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 Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

➤ Go to www.irs.gov/Form990 for Instructions and the latest information. Inspection A For the 2018 calendar year, or tax year beginning , 20 2018, and ending C Name of organization ALEXANDER MUSS INSTITUTE D Employer identification number FOR ISRAEL EDUCATION, INC. 59-0173782 Address change Doing business as ALEXANDER MUSS HIGH SCHOOL IN ISRAEL Number and street (or P.O. box if mail is not delivered to street address) Name chang E Telephone number 78 RANDALL AVENUE initial cetura (516) 678-6805 Final returniterated City or town, state or province, country, and ZIP or foreign postal code ROCKVILLE CENTRE, NY 11570 G Gross receipts \$ 11,659,092. Application pending F Name and address of principal officer; ROBERT WERNER H(a) is this a group return for Yes X No 78 RANDALL AVENUE, ROCKVILLE CENTRE, NY 11570 H(b) Are all subordinates included? Yes X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) Website: > WWW.AMIIE.ORG AND WWW.AMHSI.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association L Year of formation: 1972 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO CREATE A TRANSFORMATIVE EXPERIENCE FOR TEENS THROUGH STUDY ABROAD PROGRAMS IN ISRAEL. 2 Check this box > 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) 12. 4 Number of independent voting members of the governing body (Part VI, line 1b)....... 12. 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a). 0. 5 6 Total number of volunteers (estimate if necessary) 15. 6 Ō, 7a b Net unrelated business taxable income from Form 990-T, line 38 _____. 0. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 1,307,034. 2,103,538. 9,241,327. 9,484,492. 10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d). 15,068. -1,583. 163,248. 72,645. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 10,726,677. 11,659,092. 1,103,582. 1,012,056. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Ō. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10), 4,162,394. Ο. b Total fundralsing expenses (Part IX, column (D), line 25) 10,727,725. 6,454,168. 11,739,781. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . 11,720,144. 19 Revenue less expenses. Subtract line 18 from line 12 -80,689. -993,467. 56 End of Year Beginning of Current Year 23,284,894. 20 Total assets (Part X, line 16) 24,022,801. Total flabilities (Part X, line 26)..... 21 4,593,310. 5,237,703. Net assets or fund balances. Subtract line 21 from line 20, 18,691,584. 18,785,098. 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 Signature of officer Here ORIT ROME CO-CEO Type or print name and title Print/Type preparer's name Preparer's signature Date if PTIN Check Pald ANGELO PIROZZI self-employed P00446022 Preparer Firm's name BDO USA, LLP Firm's EIN > 13-5381590 Fim's address ▶100 PARK AVENUE NEW YORK, NY 10017-5001 212-885-8000 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions), ΧĮ Yes No

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For Paperwork Reduction Act Notice, see the separate Instructions.

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arm	990 (2018)			Page 2
	Statement of Program Service A	complishments		[v]
	Check if Schedule O contains a re	sponse or note to any line in this Part	<u> </u>	<u> </u>
1	Briefly describe the organization's mission:	OBERT HOUGESTONIC MICCIO	м те по	
	ALEXANDER MUSS INSTITUTE FOR I	SRAEL EDUCATION'S MISSIO	OUTH AND ISRAEL	
	PROMOTE, BUILD AND STRENGTHEN THROUGH THE STUDY OF THE HISTO	DRY AND CHLTHRE OF THE PE	OPLE OF ISRAEL.	·
	THROUGH THE STUDY OF THE HISTO	NAT AND COBTONE OF THE TE		
2	Did the organization undertake any signific	ant program services during the year	ar which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Sch	nedule O.		
3	Did the organization cease conducting, services?	or make significant changes in h	low it conducts, any program	Yes X No
	services?			
A	Describe the organization's program serv	ice accomplishments for each of it	ts three largest program services,	as measured by
	expenses. Section $501(c)(3)$ and $501(c)(4)$) organizations are required to rep-	ort the amount of grants and alloc	ations to others,
	the total expenses, and revenue, if any, for e	each program service reported.		
_			\/D	247
4a	•	1,308. including grants of \$ 1,	.012,056. (Revenue \$9,60	19,347)
	ATTACHMENT 1			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$,
		<u> </u>		
			<u> </u>	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
				
			·	
40	Other program services (Describe in Sche	dule O.)		
	(Expenses \$ including gra	nts of \$) (Revenu	e\$)	
4e	Total program service expenses ▶	11,191,308.		

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art	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Х	
	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		Χ
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	.	ļ	Х
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-+	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		İ	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
	"Yes " complete Schedule D. Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	İ	v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
-	complete Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_ X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1	•	
'''	VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ļ		
а	complete Schedule D, Part VI	11a	X	
L	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Χ	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
T	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	_
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12 a	Schedule D, Parts XI and XII.	12a		X
	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If			
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
14 a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			<u> </u>
b	Did the organization have aggregate revenues of expenses of more than \$10,000 from grammanage	1	ļ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	ļ
	foreign investments valued at \$100,000 of mole? If res, complete schedule?, rates and the assistance to or			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16	ļ	X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	··		t –
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	- ' ' -	 	+
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+	1 .,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	1	X
	If "Ves" complete Schedule G. Part III	19	+	X
20 a	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+-	+
ŀ	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	+-	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	

PÀGE 4

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Part	Checklist of Required Schedules (continued)	-	Yes	No
			165	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	$_{\rm X}$	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
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	23	X	
	employees? If "Yes," complete Schedule J	20		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
_	through 24d and complete Schedule K. If "No," go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2.70		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
_	to defease any tax-exempt bonds?	24d		
d	Did the organization act as an "on benait of" issuer for bonds outstanding at any time during the years.			
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
26	current or former officers, directors, trustees, key employees, highest compensated employees, or	-		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
22	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		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? If "Yes," complete Schedule L, Part IV	28c		_ X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X -
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		١,,	
	or IV and Part V line 1	34	X	1
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	 	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 27		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+-	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	
	19? Note. All Form 990 filers are required to complete Schedule O.	30	1	<u></u>
Par	Statements Regarding Other IRS Filings and Tax Compliance			ГП
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	The state of the s	9 [1	+
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	. †		
b	Enter the number of Forms W-2G included in line tal Enter-0- il not applicable	'⊣		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	် 1င	Х	
	reportable gaming (gambling) winnings to prize winners?	For		(2018

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Т	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ļ		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
h	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
••	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a	_X	
b	If "Yes," enter the name of the foreign country: ▶ISRAEL			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			1.
٠	solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ļ		
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			.,
-	and services provided to the payor?	7a		<u>X</u> _
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			.,
_	required to file Form 8282?	7c		X
d	If "Yes." indicate the number of Forms 8282 filed during the year			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		Į.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		!	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
	o di sodialita e e e e e e e e e e e e e e e e e e e]	}
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due of paid to other sources			
	against amounts due or received from them.)	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	124	 	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	}		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	_	
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
	Note. See the instructions for additional information the organization must report on Schedule O.		ļ	ļ
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	14a	1	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	-	+ -
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140	\vdash	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year?		T^-	
	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	··-	†	
	If "Yes," complete Form 4720, Schedule O.	For	m 99	0 (2018)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Secti	ion A. Governing Body and Management			
			Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year		ļ	
ıa	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			
L	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2		2	X	
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	х	
	one or more members of the governing body?	1a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		Х
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_	v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>	.)	
			Yes	No -
400	Did the organization have local chapters, branches, or affiliates?	10a		Χ
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all filentiers of its governing body before ming the form:			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Χ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by	İ		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ.
	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 laxable entity during the year?	16a		X
h	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?	16b		<u> </u>
Sect	ion C Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL, MD, MA, MI, MN, NJ, NY, OH, WA			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion f	- 501(c)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,		(-/
	X Own website Another's website X Upon request Other (explain in Schedule O)			
		proet	nolic	v and
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	J. UJ.	Pollo	,, una
	financial statements available to the public during the tax year.	le >		
20	State the name, address, and telephone number of the person who possesses the organization's books and record CAREN KATZ 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570 212-472-9300	13 P		
			000	(2018)

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

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.

Out of this basis and the attended and an appropriate against the component of any current officer director or trustee

Check this box if neither the organization no	(B) Average hours per week (list any hours for related organizations below dotted line)	Average (do not hours per box, uweek (list any officer		Position (do not check more than on box, unless person is both a officer and a director/truste employee Officer individual trustee Individual trustee			one an	(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
(1)JOSEPH WOLFSON	5.00]								
PRESIDENT/CHAIRMAN	3.00	X		X		<u> </u>		0.	0.	0.
(2)ROBERT LEVINE	2.50							_		_
TREASURER	3.00	X		Х			<u> </u>	0.	0.	0.
(3)ROBERT WERNER	1.50									_
SECRETARY	0.	X		X		ļ		0.	0.	<u> </u>
(4)RONALD LAUDER	1.00									_
BOARD MEMBER	3.00	Х	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(5)STEPHEN MUSS	2.50	1								
BOARD MEMBER, THRU 11/15/18	0.	X			L	ļ		0.	0.	0.
(6)RONALD WERNER	5.00	<u> </u>								
BOARD MEMBER	0.	X						0.	0.	0.
(7)ANDREW KLEIN	.50									
BOARD MEMBER	2.50	X	<u>L</u> .		ļ	<u> </u>		0.	0.	0.
(8)JOEL REINSTEIN	1.50									
BOARD MEMBER	0.	X		_		ļ		0.	. 0.	
(9)STANLEY CHESLEY	2.50	}								
BOARD MEMBER, THRU 11/15/18	0.	X	_		ļ	ļ		0.	. 0.	0.
(10)DAVID FRANK	.50	1								
BOARD MEMBER	3.00	X					ļ	0.	. 0.	0.
(11)ELLIOT NORRY	.50		ĺ							
BOARD MEMBER	0.	X				ļ		0.	0.	0.
(12)BENJAMIN GORDON	.50							_		
BOARD MEMBER	0.	X	1	ļ	<u> </u>			0.	0.	0.
(13)JOEY BLUMENFELD	.50	_								
BOARD MEMBER, THRU 6/18/18	0.	X	_		<u> </u>		1	0	. 0.	0.
(14) JERRY SOKOL	2.50									
BOARD MEMBER	.50	X			<u> </u>			0	. 0.	0.

Name and title	(B) Average hours per week (list any hours for related	(do r box, office	not ch unless	(C) Position eck mos perso a dire	n ore than o n is both ctor/trus	ne an	nest Compensate (D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	mer	(W-2/1099-MISC)		and related organizations
) JACQUELINE DANILEWITZ BOARD MEMBER	2.50 .50	х					0.	0.	
O) CINDY SAPERSTEIN BOARD MEMBER, THRU 5/16/18	.50 0.	X					0.	0.	
ORIT ROME CO EXECUTIVE DIRECTOR	40.00			х			0.	140,630.	32,81
CO EXECUTIVE DIRECTOR	40.00			х			0.	140,315.	32,73
)) GREG LITCOFSKY NAT'L DIR OF RECRUITMENT AMHSI	40.00) 			X		0.	102,866.	29,41
	-	_	-						
		-							
					<u> </u>	-			
b Sub-total		<u>l</u>		<u> </u>		<u> </u>	0.	0. 383,811.	94,97
							0		· —
c Total from continuation sheets to Part VII, S d Total (add lines 1 b and 1c)								<u> </u>	94,9
d Total (add lines 1b and 1c)	limited to t		liste			o re			94,97
d Total (add lines 1 b and 1c)	limited to t	those 0	liste	d abo	ve) wh	emi	eceived more than	\$100,000 of	
d Total (add lines 1 b and 1c)	limited to to to the cer, directed sule J for sules sum of releaser than	those 0 or, o ch inc	liste r tru divide	stee	key ensatio	emp	ployee, or highes	\$100,000 of st compensated	Yes
d Total (add lines 1b and 1c)	limited to to to n ▶ cer, directed ule J for su sum of reeater than accrue co	or, o ch incorportal	r trudivide	stee	key ensatio	empon a	ployee, or highes	\$100,000 of st compensated	Yes 3
d Total (add lines 1b and 1c)	limited to to to to the cer, directed by the cer, directed by the certain sum of releaster than accrue codes, "complete by the complete by the certain state of the certain stat	or, o ch incompertal state Scientific Scient	r trudivide	stee	key ensatic If "Ye om an	emi	ployee, or highes and other comper complete Schedularson	\$100,000 of St compensated	Yes 3 4 X 5
d Total (add lines 1b and 1c)	limited to to the control of the con	or, o ch incompertal state Scientific Scient	r trudivide	stee	key ensatic If "Ye om an	emi	ployee, or highes and other comper complete Schedularson	\$100,000 of st compensated	Yes 3 4 X 5
d Total (add lines 1b and 1c)	limited to to the control of the con	or, o ch incompertal state Scientific Scient	r trudivide	stee	key ensatic If "Ye om an	emi	ployee, or highes and other comper complete Schede arelated organizat rson	\$100,000 of st compensated	Yes 3 4 X 5 of on's tax
d Total (add lines 1b and 1c)	limited to to the control of the con	or, o ch incompertal state Scientific Scient	r trudivide	stee	key ensatic If "Ye om an	emi	ployee, or highes and other comper complete Schede arelated organizat rson	\$100,000 of st compensated	Yes 3 4 X 5 of on's tax (C)

	-	Check if Schedule O con			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
きま		Federated campaigns	1a	145,645.				
နှင့် မြ	b	Membership dues	1b					
ا چ <u>ن</u> و	c	Fundraising events	1c					
<u>≅</u>	d	Related organizations		1,855,374.				
Si		Government grants (contribution		· · · · · · · · ·				
Pet.	f	All other contributions, gifts, g		102,519.				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included a						
နှို ငိ	g h	Noncash contributions included in Total. Add lines 1a-1f	ines ia-ir. 5		2,103,538.			
		Total Add III Co to II 1 1 1 1 1		Business Code				
Ş.	2a	TUITION AND FEES		611710	9,484,492.	9,484,492.		
8	b							
Vice	c							
Ser	d						-	
am,	е				-			
Program Service Revenue	f	All other program service reve		L	9,484,492.			-
<u>c.</u>	<u>g</u>	Total. Add lines 2a-2f Investment income (incl		I	5,404,452.			
	3	and other similar amounts).			-1,583.			-1,583
	4	Income from investment of to		L 1	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents				<u> </u>		
1	b	Less: rental expenses						
	С	Rental income or (loss) L		L				
	d	Net rental income or (loss)	(i) Securities	(ii) Other	0.			
	7 a		(i) Securities	(ii) Other				
		assets other than inventory		 				
	b	Less: cost or other basis				,		ļ
		and sales expenses						
	c d	Gain or (loss)		▶ Ì	0.			
	8a	Gross income from fundrai						
une	- Ou	events (not including \$	=					
eve		of contributions reported on li		ļ				
Other Reven		See Part IV, line 18	a					į.
Ę.	b	Less: direct expenses	b	0.				
	C	Net income or (loss) from fur			0.			
	9a	Gross income from gaming		0.		1		
		See Part IV, line 19						
	b	Less: direct expenses Net income or (loss) from ga		L	0.			
	10a	Gross sales of invento					· · ·	
	IVa	returns and allowances	•	0.				
	ь	Less: cost of goods sold	b	0.				
	c	Net income or (loss) from sale	es of inventory.	<u> </u>	0.			
		Miscellaneous Revenue		Business Code	104.055	124,855.		
	11a	UNITED JEWISH APPEAL NY T	EEN INITIATIVE	900099	124,855. -52,210.	124,033.		-52,21
	b	MISCELLANEOUS REVENUE		300033	32,210.			
	C	All affices and		-				
	d	All other revenue			72,645.			
	12	Total revenue. See instruction			11,659,092.	9,609,347.	-	-53,79

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Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations mus				
	Check if Schedule O contains a resp				(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,012,056.	1,012,056.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
_	persons described in section 4958(c)(3)(B)	0.			
	Other salaries and wages		_		
8	Pension plan accruals and contributions (include	0.			
	section 401(k) and 403(b) employer contributions)	0.			
	Other employee benefits	0.	-		
10	Payroll taxes				
	Fees for services (non-employees):	0.			
	Management	Ö.			
	Legal	32,914.		32,914.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	Investment management fees	0.			
	Other, (If line 11g amount exceeds 10% of line 25, column				
Ĭ	(A) amount, list line 11g expenses on Schedule O.).	112,116.	110,516.	1,600.	
12	Advertising and promotion	38,048.	38,048.		
13	Office expenses	142,065.	58,964.	83,101.	<u> </u>
14	Information technology	136,274.	128,417.	7,857.	
15	Royalties,	0.	11 551	30 000	
16	Occupancy	41,551.	11,551. 107,173.	30,000.	
17		107,657.	107,173.	404.	
18		0			
	for any federal, state, or local public officials	11,029.	11,029,		<u> </u>
	Conferences, conventions, and meetings	176,974.	11,025.	176,974.	
	Interest	0.			
	Payments to affiliates	560,506.	560,506.		
	Depreciation, depletion, and amortization	73,979.	37,656.	36,323.	
	Other expenses. Itemize expenses not covered				
24	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	ALLOCATED SALARIES & BENEFIT	4,421,063.	4,241,843.	179,220.	
Ŀ	HOUSING	2,860,379.	2,860,379.		
(STUDENTS' TRANSPORTATION	1,148,541.	1,148,541.		
c	STUDENTS' AIRFARE	548,454.	548,454.		
6	All other expenses	316,175.	316,175.		
_	Total functional expenses. Add lines 1 through 24e	11,739,781.	11,191,308.	548,473.	
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)	0.			- 000 :

Part		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa		· · · ·	(B)
			(A) Beginning of year		End of year
	1	Cash - non-interest-bearing	4,493,221.	1	4,454,903.
	-	Savings and temporary cash investments	1,243,357.	2	1,357,710.
		Pledges and grants receivable, net	94,585.	3	13,910.
		Accounts receivable, net	1,500.	4	9,064.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	:		
			0.	5_	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		ļ	
		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 instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
SS	8	Inventories for sale or use	21,026.		3,026.
7	9	Prepaid expenses and deferred charges	59,562.	9_	306,412.
- 1	-	Land, buildings, and equipment: cost or			
'	va	other basis. Complete Part VI of Schedule D 10, 360, 866.			
	ь	Less: accumulated depreciation	4,857,262.	10c	4,786,953.
	1	Investments - publicly traded securities	0.		0.
	2	Investments - other securities. See Part IV, line 11	117,759.	12	117,640.
	3	Investments - program-related. See Part IV, line 11	0.	13_	0
- 1	4	Intangible assets	0.	· · ·	0
	5	Other assets. See Part IV, line 11	12,396,622.	15	12,973,183
- 1	6	Total assets. Add lines 1 through 15 (must equal line 34)	23,284,894.	16	24,022,801
_	7	Accounts payable and accrued expenses.	3,136,952.	17	3,098,056
i	8	Grants payable	0.	10	0
- 1	9	Deferred revenue	1,456,358.	19	2,139,647
- 1 1	0	Tax-exempt bond liabilities	0.	20	0
- 1	1	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
ـ ا ـ	2	Loans and other payables to current and former officers, directors,			
<u>≅</u> 2	-	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0		0
9 ,	23	Secured mortgages and notes payable to unrelated third parties	0		0
- 1	24	Unsecured notes and loans payable to unrelated third parties	0	· 2 <u>4</u>	0
- 1	25	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25.	4,593,310	26	5,237,703
+		Organizations that follow SFAS 117 (ASC 958), check here X and		1	
8		complete lines 27 through 29, and lines 33 and 34.			
<u>اء</u> ا	27	Unrestricted net assets	5,941,951		5,691,131
읦	28	Temporarily restricted net assets	12,628,674		12,973,008
	29	Permanently restricted net assets	120,959	. 29	120,959
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and			
اة		complete lines 30 through 34.		30	
; [6	30	Capital stock or trust principal, or current funds		31	
iss:	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	32	
7	32	Retained earnings, endowment, accumulated income, or other funds	18,691,584		18,785,098
	33	Total net assets or fund balances	23,284,894		24,022,801
;	34	Total liabilities and net assets/fund balances	23,204,034	- 34	Form 990 (201

Page **12**

Part :	XI Reconciliation of Net Assets					\[\frac{1}{2}\]
	Check if Schedule O contains a response or note to any line in this Part XI	, ,		11 0		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,7		
3	Revenue less expenses. Subtract line 2 from line 1	3			80,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18,6		
5	Net unrealized gains (losses) on investments	5			1	$\frac{19}{9}$
6	Donated services and use of facilities	_6				0.
7	Investment expenses	7_				0.
8	Prior period adjustments	8_				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9_		<u>_</u>	74,3	22.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		18,7	85 <u>,</u> (198.
Part	XII Financial Statements and Reporting					
_	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u> </u>	• • •	للبل
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," of	explair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?,			2a		X
- +-	If "Yes," check a box below to indicate whether the financial statements for the year were co	npiled	d or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					1
h	Were the organization's financial statements audited by an independent accountant?			2b	_X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a	İ		
	separate basis, consolidated basis, or both:				i	
	Separate basis X Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	sight			
·	of the audit, review, or compilation of its financial statements and selection of an independent ac	count	ant?	2c_	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year,	explai	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as s	et fort	h in		l	.,
Ju	the Single Audit Act and OMB Circular A-133?			_3a_	<u> </u>	X
b	If "Yes" did the organization undergo the required audit or audits? If the organization did not un	dergo	the			
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		3b	005	
				Form	990	(2018

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FOR ISRAEL EDUCATION, INC.

ALEXANDER MUSS INSTITUTE

Employer identification number 59-0173782

Pai	Reason for Public Cha					
The	organization is not a private four	idation because it	is: (For lines 1 throug	h 12, check only	one box.)	
1	A church, convention of chu	rches, or associat	ion of churches descr	ibed in section 1	70(b)(1)(A)(i).	
2	A school described in section	on 170(b)(1)(A)(ii).	(Attach Schedule E	Form 990 or 990	I-EZ).)	
3	A hospital or a cooperative	hospital service or	ganization described i	n section 170(b)	(1)(A)(iii).	
4	A medical research organiz	ation operated in o	conjunction with a hos	pital described in	n section 170(b)(1)(A)(iii). Enter the
	hospital's name, city, and st	ate:				
5	An organization operated f	or the benefit of a	college or universit	y owned or ope	rated by a governmer	ital unit described in
•	section 170(b)(1)(A)(iv). (C		· ·			
6	A federal, state, or local go		nmental unit describe	d in section 170(b)(1)(A)(v).	
7	An organization that norma	ılly receives a sub	stantial part of its su	pport from a go	vernmental unit or fro	m the general public
•	described in section 170(b)			•		
8	A community trust describe			Part II.)		
9	An agricultural research org	anization describe	d in section 170(b)(1	(A)(ix) operated	I in conjunction with a I	and-grant college
9	or university or a non-land-	rant college of ag	riculture (see instruct	ions) Enter the	name, city, and state of	the college or
	university:	grant conege or ag	Houstano (occ monaci		,,	•
40	X An organization that normal	ly receives: (1) mo	re than 331/3 % of its	support from co	ntributions, membersh	p fees, and gross
10	receipte from activities rela-	lad to ite evemnt fi	unctions - subject to a	certain exception	is, and (2) no more man	1 33 1/3 70 01 113
	support from gross investm	ent income and ur	rrelated business taxa	able income (les	s section 511 tax) from	businesses
44	acquired by the organizatio An organization organized	n arter June 50, 13	eivaly to tast for nubli	csafety See ser	etion 509(a)(4).	
11	An organization organized a	and operated exclu	isively to test for pabli isivaly for the henefit	of to perform th	ne functions of or to ca	arry out the purposes
12	of one or more publicly su	and operated excit	one described in sect	ion 509(a)(1) o	section 509(a)(2). Se	e section 509(a)(3).
	Check the box in lines 12a t	brough 12d that de	secribas tha tuna of si	inporting organi	zation and complete lin	es 12e. 12f. and 12g.
	Check the box in lines 12a t	mough izu matu	sacribes the type or si	apporting organis	exted organization(e)	vnically by diving
а	Type I. A supporting orga	anization operated	supervised of contr	olled by its supp	f the directors or trustes	se of the
	the supported organization				I the directors of trusted	33 OF THE
	supporting organization.	ou must complet	e Part IV, Sections A	and B.	ounnested erganization	n(e) by having
b	Type II. A supporting org	anization supervise	ed or controlled in co	nnection with its	s supported organization	sao the currented
	control or management of			the same person	is that control of man	age the supported
	organization(s). You must	complete Part IV	Sections A and C.			y intograted with
C	Type III functionally integ	grated. A supporti	ng organization opera	itea in connectio	on with, and functional	y integrated with,
	its supported organization	(s) (see instruction	s). You must comple	te Part IV, Secti	onsa, D, and E.	ad arganization(e)
d	Type III non-functionally	integrated. A supp	porting organization of	perated in confi	ection with its support	on offentiveness
	that is not functionally inte	egrated. The organ	ization generally mus	st satisty a distrii	oution requirement and	an attentiveness
	requirement (see instruct	ions). You must co	implete Part IV, Sect	ions A and D, ar	id Part V.	Tuno III
е		inization received	a written determinatio	n from the IRS I	matitisa Type i, Type ii	, type iii
_	functionally integrated, or			porting organiza	นอก.	
f	Enter the number of supported	=				
g	Provide the following information			1	ful Amount of manatasy	(vi) Amount of
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organization listed in your governing		other support (see
			above (see instructions))	document?	instructions)	instructions)
				Yes No_		
(A)						
	<u> </u>					
(B)						
	<u> </u>			 		
(C)						
(D)						
\-/		1	i .	1 1	1	i

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

Schedule A (Form 990 or 990-EZ) 2018

(E)

Total

Page 2 Schedule A (Form 990 or 990-EZ) 2018 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 (f) Total (d) 2017 (e) 2018 (c) 2016(b) 2015 Calendar year (or fiscal year beginning in) ▶ (a) 2014 grants, contributions, membership fees received. (Do not include any "unusual grants.") levied revenues organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... The portion of total contributions by person (other than governmental unit supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)..... Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2017 (e) 2018 (f) Total (b) 2015 (c) 2016 (a) 2014 Calendar year (or fiscal year beginning in) Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 . . . 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) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). 14 % % 16a 331/3% support test -2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. 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 b 10%-facts-and-circumstances test - 2017. 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

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

Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusua! grants.")	1,593,982.	456,363.	2,134,119.	1,307,034.	2,103,538.	7,595,036.
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	7,789,008.	8,468,366.	7,645,071.	9,358,347.	9,609,347.	42,870,139.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.		İ				0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities	-		-			
•	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	9,382,990.	8,924,729.	9,779,190.	10,665,381.	11,712,885.	50,465,175.
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
_	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from						
J	line 6.)				i		50,465,175.
Sec	tion B. Total Support		<u> </u>			<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	9,382,990.	8,924,729.	9,779,190.	10,665,381.	11,712,885.	50,465,175
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	1,958.	1,911.	2,095.	13,868.	-1,583.	18,249.
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses	'					
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	1,958.	1,911.	2,095.	13,868.	-1,583.	18,249.
11	Net income from unrelated business						
''	activities not included in line 10b,						
	whether or not the business is regularly						0.
	carried on		-				
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.) ATCH 1	70,774.	53,887.	61,127.	46,228.	-52,210.	179,806.
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)	9,455,722.	8,980,527.	9,842,412.	10,725,477.	11,659,092.	50,663,230.
14	First five years. If the Form 990 is f					ar as a section	501(c)(3)
14	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup				-		
15	Public support percentage for 2018 (line 8	column (f). divid	ed by line 13, colu	mn (f))		. 15	99.61%
16	Public support percentage from 2017 Sche					16	99.02%
	tion D. Computation of Investmen						····
17	Investment income percentage for 2018 (li			13. column (f))		17	.04%
	Investment income percentage from 2017					18	.05%
18	331/3% support tests - 2018. If the or	ranization did n	of check the box	on line 14. and	d line 15 is more		and line
тва	17 is not more than 331/3%, check the	nis hov and etc.	here The orga	anization qualifie	s as a publicly	supported organi	zation . ► X
1-	331/3% support tests - 2017. If the organization	anization did not	check a hox on	line 14 or line 19	and line 16 is	more than 331/3	 3 %, and
a	line 18 is not more than 331/3%, check	anization ulu nut thie hav and s	ton here. The on	ganization qualifi	es as a publicly	supported organi	ization ►
20	Private foundation. If the organization	did not check	a box on line	14. 19a. or 19h	o, check this bo	x and see instr	uctions ►
JSA	Filvate Touridation. If the Organization	and mor oncor	_ 20/ 0// ///	,, 100	S	chedule A (Form 9	90 or 990-EZ) 2018

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.)

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

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		5.02		5
				age 5
Part	Supporting Organizations (continued)		Voc	No
		Γ –	163	110
11	Has the organization accepted a gift or contribution from any of the following persons?			
а		11a		
		11b	-	
b	A family member of a person described in (a) above?	11c		
С	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.	1110		
Secti	on B. Type I Supporting Organizations		Yes	No
		Г	103	110
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.	1_	<u> </u>	
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.	2		
Secti	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 1 tion B. Type I Supporting Organizations 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 and what conditions or restrictions, if any, applied to such powers during the tax year. 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. 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's supported organization's)? If "No," describe in Part VI how control or management of the supporting Organization's supported organization's provided organization's tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's porting Organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's supported organization maintained a close and continuous wor		1.0	
			Yes	No
1	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	<u>_1_</u>		
Secti				
			Yes	No
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI now the organization maintained a close and continuous working relationship with the supported organization(s).	2		_
3	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	3		
0			1	
	ION E. Type III Functionally integrated Supporting Organizations	nstruc	tions).	
1	Check the box next to the method that the organization used to satisfy the integral fait rost during the year (see		,	
a	The organization satisfied the Activities rest. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line a bolow.	ee instri	uctions).
C	I he organization supported a governmental entity. Describe in rail visitow you supported a government entity to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
2	Activities Test. Answer (a) and (b) below.		1	1
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	2a		
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	2b		
3 a	print and a street to the second to regularly appoint or plact a majority of the officers, directors, or	3a		

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. Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	. 5
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organize	ations r	nust complete Section	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	11		
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	Τ.		
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	T .		
	İ		
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,	-		
	4		
see instructions).	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by .035.	7		
7 Recoveries of prior-year distributions	8		
8 Minimum Asset Amount (add line 7 to line 6)	-10		
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 Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supportir	ng organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part		Supporting Organizati	ions (continued)	Current Voor
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes	-	
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supporte	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organiz	rations	
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	onsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
_	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2018			
a	From 2013			
<u></u>	From 2014			
	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
 h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			<u> </u>
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.	<u> </u>		
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			<u> </u>
С	Excess from 2016	<u> </u>		
d	Excess from 2017			
е	Excess from 2018	<u> </u>	<u> </u>	- A (Farm 000 as 000 EZ) 004
			Schedul	e A (Form 990 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2018

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.)

Ines 2, 5, and 6. Also complete this part for any additional information. (See Metalent 1						
SCHEDULE A, PART III	- OTHER INCOM	E				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS	70,774.	25,199.	1,126.	45,144.	-52,210.	90,033.
REIMBURSEMENTS (JNF)		28,688.	60,001.			88,689.
GAIN ON FOREIGN CURRENCY TRAN	18			1,084.		1,084.
TOTALS	70,774.	53,887.	61,127.			179,806_

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

Employer identification number Name of the organization ALEXANDER MUSS INSTITUTE 59-0173782 FOR ISRAEL EDUCATION, INC. Organization type (check one): Section: Filers of: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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).

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) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC.

Employer identification number 59-0173782

(a)	ributors (see instructions). Use duplicate copie (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Hame, address, and Eli-	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC. Employer identification number 59-0173782

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.								
		(0)							

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC. 59-0173782 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 information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from Part I (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

V 18-7.5F

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.

Name of the organization ALEXANDER MUSS INSTITUTE

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

FOR	ISRAEL EDUCATION, INC.	59-0173782
_	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
# C4	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
4	Tatal number at and of year	
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 Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?.	Yes No
_	Did the organization inform all grantees, donors, and donor advisors in writing that grant for	unds can be used
6	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	any other purpose
	only for chartable purposes and not for the benefit of the donor of donor advisor, or for the	Yes No
D.	conferring impermissible private benefit?	
Fa	rt 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
		of a certified historic structure
	Preservation of open space	
•	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
_	Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	2b
b	Number of conservation easements on a certified historic structure included in (a)	2c
C	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
d	historic structure listed in the National Register	2d
,	Number of conservation easements modified, transferred, released, extinguished, or termin	· · · · · · · · · · · · · · · · · · ·
3	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, inspec	tion, handling of
·	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	b	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
•	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes \ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	nd expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	er 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 works of art, historical treasures, or other similar assets held for public exhibition, editors of the feature to its financial statements that de	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, edi- public service, provide, in Part XIII, the text of the footnote to its financial statements that de	escribes these items.
L	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
b	works of art, historical treasures, or other similar assets held for public exhibition, ed	ucation, 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	- \$
	(iii) Assets included in Form 990. Part X	• \$ <u></u>
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 item	ns:
а	Revenue included on Form 990. Part VIII, line 1	
b	Assets included in Form 990, Part X	<u></u>
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018

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Scried	t III Organizations Maintaini	og Collo	ctions of	Art Histor	ical Tre	aeurae	or Other	Similar As	sets (co	ontinued)	
	Using the organization's acquisition	ng Cone	ing and a	ther record	lo abook	asules,	the follow	ing that are	e a signi	ficant us	e of	its
3			oon, and o	ither record	is, cliech	ally of	the follow	ing that are	, a o.g			
	collection items (check all that appl	y):		. 🗀			aa nroaron	0.0				
а	Public exhibition			d <u> </u> —		rexchan	ge progran	15				
b	Scholarly research			e	Other							
C	Preservation for future gener	ations								2112222	in O	ort
4	Provide a description of the organ	ization's	collections	and expla	in how t	hey turth	er the org	janizations	exempl	purpose	III F	ail
	XIII.											
5	During the year, did the organization	n solicit d	r receive d	onations of	art, histo	orical trea	asures, or o	ther simila	· –	- 1	_	
	assets to be sold to raise funds rath	er than to	be mainta	ined as par	t of the c	rganizati	on's collec	<u>tion?</u>	<u></u>	Yes	Ш	No
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, truste	e, custod	lian or othe	er intermedi	ary for c	ontributio	ins or other	assets not	_	_		
	included on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in	Part XII	and comp	lete the foll	owing tab	ole:						
	•					Γ			Amount			
С	Beginning balance					[lc					
d	Additions during the year						ld					
e	Distributions during the year											
f	Ending balance						lf					
2 a	Did the organization include an am	ount on F	orm 990 I	Part X line	21. for e	scrow or		account liab	oility?	Yes		No
Za L	If "Yes," explain the arrangement i	Dart YII	Chack he	are if the ev	nlanation	has heer	provided	on Part XIII			П	
		T AIL AII	i. Official fie	SIC II LIIC CA	planation	1100 0001	promaco	<u> </u>				
Fa	rt V Endowment Funds. Complete if the organiza	ition and	wordd "Ve	e" on Forr	n 990 F	Part IV/ Ii	ne 10					
	Complete ii the organiza			(b) Prior		(c) Two	years back	(d) Three ye	ars back	(e) Four y	ears b	ack
			rent year	* * .			13,693.		,080.			514.
1a	Beginning of year balance	<u>1</u>	17,759.	11(,589.		5,000.		,000.			000.
b	Contributions						5,000.		-,000.		<u> </u>	
С	Net investment earnings, gains,						E 204	77	207		2	566
	and losses		-119.	12	2,699.		5,324.	- /	,387.		2,	5 <u>66</u> .
d	Grants or scholarships											
	Other expenditures for facilities								ļ			
•	and programs			į	5,529.		5,277.					
£	Administrative expenses						8,151.					
	End of year balance	1	17,640.	117	7,759.	1	10,589.	113	3,693.	1	16,	080.
g	Provide the estimated percentage	of the cu	rrent vear	and halance	(line 1a	column (a)) held as					
2 a	Board designated or quasi-endown	nent ▶		_%	; (IIIIC 19,	Coldinii	a)) Noid do					
b	Permanent endowment ► 100.0		۸,									
С	Temporarily restricted endowment		%									
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal '	100%.			1	. (. (11			
3 a	Are there endowment funds not in	the poss	ession of th	ne organiza	tion that	are neid	and admii	nistered for	tue	Ī	es	No
	organization by:										X	
	(i) unrelated organizations									55.(1)	^+	
	(ii) related organizations									3a(ii)	_	X
b	If "Yes" on line 3a(ii), are the relat	ed organi	zations liste	ed as require	ed on Sch	redule R?	`. .			3b		
4	Describe in Part XIII the intended	uses of th	ie organiza	ition's endo	wment fu	nds.						
Pa	rt VI Land, Buildings, and Eq Complete if the organiz	immont			m 990,_	Part IV,	line 11a.	See Form	990, Pa	ırt X, line	10.	
_	Description of property		(a) Cost or	r other basis	(b) Cost	or other bas	sis (c) Ac	cumulated reciation	(d	I) Book valu	ıe	
			(Inves	tment) 17,710.	(t	viiei)	чер	Colation		1	7,7	10.
1a	Land			11,110.	Ω	993,70	4 5 5	15,418.		4,47		
b	Buildings				3,3	793,10	1. 3,3	, 10, 110.		-, -,		
С	Leasehold improvements					206,47		17,460.		1.9	g.n	15.
d	Equipment											42.
<u>e</u>	Other	<u> </u>				142,97		41,035.		4,78		
Tota	I. Add lines 1a through 1e. (Column	ı (d) mus	t equal Fori	m 990, Part	X, colum	n (B), line	10c.) <u> </u>	<u> ▶</u>		_		
-									Sched	lule D (For	n 990	2018

ALEXANDER MUSS INSTITUTE Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	I "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) Financia	al derivatives		
(2) Closely	-held equity interests		
	<u></u>		
(A)			
(B) (C)			
(D)			
(E)			
(F)	···		
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		l "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. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		D 4 8 4 1 4 4 4 4 5 5 5 5 5 5 6 5 6 7 5 6
			Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(4) BENE	FICIAL INTEREST IN NET	scription	12,582,972.
	SETS OF JEWISH NAT. FUND		
	FROM JEWISH NATIONAL FUND		390,211.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	umn (b) must equal Form 990, Part X, col. (B)	ino 15)	12,973,183.
Part X	Other Liabilities.		Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Feder	ral income taxes		
(2)			
(3)			_
(4)			
(5)			
(6) (7)			
(8)			
(9)	· · · · · · · · · · · · · · · · · · ·		
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>	

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

Schedule D (Form 990) 2018

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Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n.	
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
a L	The dividual of game (10000) of interest and the control of the co		
b	Bollated and add of loomings 111111111111111111111111111111111111		
C	1100010100 01 pilot year granter 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
d	Other (Describe in Part XIII.)	2e	
e	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	-	
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.)	4.0	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
-		_	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Pa	art V, I	ine 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		
			·
-			

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE INSTITUTE'S ENDOWMENT CONSISTS OF DONOR-RESTRICTED FUNDS ESTABLISHED PRINCIPALLY FOR THE AWARD OF SCHOLARSHIPS FOR PARTICIPANTS FOR ISRAEL PROGRAMS AND THE ACQUISITION OF EDUCATIONAL TECHNOLOGY.

THE OBJECTIVE OF AMILE'S ENDOWMENT IS TO MAINTAIN, OVER A PERIOD OF TIME,
THE VALUE OF THE AMOUNTS CONTRIBUTED. AMILE'S ENDOWMENT FUNDS SPENDING
POLICY IS TO DISBURSE ANNUALLY AN AMOUNT EQUAL TO 5% OF A FUND'S AVERAGE
YEAR-END BALANCES FOR THE PRIOR THREE CALENDAR YEARS. IF THE FUND
SUSTAINS LOSSES IN A GIVEN TAX YEAR, AMILE WILL FOREGO MAKING ANY
DISTRIBUTIONS IN THAT CALENDAR YEAR.

SCHEDULE D, PART X, LINE 2

THE REPORTING ORGANIZATION ADOPTED THE PROVISIONS OF ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED. THE IMPLEMENTATION OF ASC 740 HAD NO IMPACT ON AMILE'S CONSOLIDATED FINANCIAL STATEMENTS. AMILE DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. AMILE HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, AMILE HAS FILED IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED DECEMBER 31, 2018, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. AMILE IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES.

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XI, LINE 2D

STUDENT SCHOLARSHIPS RECLASSED FROM REVENUE:

(\$1,012,056)

CHANGE IN VALUE OF BENEFICIAL INTEREST

IN ASSETS HELD BY JEWISH NATIONAL FUND:

\$253,950

LOSS ON FOREIGN CURRENCY TRANSLATION

(\$ 79,628)

=======**=**=

TOTAL: (\$837,734)

FORM 990, SCHEDULE D, PART XII, LINE 4B

STUDENT SCHOLARSHIPS RECLASSED FROM REVENUE:

\$1,012,056

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047 2018

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization ALEXANDER MUSS INSTITUTE Employer identification number FOR ISRAEL EDUCATION, INC. 59-0173782 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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 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 (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in émployees, agents, and a program service, describe specific type of region (by type) (such as, expenditures for region (by type) (such as, fundraising, program services, investments, grants to recipients the region and investments independent in the region service(s) in the region contractors located in the region) in the region (1) MIDDLE EAST AND NORTH AFRICA 1. 92. PROGRAM SERVICES EDUCATION 8,271,653. (2) (3) _(4) (5) (6) _(7)_ (8) (9) (10)(11)(12)(13)(14)(15)(16) (17)92. 1. 8,271,653. b Total from continuation sheets to Part I

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

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2018

8,271,653.

ALEXANDER MUSS INSTITUTE

59-0173782

Schedule F (Form 990) 2018

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.

(h) Description (f) Method of of noncash assistance (book, FMV, appraisal, other)																
(g) Amount of noncash assistance																
(f) Manner of cash disbursement																
(e) Amount of cash grant																
(d) Purpose of grant																
(c) Region																
(b) IRS code section and EIN (if applicable)												-				
(a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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

Schedule F (Form 990) 2018

59-0173782

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2018

Part III Grants an

rail III call be duplicated II additional space is record	unitionial space is needed.	-					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(5)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(41)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)					ļ		
(28)							
(2.1)		:				Sch	Schedule F (Form 990) 2018

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

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 3

THE ACTIVITIES OF THE ISRAELI BRANCH ARE AUDITED BY CERTIFIED PUBLIC

ACCOUNTANTS IN ISRAEL. BOTH OF THE CO-EXECUTIVE DIRECTORS OF FILING

ORGANIZATION WORK FROM THE OFFICE IN ISRAEL.

SCHEDULEI (Form 990)

Department of the Treasury

Part | General Information on Grants and Assistance

FOR ISRAEL EDUCATION, INC.

Name of the organization

ALEXANDER MUSS INSTITUTE

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

OMB No. 1545-0047

Employer identification number 59-0173782

Open to Public

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

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

Schedule I (Form 990) (2018) å Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance × Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash (e) Amount of non-grant cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990. (b) EIN 1 (a) Name and address of organization or government Part (12)(1) (3) (4) 9 9 8 6) $\overline{2}$ 5 9

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Schedule I (Form 990) (2018)

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. Part III

	Fail III can be duplicated if additional space to recover					
	(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 non-cash assistance
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	equired in Part I,	line 2, Part III, (column (b); and any c	ither additional

SCHEDULE I, PART I, LINE

THE ALEXANDER MUSS INSTITUTE OFFERS SCHOLARSHIPS AND FINANCIAL AID AWARDS

띪 ALL AWARDS GRANTED MAY ONLY TO STUDENTS WHO ENROLL AT THE INSTITUTE.

USED TO DEFRAY THE TUITION COSTS TO ATTEND THE INSTITUTE; ALL FUNDS ARE

REMITTED DIRECTLY TO THE INSTITUTE AND SO THERE IS NO OPPORTUNITY FOR THE

AWARDED MONIES TO BE USED IN A DISCRETIONARY MANNER BY THE STUDENTS.

RECIPIENTS OF FINANCIAL AID AWARDS ARE SELECTED BY THE FINANCIAL AID

COMMITTEE, WHO REVIEW THE GRANTS APPLICATIONS AND RECOMMEND AWARDS TO THE

BOARD OF DIRECTORS

Schedule | (Form 990) (2018)

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SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FOR ISRAEL EDUCATION, INC.

ALEXANDER MUSS INSTITUTE

Employer identification number 59-0173782

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		'	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	2		
	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	_4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			.,
а	The organization?	5a_		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			3,7
а	The organization?	6a		X
b	Any related organization?	6b	-	X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		l v
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	İ		١.,
	in Part III	8_	1	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-		-
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Page 2

ALEXANDER MUSS INSTITUTE

Schedule J (Form 990) 2018

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

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.

Schedule J (Form 990) 2018 (F) Compensation in column (B) reported as deferred on prior Form 990 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 0 173,054. 173,442. (E) Total of columns (B)(i)-(D) ं 32,812. 32,739 (D) Nontaxable benefits 00 0 (C) Retirement and other deferred compensation $\overline{\cdot}$ 00 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 00 0 (ii) Bonus & incentive compensation 140,630. 140,315. (i) Base compensation EEEE \in Ξ DIRECTOR 2CO EXECUTIVE DIRECTOR (A) Name and Title 1CO EXECUTIVE LEOR SINAI ORIT ROME individual 15 9 ø G 9 12 13 4 16 1

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Schedule J (Form 990) 2018

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 3:

AMIIE DOES NOT COMPENSATE THE CO EXCUTIVE DIRECTORS. THE CO EXCUTIVE

DIRECTORS ARE COMPENSATED BY A RELATED PARTY, JEWISH NATIONAL FUND, INC

("JNF"). THE PROCESSES USED TO DETERMINE THEIR COMPENSATION ARE DISCLOSED

ON JNF'S ANNUAL FORM 990.

Schedule J (Form 990) 2018

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection Employer identification number

Internal Revenue Service Name of the organization

ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC.

59-0173782

FORM 990, PART VI, SECTION A, LINE 2

ROBERT WERNER AND RONALD WERNER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6

PER THE INSTITUTE'S BYLAWS, THE INSTITUTE HAS SEVERAL CLASSES OF MEMBERS:

- 1. EACH STUDENT WHO HAS SATISFACTORILY COMPLETED AMHSI'S COURSE OF STUDY
- IN ISRAEL SHALL BE A MEMBER OF AMHSI FOR A PERIOD OF FIVE (5) YEARS FROM

THE DATE OF COMPLETION OF THE PROGRAM;

- 2. EACH ACTIVE MEMBER OF AN AMHSI ALUMNI ASSOCIATION
- 3. EACH PERSON WHO SHALL HAVE MADE A CONTRIBUTION OF AT LEAST \$18 TO AMHSI OR ANY RECOGNIZED SUPPORTING ORGANIZATION OF AMHSI (FOR A DESIGNATED PERIOD)
- 4. ANY PERSON WHO IS ELECTED AN OFFICER, MEMBER OF THE BOARD OF DIRECTORS, MEMBER OF THE BOARD OF GOVERNORS, MEMBER OF THE NATIONAL BOARD OF ADVISORS OR A MEMBER OF THE INTERNATIONAL BOARD OF EDUCATIONAL ADVISORS.

THE BOARD OF DIRECTORS MAY DESIGNATE DIFFERENT CLASSES OF MEMBER AND THE RIGHTS AND PRIVILEGES OF THE DIFFERENT CLASSES.

FORM 990, PART VI, SECTION A, LINE 7A

Schedule O (Form 990 or 990-EZ) (2018)

Employer identification number 59-0173782

THE INSTITUTE'S BYLAWS RESERVE THE POWER TO APPOINT AND/OR REMOVE THE INSTITUTE'S BOARD OF DIRECTORS TO THE JEWISH NATIONAL FUND.

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

IN 2018 THERE WERE NO SEPERATE CHAPTERS OR AFFILIATES APART FROM THE ISRAELI BRANCH ESTABLISHED IN 1972. UPON ESTABLISHMENT, THE ISRAELI BRANCH ADOPTED THE SAME POLICIES AND PROCEDURES AS THE ORGANIZATION IN THE US - TO ENSURE ITS OPERATION IS CONSISTENT WORLDWIDE WITH THE ACTIVITIES IN ISRAEL MUCH LIKE THE ACTIVITIES IN THE US REPORTED TO THE ORGANIZATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11 THE FORM 990 IS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH AMIIE'S FINANCIAL DEPARTMENT. UPON COMPLETION, THE 990 IS REVIEWED AND AUTHORIZED BY THE ORGANIZATION'S AUDIT COMMITTEE CHAIR (AS A REPRESENTATIVE OF THE GOVERNING BODY) TOGETHER WITH THE ORGANIZATION'S CO-EXECUTIVE DIRECTORS AND CHIEF FINANCIAL OFFICER. ONCE THE 990 IS FINALIZED, IT IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C THE DIRECTOR OF OPERATIONS, WORKING WITH ADMINISTRATION, DISTRIBUTES THE CONFLICT OF INTEREST POLICY TO BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES WITH INSTRUCTIONS TO SIGN FOR AUTHORIZATION AND RETURN THEM TO THE MAIN OFFICE. THE DIRECTOR OF OPERATIONS HAS BEEN INSTRUCTED TO REVIEW ALL SUBMITTED NOTICES AND TO IDENTIFY ANY CONFLICTS WHICH NEED TO BE

Employer Identification number

REPORTED, CONSULTING WITH LEGAL COUNSEL, IF NECESSARY. THE DIRECTOR OF OPERATIONS HAS BEEN INSTRUCTED TO NOTIFY THE CHAIRMAN OF THE BOARD AND THE CO-EXECUTIVE DIRECTOR OF ANY CONFLICT SO THAT CONFLICTED INDIVIDUALS APPROPRIATELY RECUSE THEMSELVES FROM DISCUSSIONS AND VOTING ON MATTERS ON WHICH THEY HAVE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15

AMILE DOES NOT COMPENSATE ANY OF THE INDIVIDUALS REPORTED ON PART VII OF THE FORM 990. THE FOUR OFFICERS REPORTED WITH COMPENSATION ARE PAID BY A RELATED PARTY, JEWISH NATIONAL FUND, INC ("JNF"). THE PROCESSES USED TO DETERMINE OFFICERS' COMPENSATION ARE DISCLOSED ON JNF'S ANNUAL FORM 990.

FORM 990, PART VI, SECTION C, LINE 18 & 19 AMIIE'S FORM 990 IS PUBLISHED ON THE INTERNET AT WWW.AMHSI.ORG (AS WELL AS WWW.GUIDESTAR.ORG) AND IS MADE AVAILABLE TO THE GENERAL PUBLIC AT AMIIE'S REGULAR PLACE OF BUSINESS. AMIIE, LIKEWISE, MAKES ITS FINANCIAL STATEMENTS AVAILABLE ONLINE AT WWW.AMHSI.ORG.

UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE ADDITIONAL DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF BENEFICIAL INTEREST

IN NET ASSETS HELD BY JEWISH NATIONAL FUND.....\$253,950

LOSS ON FOREIGN CURRENCY TRANSLATION.....\$ (79,628)

Name of the organization ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC.

Employer identification number 59-0173782

TOTAL OTHER CHANGES IN NET ASSETS.....\$174,322

ATTACHMENT	1	

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EDUCATIONAL INSTITUTIONS AND RELATED ACTIVITIES: SINCE 1972, AMHSI HAS BEEN PIONEERING THE COLLEGE PREP, ACADEMIC AND EXPERIENCE-BASED STUDY OF ISRAEL AND JEWISH HISTORY WITH 28,000 ALUMNI OVER THE PAST 47 YEARS, THE IMPACT OF THE ALEXANDER MUSS HIGH SCHOOL IN ISRAEL IS REFLECTED IN THEIR ONGOING COMMITMENT TO ISRAEL, TO JEWISH LIFE AS LEADERS MAKING OUR WORLD BETTER.

AMILE'S MULTIFACETED APPROACH TO EXPERIENTIAL LEARNING PROVIDES

MULTIPLE ENTRY POINTS INTO THE JEWISH NARRATIVE, ENCOURAGING EACH

AND EVERY STUDENT TO DISCOVER THEIR OWN WAY TO CONNECT TO THEIR

HERITAGE. ALL STUDENTS STUDY THE CORE CURRICULUM, AN INTENSIVE

REVIEW OF ISRAEL AND 4000 YEARS OF JEWISH HISTORY, WHICH PROVIDES

STUDENTS WITH THE CONTEXT AND FRAMEWORK TO DISCOVER THEIR

IDENTITY. THE UNIQUE PEDAGOGICAL APPROACH OF AMHSI FUSES

TRADITIONAL CLASSROOM STUDY AND INFORMAL EXPERIENTIAL LEARNING, AS

STUDENTS NOT ONLY GAIN KNOWLEDGE BUT ALSO HAVE THE OPPORTUNITY TO

EXPLORE ISRAEL AS A LIVING CLASSROOM. A TOTAL OF 1,130 STUDENTS

ATTENDED, 1,073 WERE INVOLVED WITH THE BASIC PROGRAM OR A

VARIATION AND 57 WERE 8TH GRADERS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

ALEXANDER MUSS INSTITUTE

FOR ISRAEL EDUCATION, INC.

Department of the Treasury Internal Revenue Service Name of the organization

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

59-0173782

Part	Identification of Disregarded Entities. Complete if the	e if the organization answered "Yes" on Form 990, Part IV, line 33.	ered "Yes" on Fo	orm 990, Part I\	/, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	<u>ā</u>	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	rolling
<u>5</u>				3				
(2)								
(3)								
(4)								
(5)								
(9)								
Part II	Identification of Related Tax-Exempt Organizations. Complete if one or more related tax-exempt organizations during the tax year.	tions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had uring the tax year.	anization answer	red "Yes" on Fo	ırm 990, Part IV,	line 34, because	it had	
	(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?	2(b)(13) Iled
					;		Yes	S.
(1) JEWIS 42 EA	(1) JEWISH NATIONAL FUND INC. 13-1659627 42 EAST 69TH STREET NEW YORK, NY 10021	ENVIRON PROT.	NY	501 (C) (3)	LINE 7	N/A		×
(2) JEWISI 42 EA:	JEMISH NATIONAL FUND-USA, INC. 83-2880252 42 EAST 69TH STREET NEW YORK, NY 10021	FUNDRAISING	DE	501(C)(3)	LINE 7	JNF, INC.		×
(3)								
(4)							-	
(5)								
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Page 2

Schedule R (Form 990) 2018

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (reated, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate altecationa?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(K) Percentage ownership
		/ś					Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
Part IV Identification of Related Organizations Taxable line 34, because it had one or more related org	ted Organization Id one or more re	s Taxable	e as a Corporati anizations treate	le as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV ganizations treated as a corporation or trust during the tax year.	olete if the orga or trust during	nization answer the tax year.	sə ", pə.	on Form 990	, Part IV,	-
(8)			9	(2)	g	(e)	€	9	_	≘ -

(1) (2) (2)	3	. 3	9	(6)		(5)	Œ	6
(a) Name, address, and ElN of related organization	ctivity	Legal domicile	Direct controlling	Type of entity	Share of total	Share of	Percentage ,	Section
		(state or foreign	entity	(C corp, S corp, or trust)		end-of-year assets ownership 512(b)(13)	ownership	512(b)(13) controlled
		country)						entity?
								Yes No
(1)	:							
	:							
(2)								
								-
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						Schedule R (Form 990) 2018	R (Form 99	0) 2018

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Yes

(d) Method of determining 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. 4 10 Ę 루 9 4 19 ţ a 5 19 ¥ '-1e 무 7 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. (c) Amount involved 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? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity................ (b) Transaction k Lease of facilities, equipment, or other assets from related organization(s) 1 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s). Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property to related organization(s)... Other transfer of cash or property from related organization(s). (a) Name of related organization Gift, grant, or capital contribution to related organization(s) Exchange of assets with related organization(s). Dividends from related organization(s) Part V <u>a</u> 5 Ø ٥ Ç 2 ~

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amount involved

type (a-s)

(1)		
(2)		
(3)		
(4)		
(5)		
(9)		
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b) (c) (c) Hedomina address, and EIN of entity (state or foreign income (relactions) (state or foreign income (relactions) (relactions)	(b) Primary activity	(c) Legal domicile (state or foreign country)	int ted, luded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(K) Percentage ownership
			rrom tax under sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)								:		
(3)			l.							
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Schedule R (Form 990) 2018

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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.