

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **OCT 1, 2016** and ending **SEP 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1001 AVENUE OF THE AMERICAS, 19TH FL City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018 F Name and address of principal officer: TONI YOUNG SAME AS C ABOVE	D Employer identification number 23-7270753 E Telephone number 212-687-7721 G Gross receipts \$ 432,339,431. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.AABGU.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1973		M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: AABGU PLAYS A VITAL ROLE IN CREATING A WORLD CLASS UNIVERSITY IN THE ISRAELI DESERT.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	75
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	74
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	56
6	Total number of volunteers (estimate if necessary)	6	130
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-320.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-320.
8	Contributions and grants (Part VIII, line 1h)	246,404,632.	295,123,562.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,547,697.	15,478,522.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-72,919.	-72,476.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	255,879,410.	310,529,608.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	39,789,973.	37,898,395.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,603,155.	5,778,744.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	30,000.	30,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,944,099.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,697,603.	4,085,129.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	49,120,731.	47,792,268.
19	Revenue less expenses. Subtract line 18 from line 12	206,758,679.	262,737,340.
20	Total assets (Part X, line 16)	439,788,824.	735,668,070.
21	Total liabilities (Part X, line 26)	18,160,782.	34,796,474.
22	Net assets or fund balances. Subtract line 21 from line 20	421,628,042.	700,871,596.

Part II Signature Block

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

Sign Here	Signature of officer JULIA NELSON, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LYNNE JOHNSON	Preparer's signature Date
	Firm's name ▶ RSM US LLP Firm's address ▶ 4 TIMES SQUARE NEW YORK, NY 10036	Check if self-employed <input type="checkbox"/> PTIN P00757336 Firm's EIN ▶ 42-0714325 Phone no. 212-372-1000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AABGU PLAYS A VITAL ROLE IN SUSTAINING DAVID BEN GURION'S VISION, CREATING A WORLD CLASS INSTITUTION OF EDUCATION AND RESEARCH IN THE ISRAELI DESERT, NURTURING THE NEGEV COMMUNITY AND SHARING THE UNIVERSITY'S EXPERTISE LOCALLY AND AROUND THE GLOBE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code:) (Expenses \$ 37,738,195. including grants of \$ 37,738,195.) (Revenue \$) SUPPORT FOR BEN-GURION UNIVERSITY INCLUDED GRANTS FOR ACADEMIC RESEARCH, HONORS PROGRAMS, SCHOLARSHIPS, BUILDINGS (INCLUDING DORMITORIES AND RESEARCH FACILITIES), EQUIPMENT AND OTHER CAPITAL PROJECTS, COMMUNITY OUTREACH EFFORTS AND SPECIFIC PROGRAMS AT THE UNIVERSITY'S MEDICAL SCHOOL, BUSINESS SCHOOL, AND INSTITUTES FOR DESERT RESEARCH AND WATER RESEARCH.

4b (Code:) (Expenses \$ 534,677. including grants of \$ 160,200.) (Revenue \$) AABGU'S OVERSEAS STUDENT PROGRAM RECRUITS STUDENTS FROM THE U.S. TO STUDY AT BEN-GURION UNIVERSITY IN ISRAEL.

4c (Code:) (Expenses \$ 254,578. including grants of \$) (Revenue \$) THE AABGU ZIN FELLOWS LEADERSHIP DEVELOPMENT PROGRAM IS A TWO-YEAR PROGRAM, INCORPORATING TWO IN-PERSON GATHERINGS IN THE UNITED STATES FOLLOWED BY A TRIP TO ISRAEL. EACH ZIN FELLOWS CLASS CONSISTS OF 15 TO 20 OUTSTANDING INDIVIDUALS, AGES 35 TO 50, CURRENT AND FUTURE COMMUNITY LEADERS FROM ACROSS THE UNITED STATES, WHO ARE INTERESTED IN A NEW AND UNIQUE OPPORTUNITY TO BE ENGAGED IN THE FUTURE OF ISRAEL THROUGH THEIR CONNECTION TO THE NEGEV REGION.

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

4e Total program service expenses 38,527,450.

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.		
	1a 75		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 74		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JULIA A. NELSON - 646-452-3690**
1001 AVENUE OF THE AMERICAS, 19TH FL, NEW YORK, NY 10018

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ZVI ALON PAST PRESIDENT	1.00	X					0.	0.	0.	
(2) ROBERT ARNOW PAST PRESIDENT	1.00	X					0.	0.	0.	
(3) JOSHUA ARNOW DIRECTOR	1.00	X					0.	0.	0.	
(4) ARNOLD BENGIS DIRECTOR	1.00	X					0.	0.	0.	
(5) DAVA BERKMAN DIRECTOR	1.00	X					0.	0.	0.	
(6) JACK BERSHAD DIRECTOR	1.00	X					0.	0.	0.	
(7) DAVID BRESLAUER DIRECTOR	1.00	X					0.	0.	0.	
(8) JAMES BRESLAUER DIRECTOR	1.00	X					0.	0.	0.	
(9) SYLVIA BRODSKY DIRECTOR	1.00	X					0.	0.	0.	
(10) RIVA COLLINS DIRECTOR	1.00	X					0.	0.	0.	
(11) ROBERT COLTON DIRECTOR	1.00	X					0.	0.	0.	
(12) NEIL DAVIDOWITZ DIRECTOR	1.00	X					0.	0.	0.	
(13) JACOB DAYAN VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(14) MARCI DOLLINGER DIRECTOR	1.00	X					0.	0.	0.	
(15) ROCHELLE ETINGIN DIRECTOR	1.00	X					0.	0.	0.	
(16) ANTHONY FELZEN DIRECTOR	1.00	X					0.	0.	0.	
(17) STEVEN FINKELMAN DIRECTOR	1.00	X					0.	0.	0.	

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEWART FLINK DIRECTOR	1.00	X					0.	0.	0.	
(19) DEBBIE FOX DIRECTOR	1.00	X					0.	0.	0.	
(20) DODI FROMSON DIRECTOR	1.00	X					0.	0.	0.	
(21) LIS GAINES PAST PRESIDENT	1.00	X					0.	0.	0.	
(22) STANLEY GINSBURG VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(23) LLOYD GOLDMAN PAST PRESIDENT	1.00	X					0.	0.	0.	
(24) ALEXANDER GOREN PAST PRESIDENT	1.00	X					0.	0.	0.	
(25) ANDREA GOREN DIRECTOR	1.00	X					0.	0.	0.	
(26) ELIZABETH GRZEBINSKI DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,399,169.	0.	375,026.	
d Total (add lines 1b and 1c)							2,399,169.	0.	375,026.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 19

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 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	X
5 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	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DAVID LEIBOWITZ 11 STONE HILL, BLOOMFIELD, CT 06002	EVENT-TOUR PLANNING	142,418.
RSM US LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	AUDIT FEES	117,469.
FRED SIEGMUND 270 MADISON AVE, NEW YORK, NY 10016	LEGAL FEES	111,217.
PROSPECTIVE CORP. 8 HAVEN AVE.#221, PORT WASHINGTON, NY 11050	PUBLIC RELATIONS	103,730.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JANE GURAL-SENDERS DIRECTOR	1.00	X						0.	0.	0.
(28) WILLIAM HANDY DIRECTOR	1.00	X						0.	0.	0.
(29) ARTHUR HESSEL DIRECTOR	1.00	X						0.	0.	0.
(30) IRA INGERMAN TREASURER	3.00	X		X				0.	0.	0.
(31) MARVIN ISRAELOW DIRECTOR	1.00	X						0.	0.	0.
(32) WILLIAM JOEL DIRECTOR	1.00	X						0.	0.	0.
(33) EDWARD KAPLAN DIRECTOR	1.00	X						0.	0.	0.
(34) LEON KAPLAN DIRECTOR	1.00	X						0.	0.	0.
(35) BARRY KAYNE DIRECTOR	1.00	X						0.	0.	0.
(36) CAROL KIMMEL DIRECTOR	1.00	X						0.	0.	0.
(37) DOUGLAS KRUPP DIRECTOR	1.00	X						0.	0.	0.
(38) DONNA LAM SECRETARY	1.00	X		X				0.	0.	0.
(39) MARIBETH LERNER DIRECTOR	1.00	X						0.	0.	0.
(40) MICHELE LEVIN DIRECTOR	1.00	X						0.	0.	0.
(41) NAT LEVY DIRECTOR	1.00	X						0.	0.	0.
(42) JAN ABBY LIFF DIRECTOR	1.00	X						0.	0.	0.
(43) SHELDON LONDON DIRECTOR	1.00	X						0.	0.	0.
(44) ELLEN MARCUS VICE PRESIDENT	1.00	X		X				0.	0.	0.
(45) JOANNE MOORE VICE PRESIDENT	1.00	X		X				0.	0.	0.
(46) HOLLY NELSON DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ALAN NEWMAN DIRECTOR	1.00	X						0.	0.	0.
(48) MARJORIE OFFER DIRECTOR	1.00	X						0.	0.	0.
(49) JOEL REINSTEIN VICE PRESIDENT	1.00	X		X				0.	0.	0.
(50) GABRIEL RUBANENKO DIRECTOR	1.00	X						0.	0.	0.
(51) CAROL SAAL PAST PRESIDENT	1.00	X						0.	0.	0.
(52) LITE SABIN DIRECTOR	1.00	X						0.	0.	0.
(53) JONATHAN SACK DIRECTOR	1.00	X						0.	0.	0.
(54) SHERRIE SAVETT DIRECTOR	1.00	X						0.	0.	0.
(55) MAX SCHECHNER DIRECTOR	1.00	X						0.	0.	0.
(56) ERNEST SCHELLER, JR. VICE PRESIDENT	1.00	X		X				0.	0.	0.
(57) JAYNIE SCHULTZ DIRECTOR	1.00	X						0.	0.	0.
(58) JOEL SHALOWITZ DIRECTOR	1.00	X						0.	0.	0.
(59) BRUCE SHOLK DIRECTOR	1.00	X						0.	0.	0.
(60) MURRAY SHUSTERMAN DIRECTOR (DEC'D 12/5/16)	1.00	X						0.	0.	0.
(61) FREDERICK SIEGMUND VICE PRESIDENT	1.00	X		X				111,217.	0.	0.
(62) JESSICA SILLINS VICE PRESIDENT	1.00	X		X				0.	0.	0.
(63) CRAIG SIMON DIRECTOR	1.00	X						0.	0.	0.
(64) LINDA SIMON DIRECTOR	1.00	X						0.	0.	0.
(65) HARRIET SOFFA DIRECTOR	1.00	X						0.	0.	0.
(66) KATHLEEN SPITZER DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(67) ROBIN TOUBIN STEIN DIRECTOR	1.00	X						0.	0.	0.	
(68) ILANA SUBAR DIRECTOR	1.00	X						0.	0.	0.	
(69) CHARLES TEMEL DIRECTOR	1.00	X						0.	0.	0.	
(70) IRA WAGNER DIRECTOR	1.00	X						0.	0.	0.	
(71) MARTIN WEINBERG DIRECTOR	1.00	X						0.	0.	0.	
(72) WAYNE WOODMAN DIRECTOR	1.00	X						0.	0.	0.	
(73) TONI YOUNG PRESIDENT	5.00	X		X				0.	0.	0.	
(74) MICHAEL ZEIGER DIRECTOR	1.00	X						0.	0.	0.	
(75) ROBERT ZIPKIN DIRECTOR	1.00	X						0.	0.	0.	
(76) ROY ZUCKERBERG DIRECTOR	1.00	X						0.	0.	0.	
(77) DORON KRAKOW (THRU 4/1/17) EXECUTIVE VICE PRESIDENT	40.00			X				425,032.	0.	38,431.	
(78) JULIA NELSON CHIEF FINANCIAL & ADMIN. OFFICER	40.00			X				212,210.	0.	9,524.	
(79) PHILIP S. GOMPERTS REGIONAL DIRECTOR	40.00				X			274,968.	0.	46,657.	
(80) KEVIN LEOPOLD EXECUTIVE DIRECTOR NORTHEAST	40.00				X			249,026.	0.	55,263.	
(81) CLAIRE WINICK REGIONAL DIRECTOR	40.00				X			175,180.	0.	34,878.	
(82) DAPHNA NOILY PHILANTHROPIC ADVISOR	24.00				X			171,727.	0.	21,137.	
(83) ANDREW HOFFER MAJOR GIFTS DIRECTOR	40.00					X		192,190.	0.	43,058.	
(84) DIANE ROMIROWSKY MAJOR GIFTS DIRECTOR	40.00					X		171,728.	0.	15,257.	
(85) RONNI MORDECHAI-STRONGIN MARKETING	40.00					X		152,157.	0.	47,968.	
(86) ANDREA MEISELES DIRECTOR OVERSEAS STUDENT PROGRAM	40.00					X		138,021.	0.	24,924.	
Total to Part VII, Section A, line 1c											

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	55,346.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	295,068,216.				
	g Noncash contributions included in lines 1a-1f: \$		274,057,015.				
	h Total. Add lines 1a-1f		295,123,562.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,777,812.		-320.	14,778,132.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			700,710.		700,710.
	8 a Gross income from fundraising events (not including \$ 55,346. of contributions reported on line 1c). See Part IV, line 18	a		77,400.			
		b Less: direct expenses	b	150,244.			
		c Net income or (loss) from fundraising events		-72,844.			-72,844.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME		900099	368.			368.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			368.				
12 Total revenue. See instructions.			310,529,608.	0.	-320.	15,406,366.	

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

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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 response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	160,200.	160,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	37,738,195.	37,738,195.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,687,311.	129,700.	580,695.	976,916.
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	3,297,625.	116,200.	617,368.	2,564,057.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	194,391.	9,720.	44,708.	139,963.
9 Other employee benefits	308,966.	15,446.	71,061.	222,459.
10 Payroll taxes	290,451.	14,522.	66,804.	209,125.
11 Fees for services (non-employees):				
a Management				
b Legal	83,119.		83,119.	
c Accounting	134,000.		134,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	30,000.			30,000.
f Investment management fees	455,650.		455,650.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	404,814.		218,838.	185,976.
12 Advertising and promotion	629,440.	31,472.	94,416.	503,552.
13 Office expenses	79,982.	3,999.	31,992.	43,991.
14 Information technology	78,934.	23,680.	45,782.	9,472.
15 Royalties				
16 Occupancy	686,408.		377,524.	308,884.
17 Travel	420,882.	226,329.	10,862.	183,691.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	368,800.	40,568.	7,376.	320,856.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,406.		65,406.	
23 Insurance	90,550.		90,550.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL CAMPAIGN	223,383.			223,383.
b TEMPORARY HELP	125,250.		125,250.	
c E-PHILANTHROPY	20,765.		20,765.	
d				
e All other expenses	217,746.	17,419.	178,553.	21,774.
25 Total functional expenses. Add lines 1 through 24e	47,792,268.	38,527,450.	3,320,719.	5,944,099.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

Form 990 (2016)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	125,458.	1	138,890.	
	2 Savings and temporary cash investments	14,314,069.	2	6,526,348.	
	3 Pledges and grants receivable, net	93,829,481.	3	305,249,650.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	121,933.	9	218,511.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	899,058.			
	b Less: accumulated depreciation	607,094.			
	11 Investments - publicly traded securities	188,113,867.	11	84,320,550.	
	12 Investments - other securities. See Part IV, line 11	138,088,112.	12	334,984,899.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	4,847,027.	15	3,937,258.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	439,788,824.	16	735,668,070.		
Liabilities	17 Accounts payable and accrued expenses	821,926.	17	602,723.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,338,856.	25	34,193,751.	
	26 Total liabilities. Add lines 17 through 25	18,160,782.	26	34,796,474.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	13,199,666.	27	16,247,706.	
	28 Temporarily restricted net assets	84,904,581.	28	85,479,147.	
	29 Permanently restricted net assets	323,523,795.	29	599,144,743.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	421,628,042.	33	700,871,596.		
34 Total liabilities and net assets/fund balances	439,788,824.	34	735,668,070.		

Form **990** (2016)

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

Part 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	310,529,608.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,792,268.
3	Revenue less expenses. Subtract line 2 from line 1	3	262,737,340.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	421,628,042.
5	Net unrealized gains (losses) on investments	5	15,609,889.
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 in Schedule O)	9	896,325.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	700,871,596.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,710,583.	37,840,966.	43,453,517.	38,518,782.	29,371,022.	169,894,870.
2 Tax revenues levied for the organization'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	20,710,583.	37,840,966.	43,453,517.	38,518,782.	29,371,022.	169,894,870.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,817,800.
6 Public support. Subtract line 5 from line 4.						158,077,070.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	20,710,583.	37,840,966.	43,453,517.	38,518,782.	29,371,022.	169,894,870.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	13,316,312.	10,341,070.	1,519,551.	6,582,595.	14,777,812.	46,537,340.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	87,352.	113,034.	61,250.	80,295.	77,768.	419,699.
11 Total support. Add lines 7 through 10						216,851,909.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	72.90 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	74.03 %

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section 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 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		

Section 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?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENT GROSS INCOME

MISC. INCOME

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: DONATED PUBLICLY TRADED SECURITIES

DATE: 09/30/16 AMOUNT: 207885850.

DESCRIPTION: DONATED PUBLICLY TRADED SECURITIES

DATE: 09/30/17 AMOUNT: 265752540.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.

Employer identification number

23-7270753

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV, INC.	Employer identification number 23-7270753
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 265,752,540.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV, INC.	Employer identification number 23-7270753
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

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.**

OMB No. 1545-0047

2016

Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV, INC.** **Employer identification number** **23-7270753**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation 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 describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

Part VII Investments - Other Securities.

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

(a) Description of security or category (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) INVESTMENTS HELD IN		
(B) ISRAEL	145,982,756.	END-OF-YEAR MARKET VALUE
(C) US TREASURIES AND OTHER		
(D) BONDS	71,473,341.	END-OF-YEAR MARKET VALUE
(E) INVESTMENT FUNDS AT NET		
(F) ASSET VALUE	117,528,802.	COST
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	334,984,899.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO BEN-GURION UNIVERSITY	17,972,302.
(3) OTHER LIABILITIES	55,308.
(4) OBLIGATIONS UNDER SPLIT-INTEREST	
(5) AGREEMENTS	15,742,956.
(6) DEFERRED LEASE OBLIGATIONS AND	
(7) INCENTIVE	423,185.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,193,751.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	327,035,822.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	15,609,889.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	896,325.
e	Add lines 2a through 2d	2e	16,506,214.
3	Subtract line 2e from line 1	3	310,529,608.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	310,529,608.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	47,792,268.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	47,792,268.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	47,792,268.

Part XIII Supplemental Information.

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

PART III, LINE 4:

COLLECTION OF SEVERAL THOUSAND BOOKS AND OTHER PUBLICATIONS ON HERPETOLOGY DONATED TO AABGU; THEY ARE ON LONG TERM LOAN AT NO CHARGE TO BEN-GURION UNIVERSITY, AND THE BOOK VALUE IS \$999,106. AN ART DEALER DONATED OVER 100 PAINTINGS VALUED AT \$509,540 IN 2008. SINCE THEN AABGU HAS BEEN SELLING THESE PAINTINGS. THE BOOK VALUE OF UNSOLD PAINTINGS IS \$426,414.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE INTENDED TO PROVIDE SCHOLARSHIPS AND FELLOWSHIPS FOR STUDENTS AT BEN-GURION UNIVERSITY; TO SUPPORT RESEARCH IN A VARIETY OF ACADEMIC FIELDS AT BEN-GURION UNIVERSITY; TO SUPPORT THE MEDICAL SCHOOL, BUSINESS SCHOOL, DESERT STUDIES PROGRAMS AND OTHER POST GRADUATE PROGRAMS

Part XIII Supplemental Information (continued)

AT BEN-GURION UNIVERSITY.

PART X, LINE 2:

AABGU QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE IRC), AND IS A PUBLICLY SUPPORTED CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 509(A)(1) OF THE IRC.

AABGU IS NOT CLASSIFIED AS A PRIVATE FOUNDATION, AND IS SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT), IF APPLICABLE. FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016, AABGU DID NOT OWE ANY UBIT.

MANAGEMENT HAS EVALUATED AABGU'S TAX POSITIONS AND CONCLUDED THAT AABGU HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, AABGU IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2014, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-960,354.
CPI ADJUSTMENT	1,856,679.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	896,325.

FORM 990, SCHEDULE D, PART V, LINE 3A

ENDOWMENTS HELD IN ISRAEL ARE EITHER TEMPORARILY RESTRICTED OR PERMANENTLY RESTRICTED GIFTS THAT HAVE BEEN TRANSMITTED TO BEN-GURION UNIVERSITY OF THE NEGEV ("BGU"), AND ARE MAINTAINED BY BGU ON BEHALF OF AABGU. EXCEPT FOR CERTAIN ENDOWMENT FUNDS WHICH REQUIRE THAT A PORTION OF THE EARNINGS BE REINVESTED IN THE ENDOWMENT FUND, ALL EARNINGS ON THE ENDOWMENTS MAINTAINED BY BGU ON BEHALF OF AABGU ARE AVAILABLE, AT THE DIRECTION OF

Part XIII Supplemental Information *(continued)*

AABGU, FOR SCHOLARSHIPS AND OTHER PROJECTS OF BGU.

Lined area for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV, INC.	Employer identification number 23-7270753
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		145,982,756.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		45,796,925.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SPECIFIC TYPES OF SERVICES IN REGION: PAYMENTS TO VENDORS IN ISRAEL FOR ACCOUNTING	321,082.
MIDDLE EAST AND NORTH AFRICA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		37,738,195.
3 a Sub-total	0	0			229,838,958.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			229,838,958.

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

Schedule F (Form 990) 2016

SEE PART V FOR COLUMN (E) DESCRIPTIONS

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	ACADEMIC CHAIRS	345,170.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ACADEMIC PRIZES	5,700.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	ACADEMIC RESEARCH	3,673,478.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	CAPITAL PROJECTS	5,209,670.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	COMMUNITY OUTREACH	1,125,781.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	DESERT STUDIES	1,660,554.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	LIBRARY SUPPORT	1,341.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	MEDICAL SCHOOL AND HEALTH SERVICES	3,235,514.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities

AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.

Schedule F (Form 990)

23-7270753

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SCHOLARSHIPS	1,459,149.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	UNIVERSITY OPERATIONS	626,009.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	NEW ENDOWMENTS IN FY 2017	14,645,959.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	EARNINGS DISTRIBUTIONS	5,749,870.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

AABGU RETAINS AN ACCOUNTING FIRM IN ISRAEL TO AUDIT THE UTILIZATION OF FUNDS GRANTED TO BEN-GURION UNIVERSITY (BGU). THIS ACCOUNTING FIRM ANNUALLY RECONCILES ALL GRANTS BY CATEGORY OF USE, PERFORMS TESTING TO SEE IF GRANTED FUNDS ARE APPLIED PROPERLY AND BIANNUALLY PROVIDES AABGU WITH A FULL AUDIT REPORT WITH THE RESULTS OF THE RECONCILIATION AND TESTING PROCEDURES. IN ADDITION, FOR MAJOR GRANTS, AABGU REQUESTS ANNUAL REPORTS FROM BGU ON HOW FUNDS WERE USED THAT YEAR. IN A FEW CASES AABGU FORMS OVERSIGHT COMMITTEES, COMPRISED OF SOME MEMBERS OF ITS BOARD, TO TRACK THE PROGRESS OF PROJECTS FUNDED BY AABGU GRANTS.

PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SPECIFIC TYPES OF SERVICES IN REGION: PAYMENTS TO VENDORS IN ISRAEL FOR ACCOUNTING SERVICES TO AUDIT GRANTS, STAFF TRAVEL TO ISRAEL/MEETINGS/RETREAT, MISSIONS FOR DONORS AND BOARD MEETING, INCLUDING MEDIA, CYBER AND ZIN FELLOW MISSION, AND BOARD OF GOV. MEETING

SCHEDULE G
(Form 990 or 990-EZ)

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV, INC.** Employer identification number **23-7270753**

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
A.B. DATA, LTD. - 600 AB DATA DRIVE, MILWAUKEE, WI 53217	DIRECT MAIL SOLICITATIONS	X		316,666.	30,000.	286,666.
Total				316,666.	30,000.	286,666.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MS, MN, NC, ND, NJ, NH, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

AMERICAN ASSOCIATES BEN-GURION

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MA DINNER (event type)	TX DINNER (event type)	NONE 0 (total number)	
Revenue	1 Gross receipts	76,212.	56,534.		132,746.
	2 Less: Contributions	43,812.	11,534.		55,346.
	3 Gross income (line 1 minus line 2)	32,400.	45,000.		77,400.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	3,131.	855.		3,986.
	6 Rent/facility costs	1,000.	3,416.		4,416.
	7 Food and beverages	31,118.	58,465.		89,583.
	8 Entertainment	1,310.	2,590.		3,900.
	9 Other direct expenses	36,997.	11,362.		48,359.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				150,244.
11 Net income summary. Subtract line 10 from line 3, column (d)				-72,844.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	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)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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
SCHOLARSHIPS	14	160,200.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AABGU HAS A PROCEDURE WHERE STUDENTS HAVE TO APPLY FOR SCHOLARSHIPS. AABGU STAFF REVIEW THE APPLICATIONS AND MAKE RECOMMENDATIONS. THE RECOMMENDATIONS ARE REVIEWED BY A COMMITTEE AND SCHOLARSHIPS ARE AWARDED. IN MOST CASES THE SCHOLARSHIP AWARDS ARE NOT GIVEN DIRECTLY TO THE STUDENTS, THE CASH IS SENT TO A BANK ACCOUNT BGU MAINTAINS IN THE U.S. WITH A NOTE TO BGU EXPLAINING WHAT AMOUNTS HAVE BEEN AWARDED TO WHICH STUDENTS. IN MOST CASES, FULL SCHOLARSHIPS ARE NOT AWARDED, ONLY PARTIAL SCHOLARSHIPS. AABGU MAKES SURE THAT STUDENTS HAVE IN FACT ENROLLED IN THE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization **AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV, INC.**

Employer identification number
23-7270753

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the filing 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

**AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DORON KRAKOW (THRU 4/1/17) EXECUTIVE VICE PRESIDENT	(i)	425,032.	0.	0.	36,462.	1,969.	463,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIA NELSON CHIEF FINANCIAL & ADMIN. OFFICER	(i)	211,843.	0.	367.	0.	9,524.	221,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PHILIP S. GOMPERS REGIONAL DIRECTOR	(i)	272,743.	0.	2,225.	26,198.	20,459.	321,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KEVIN LEOPOLD EXECUTIVE DIRECTOR NORTHEAST	(i)	248,864.	0.	162.	26,006.	29,257.	304,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CLAIRE WINICK REGIONAL DIRECTOR	(i)	172,955.	0.	2,225.	17,655.	17,223.	210,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAPHNA NOILY PHILANTHROPIC ADVISOR	(i)	170,660.	0.	1,067.	12,000.	9,137.	192,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANDREW HOFFER MAJOR GIFTS DIRECTOR	(i)	190,942.	1,000.	248.	9,931.	33,127.	235,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DIANE ROMIROWSKY MAJOR GIFTS DIRECTOR	(i)	171,264.	0.	464.	8,805.	6,452.	186,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RONNI MORDECHAI-STRONGIN MARKETING	(i)	150,693.	1,000.	464.	15,096.	32,872.	200,125.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANDREA MEISELES DIRECTOR OVERSEAS STUDENT PROGRAM	(i)	137,557.	0.	464.	11,424.	13,500.	162,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KEREN WARANCH REGIONAL DIRECTOR	(i)	125,610.	0.	103.	8,503.	29,426.	163,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

AABGU INCLUDES A MERIT POOL IN ITS ANNUAL BUDGET. IN CALENDAR 2016 THE
FOLLOWING EMPLOYEES RECEIVED ONE TIME BONUSES IN THE AMOUNT SHOWN - IN EACH

CASE FOR OUTSTANDING PERFORMANCE:

RONNI MORDECHAI-STRONGIN - \$1,000

ANDREW HOFFER - \$1,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **AMERICAN ASSOCIATES BEN-GURION UNIVERSITY OF THE NEGEV, INC.** Employer identification number **23-7270753**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		177,814.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	86	273,879,201.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS SHOWN ABOVE REPRESENTS THE TOTAL NUMBER OF STOCK DONATIONS DURING THE YEAR.

SCHEDULE M, LINE 32B:

A DONOR GAVE AABGU NEARLY A HUNDRED PAINTINGS WHICH HAVE BEEN CONSIGNED TO AN ART DEALER TO SELL OVER TIME AS MARKET CONDITIONS PERMIT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.

Employer identification number
23-7270753

FORM 990, PART VI, SECTION A, LINE 2:

1. ROBERT ARNOW AND JOSHUA ARNOW, BOARD MEMBERS, HAVE A FAMILY
RELATIONSHIP.

2. JAMES BRESLAUER AND DAVID BRESLAUER, BOARD MEMBERS, HAVE A FAMILY
RELATIONSHIP.

4. ALEXANDER GOREN AND ANDREA GOREN, BOARD MEMBERS, HAVE A FAMILY
RELATIONSHIP.

5. ERNEST SCHELLER AND WAYNE WOODMAN, BOARD MEMBERS, HAVE A FAMILY
RELATIONSHIP.

6. CRAIG SIMON AND LINDA SIMON, BOARD MEMBERS, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 10B:

AABGU HAS REGIONAL ADVISORY BOARDS IN SOME PARTS OF THE COUNTRY WHERE IT
HAS SIGNIFICANT NUMBERS OF SUPPORTERS. THE COMPLIANCE OF REGIONAL ADVISORY
BOARDS WITH POLICIES AND PROCEDURES OF THE NATIONAL ORGANIZATION IS ASSURED
IN TWO WAYS:

1. REGIONAL ADVISORY BOARDS ARE GUIDED BY AABGU'S PROFESSIONAL DEVELOPMENT
STAFF.

2. REGIONAL ADVISORY BOARDS INCLUDE ONE OR MORE MEMBERS OF AABGU'S NATIONAL
BOARD (WHICH IS AABGU'S GOVERNING BODY).

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

THE REVIEW PROCESS FOR AABGU'S DRAFT 990 (BEFORE FILING) IS THAT THE
BOARD'S AUDIT COMMITTEE REVIEWS THE DOCUMENT IN ITS ENTIRETY AND THE 990 IS
NOT FILED UNTIL THE AUDIT COMMITTEE IS SATISFIED THAT IT IS IN ORDER.

AFTER THE AUDIT COMMITTEE REVIEWS THE DRAFT 990, IT IS POSTED TO THE BOARD

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization **AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

Employer identification number
23-7270753

OF DIRECTORS SECTION OF THE AABGU WEBSITE, AND BOARD MEMBERS ARE NOTIFIED
IN ADVANCE BEFORE FILING.

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

PROCEDURES RELATED TO AABGU'S CONFLICT OF INTEREST POLICY ARE AS FOLLOWS:

1. PRIOR TO THE BOARD'S ANNUAL MEETING, CONFLICT OF INTEREST DISCLOSURE
FORMS ARE DISTRIBUTED TO BOARD MEMBERS AND OFFICERS.
2. COMPLETED FORMS ARE COLLECTED AT THE ANNUAL MEETING.
3. THE PROFESSIONAL STAFF FOLLOWS UP WITH ANY BOARD MEMBER AND OFFICERS AT
THE ANNUAL MEETING TO OBTAIN A COMPLETED CONFLICT OF INTEREST DISCLOSURE
FORM. KEY EMPLOYEES ARE AWARE AND SUBJECT TO CONFLICT OF INTEREST POLICY
AND PROCEDURES PER AABGU'S CONFLICT OF INTEREST POLICY.
4. THE CFO REVIEWS THE COMPLETED FORMS FOR ANY EXISTING OR POTENTIAL
CONFLICTS AND IF ONE EXISTS, APPROPRIATE FOLLOW UP ACTION IS UNDERTAKEN AS
SET FORTH IN THE POLICY. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY
REQUIRES THAT INDIVIDUALS WITH CONFLICTS OF INTEREST WITH RESPECT TO A
TRANSACTION OR ACTION MAY NOT PARTICIPATE IN THE DISCUSSION AND
DECISION-MAKING WITH RESPECT TO THAT TRANSACTION OR ACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

AABGU HAS A COMPENSATION COMMITTEE. AABGU'S BY-LAWS PROVIDE:

THE COMPENSATION COMMITTEE SHALL BE RESPONSIBLE FOR MAKING COMPENSATION
RECOMMENDATIONS FOR THE CHIEF EXECUTIVE OFFICER. IT SHALL PRESCRIBE POLICY
STANDARDS WITH RESPECT TO PERFORMANCE, ESTABLISH CRITERIA FOR SUPPLEMENTAL
BENEFITS AND PERQUISITES, ALL RELATIVE TO MARKET COMPETITIVENESS. THE
RECOMMENDATIONS SHALL BE MADE AVAILABLE TO THE EXECUTIVE COMMITTEE FOR
APPROVAL.

THE CFO ANNUALLY PREPARES AN ANALYSIS OF THE COMPENSATION OF EXECUTIVE

Name of the organization **AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.**

Employer identification number
23-7270753

DIRECTORS OR CEOS OF THE OTHER "FRIENDS OF ISRAELI UNIVERSITIES"

ORGANIZATIONS BASED ON THE MOST RECENTLY AVAILABLE 990S. THIS ANALYSIS IS PROVIDED TO THE COMPENSATION COMMITTEE IN ADVANCE OF ANY DELIBERATIONS WITH REGARD TO THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

**AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,MA,MD,ME,MI,MS,MN,NC,ND,NJ,NH
NY,OH,OK,OR,PA,RI,SC,TN,VA,VT,WA,WI,WV**

FORM 990, PART VI, SECTION C, LINE 19:

AABGU MAKES ITS AUDITED FINANCIAL STATEMENTS AND KEY GOVERNANCE DOCUMENTS AND POLICIES AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). AABGU POSTS A COPY OF THE 990 AND ITS AUDITED FINANCIAL STATEMENTS TO ITS WEBSITE.

FORM 990, PART VII, SECTION A

FREDERICK SIEGMUND, AABGU BOARD MEMBER AND ASSISTANT SECRETARY, ALSO PROVIDES LEGAL COUNSEL TO THE ORGANIZATION. HIS COMPENSATION SHOWN ON PART VII IS FOR HIS SERVICES PROVIDED TO THE ORGANIZATION AS LEGAL COUNSEL AND NOT FOR HIS BOARD SERVICE.

FORM 990, PART VII

THE ORGANIZATION, IN A FULL TRANSPARENCY POSTURE TO REPORTING, IS REPORTING ALL BENEFITS IN FULL IN PART VII, COLUMN F, AND NOT APPLYING THE \$10,000 PER ITEM EXCEPTION FOR CERTAIN BENEFITS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **AMERICAN ASSOCIATES BEN-GURION
UNIVERSITY OF THE NEGEV, INC.** Employer identification number
23-7270753

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

