FORM 990, PART XII, LINE 2C  THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR	FORM 990 PART VI SECTION C LINE 19.	
LIKE CHARITY NAVIGATOR OR GUIDESTAR, AND BY REQUEST. GOVERNING DOCUMENTS  AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST.  FORM 990, PART XII, LINE 2C  THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR		
AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST.  FORM 990, PART XII, LINE 2C  THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR	FINANCIAL STATEMENTS ARE AVAILABLE ON FAI WEBSITE, VIA 3RD PARTY WEBSITES	
FORM 990, PART XII, LINE 2C THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR	LIKE CHARITY NAVIGATOR OR GUIDESTAR, AND BY REQUEST. GOVERNING DOCUMENTS	
THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR	AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST.	
THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR		
THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR		
	FORM 990, PART XII, LINE 2C	
SELECTION PROCESS DURING THE TAX YEAR.	THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR	
	SELECTION PROCESS DURING THE TAX YEAR.	