# **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

OMB No. 1545-0047

Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

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

and ending

<b>D</b> .			C Nam	e of o	organization	I	ALEXAN	DER MUS	S INST	ITU	TE				D	Employer	ident	ification nur	nber		
<b>–</b>	Check if ap		F	OR	ISRAEL	EDU	CATION	I, INC.													
	Address change Doing Business As ALEXANDER MUSS HIGH SCHOOL IN ISRAEI									AEL			59-0173782								
	Name	change	Num	ber a	and street (or	r P.O. I	box if mail i	s not delivere	d to street ac	ddress	s)	Roo	m/suit	е	Е	Telephone	e num	ber			
	Initial	return	78	8 R	ANDALL	AVE	NUE									(	516	)678-6	805		
	Termi	inated	City	or to	wn, state or	provin	ce, country	and ZIP or fo	oreign postal	code											
	Amen returr		R	OCK	VILLE C	CENT	RE, NY	11570							<b>G</b> Gross receipts \$ 14,531,569.						
	Applio pendi	cation	F Nam	e and	d address of	princip	al officer:	ROBI	ERT WER	NEF	3				H(a)	Is this a g		eturn for	Yes	X No	
			78	8 R	ANDALL	AVE	NUE, F	ROCKVIL	LE CENT	RE	, NY 11	570	)		H(b)	Are all sub		es included?	Yes	No	
	Tax-ex	empt sta						) 🗸 (			4947(a)(1)		T = T	527		If "No," a	ttach a	list. (see instru	ıctions)		
J	Websi	te: 🕨	WWW	. AM	IIE.ORG	AN	D WWW.	AMHSI.	ORG						H(c)	Group ex	emptio	n number			
K	Form o	of organ	ization:	Х	Corporation		Trust	Association	n Othe	er 🕨			L Yea	r of format	ion:	1972 <b>!</b>	M Sta	ate of legal d	omicile:	FL	
P	art I	Sur	mmary				•	•								•					
	1	Briefly	/ descri	be th	ne organiza	ation's	mission	or most sigr	nificant activ	vities	: OUR	MIS	SION	I IS TO	0 0	CREATE	A	TRANSF	 DRMAT	'IVE	
ė								THER ST													
Governance								(SEE S													
/err	2							discontinue							of i	 ts net ass	ets.				
6	3				•	-		g body (Par	•									; [		22	
		Numb	er of in	depe	endent votir	ng me	embers of	the govern	ning body (F	, Part \	/I, line 1b)						4			22	
ties	5							lendar year										;		NONE	
Activities &	6							ssary)										;		23	
Ac	7a	Total	unrelat	ed bi	usiness rev	enue f	rom Part	VIII, column	(C), line 1:	2							7:	_		NONE	
								Form 990-												NONE	
					Jiii O O Tana				.,					1		ior Year			rent Ye		
_	8	Contri	butions	and	grants (Pa	rt VIII.	line 1h)							¬├──		75,	113	. 1	,865,	.879.	
Revenue	9	8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  COPY FOR PUBLIC INSPECTION														,403,					
š	10							nes 3, 4, an			PUBLIC I	INSPE	ECTIO	N		395,				,358.	
æ	11							5, 6d, 8c, 9c						<b>-</b>		50,				,915.	
	12							st equal Par						-	9	,700,			,531,		
	13															,368,				,472.	
	14											NON		. 10	NONE						
"	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										421,			293	,433.					
Expenses	16a							IX, column (A), line 11e)							NONE					NONE	
be	· h							(D), line 25													
ũ	17							1a-11d, 11f							9	,339,	036	12	,525,	442	
	18							al Part IX, co											,567,		
	19							m line 12						-	11,128,860. -1,428,569.					,222.	
o e				<i>5</i>		<del></del>										of Currer			d of Yea		
Net Assets or Fund Balances	20	Total a	assets (	Part	X. line 16)											,964,			,036,	.973.	
Ass	21				art X, line 20					• • •				•		,559,			,830,		
E E	22							21 from line	20					•		,405,			,206,		
	art II		natur											-		, 200,	<u> </u>		12001		
Un	der per	nalties d	of perjur	y, I d	eclare that I	have	examined t	his return, in	cluding acc	ompa	anying sched	dules a	and sta	itements, a	and t	o the best	of m	y knowledge	and be	lief, it is	
tru	e, corre	ct, and	complet	e. De	claration of p	repare	er (other th	an officer) is l	based on all	inforr	mátion of wh	nich p	reparer	has any kr	nowle	edge.					
Się	gn		Signatu	re of	officer											Date					
He	re																				
			Type or	print	name and tit	le															
					r's name			Preparer's	signature			Ti	Date			Check	if	PTIN			
Pai	d	PAUI	цл	MM	ERSCHMI	חת		PAUL	HAMMER	פרנ	TMTDT		01/	16/202	4	self-emp	_	P0138	4172		
	parer		name		BDO USA			1. 4011	חבויוויובת	.ocr	11/11/1		01/.	10/202				13-538			
Use	Only		address				AEMIIE 3	8TH FLOOR	NEM AUDR	ΝV	10166				Firm's EIN ► 13-5381590  Phone no. 212-885-8000						
Ma	v the II							wn above? (											/es	No	
								ate instructi			/	• • •							_	(2022)	
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Form 990 (2022) Page 2

			Accomplishments response or note to any line in this	Part III	
1	Briefly describe the o	rganization's missio			
	SEE SCHEDULE (	)			
2	prior Form 990 or 99	D-EZ?	ificant program services during the		
3		n cease conducting	g, or make significant changes		
4	If "Yes," describe thes Describe the organia expenses. Section 50	se changes on Sche zation's program se 01(c)(3) and 501(c)		of its three largest program s	ervices, as measured by
4a	(Code:) SEE SCHEDULE O	(Expenses \$ 12,	633,407. including grants of \$	748,472. ) (Revenue \$	12,475,828.
4b	(Code:)	(Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code: )	(Expenses \$	including grants of \$	) (Revenue \$	)
	Other program service (Expenses \$	ces (Describe on Sch including go e expenses	rants of \$ ) (Reve	enue \$ )	

Form **990** (2022)

Part IV Checklist of Required Schedules Page 3

Fail	Checklist of Required Schedules		V	NI.
_	In the consciention described in costing FOA(s)(0) on AOA7(s)(4) (athough the conscients foundation) O. If II)(s, II)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.7	
•	complete Schedule A	2	X	-
2 3			Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		77
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			77
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		3.7
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	١.		
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Form 990 (2022)
Part IV Chocklist of Poquired Schodules (continued)

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

Form 990 (2022) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country 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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	711		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4 =		37
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
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.	10		X
17				
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Sect	ion A. Governing Body and Management	• • •		<del></del>		
					Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	22			
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			-		
h	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent.	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re			1		
_	any other officer, director, trustee, or key employee?		-	2	Х	
3	Did the organization delegate control over management duties customarily performed by or ur					
3	supervision of officers, directors, trustees, or key employees to a management company or other p			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization become aware during the year of a significant diversion of the organizations.			6	Х	
7a	Did the organization have members of stockholders, or other persons who had the power to el					
ı a	one or more members of the governing body?			7a	Х	
<b>L</b>	Are any governance decisions of the organization reserved to (or subject to approval					
b				7b		Х
	stockholders, or persons other than the governing body?					21
8	Did the organization contemporaneously document the meetings held or written actions under the wear by the fall arrivers.	епаке	n auring			
	the year by the following:			8a	Х	
a	The governing body?			8b	X	
a	Each committee with authority to act on behalf of the governing body?			0.0		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			_	)	21
0001	on bit oneloo (This Gooden Broqueste information about periode not required by the inte	, , , , ,	10101140	0000	Yes	No
40-	Did the constitute have level shouters broughts an efficiency			10a		X
	Did the organization have local chapters, branches, or affiliates?			104		- 21
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•		11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form?	ıια	21	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			124	- 1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to			12b	Х	
	rise to conflicts?			120	Λ_	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•		120	v	
	describe on Schedule O how this was done			12c 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	Λ	
15	Did the process for determining compensation of the following persons include a review ar		-			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			45-	37	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement	40.		
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to			401		
Casti	organization's exempt status with respect to such arrangements?			16b		
	on C. Disclosure	NTT -	TV 011 1:77			
17	List the states with which a copy of this Form 990 is required to be filed FL, MD, MA, MI, MN,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap   X Own website Another's website X Upon request Other (explain on Sc	ply.		Γ (sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's because when the party 78 panipal is a venified and the person who possesses the organization's because when the person who possesses the organization when the person who person	oooks	and record	s		

212-472-9300

Form **990** (2022)

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe	rson	e than of is both tor/trust	an	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E)  Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional trustee		nployee	Highest compensated employee		1000 NEO/	1000 (120)	Oldred Olganizations
(1) ORIT ROME	40.00									
COO AND CFO	NONE			Х				142,453.	NONE	32,176.
(2) MARK SHINAR	40.00							,	_	, , , , , , , , , , , , , , , , , , , ,
HEAD OF SCHOOL (THRU 6/22)	NONE			Х				84,360.	NONE	18,061.
(3) STEVE KUTNO	40.00							,		,
HEAD OF SCHOOL	NONE			Х				13,526.	NONE	2,857.
(4) RONALD WERNER	5.00							·		
PRESIDENT/BOARD MEMBER	3.00	Х		Х				NONE	NONE	NONE
(5) JOSEPH WOLFSON	5.00									
CHAIRPERSON/BOARD MEMBER	3.00	Х		Х				NONE	NONE	NONE
(6) JERRY SOKOL	2.50									
VP & COMM. CO-CHAIR/BD MEMBER	NONE	Х		Х				NONE	NONE	NONE
(7) ROBERT WERNER	2.50									
SECY. & AUDIT CHAIR/BD MEMBER	NONE	Х		Х				NONE	NONE	NONE
(8) RUSSELL MOLLEN	2.50									
TREASURER/BOARD MEMBER	NONE	Х		Х				NONE	NONE	NONE
(9) ROBERT BENEDON	2.50									
COMMITTEE CHAIR/BOARD MEMBER	NONE	Х		Х				NONE	NONE	NONE
(10) MICHAEL FELDMAN	2.50									
COMMITTEE CHAIR/BOARD MEMBER	NONE	Х		Х				NONE	NONE	NONE
(11) KARL KAPLAN	2.50									
COMMITTEE CHAIR/BOARD MEMBER	NONE	Х		Х				NONE	NONE	NONE
(12) ELLEN KELMAN	2.50									
COMMITTEE CHAIR/BOARD MEMBER	NONE	Х		Х				NONE	NONE	NONE
(13) NINA PAUL	2.50									
COMMITTEE CHAIR/BOARD MEMBER	3.00	Х		Х				NONE	NONE	NONE
(14) SUSAN SACKS	2.50									
COMMITTEE CHAIR/BOARD MEMBER	NONE	Х		Х				NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinu	ed)	
(A)	(B)			(	C)			(D)	(E)		(F)	
Name and title	Average			Pos	sition			Reportable	Reportable	Е	stimated	i
	hours per	,				e than o		compensation	compensation from	aı	nount o	f
	week (list any					is both or/truste		from	related		other	ion
	hours for related		_	_	1			the organization	organizations (W-2/1099-MISC)		pensati	ION
	organizations	divi	stitu	Officer	у е	Highest co employee	Former	(W-2/1099-MISC)	(W-2/1099-1013C)		janizatio	n
	below dotted	dual	Ei	٦	mpl	st c	4	(11 2) 1000 111100)			d relate	
	line)	Individual trustee or director	a t		Key employee	omp				org	anizatio	ns
		stee	Institutional trustee			ens						
			<del>&amp;</del>			compensated e						
15) ROBERT WEISS	2.50											
COMMITTEE CHAIR/BOARD MEMBER	NONE	Х		Х				NONE	NONE			NONE
( 16) ALISON KARP	2.50											
COMMITTEE CO-CHAIR/BD MEMBER	NONE	X		Х				NONE	NONE			NONE
( 17) JACK ROLDAN	2.50											
COMMITTEE CO-CHAIR/BD MEMBER	NONE	X		Х				NONE	NONE			NONE
( 18) JACQUELINE DANILEWITZ	2.50											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
( 19) STEPHANIE KELMAN	2.50											
BOARD MEMBER (THRU 11/22)	NONE	X						NONE	NONE			NONE
( 20) MICHAEL KESSLER	2.50											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
( 21) ROBERT LEVINE	2.50											
BOARD MEMBER	3.00	X						NONE	NONE			NONE
( 22) LORI MILLER	2.50											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
( 23) WENDY MILLER	2.50											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
( 24) JOEL REINSTEIN	2.50											
BOARD MEMBER	NONE	X						NONE	NONE			NONE
( 25) MARC SACHS	2.50	-										
BOARD MEMBER	NONE	X						NONE				NONE
1b Sub-total							<b>&gt;</b>	240,339.	NONE			094.
c Total from continuation sheets to Part VII, S	-							NONE				NONE
d Total (add lines 1b and 1c)			e e				<u> </u>	240,339.	NONE		53,	094.
2 Total number of individuals (including but not reportable compensation from the organizatio		nose	liste	a a	DOV	e) wnc 1	re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office	er directo	or or	trı	ıste	e	kev e	mn	lovee or highes	t compensated			
employee on line 1a? If "Yes," complete Sched										3		
4 For any individual listed on line 1a, is the	sum of rer	oortah	ole d	com	nper	sation	ו או	nd other compens	sation from the			
organization and related organizations gr												
individual										4		
5 Did any person listed on line 1a receive or	accrise co	mnen	eati	on '	fron	n anv	un	related organization	on or individual			

# for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employe	es (c	ontinued	<u>()                                    </u>	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations	n from	Estii amo ot	mated unt of her ensation	1
	related organizations below dotted line)	Lei O	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		orgar and	n the nization related izations	,
26) MYRON STAYMAN	2.50												
BOARD MEMBER	3.00	X						NONE	]	NONE		N	ONI
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A						<b>&gt; &gt; &gt;</b>						
Total number of individuals (including but not reportable compensation from the organization)	limited to t						o re	eceived more than	\$100,000 of	:			
											,	Yes	No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched											3		X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations granizations individual.	reater thar	1 \$15	50,0	00?	P It	"Yes	3,"	complete Schedu	le J for su	uch	4	х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "\)	accrue co	mper	sati	on i	fron	n any	un	related organization	on or individ	ual	5		X
Section B. Independent Contractors								hat are short as a	th <b>#4.00</b>	000	,		
1 Complete this table for your five highest con compensation from the organization. Report year.													
(A) Name and business ad	ldress							(B) Description of se	ervices	С	(C) Compensa	ation	
Total number of independent contractors (i more than \$100,000 in compensation from the contractors of t				nite	d to	thos		isted above) who	received				

NONE

JSA 2E1055 1.000

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## Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
פַ אַ	С	Fundraising events 1c					
ifts ar/	d	Related organizations 1d	1,508,849.				
שַׁיָּה	е	Government grants (contributions) 1e					
Sis	f	All other contributions, gifts, grants,					
je je		and similar amounts not included above . 1f	357,030.				
들물	g	Noncash contributions included in					
ug u			\$				
0 %	h	Total. Add lines 1a-1f		1,865,879.			
ø)			Business Code				
<u>Ş</u>	2a	TUITION AND FEES	611710	12,403,417.	12,403,417.		
Ser	b						
Z Z	С						
gra Re	d						
Program Service Revenue	e	All					
_	f g	All other program service revenue Total. Add lines 2a-2f		12,403,417.			
	3	Investment income (including dividends,					
	"	other similar amounts)		145,358.			145,358.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	e none				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
Re	С	Gain or (loss) 7c					
_	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
O		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses	NONE	27027			
	C	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming	NONE				
	.	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	1	NONE			
		` /	1	1,0111			
	10a	Gross sales of inventory, less returns and allowances	NONE				
	b	Less: cost of goods sold 10b					
	C	Net income or (loss) from sales of inventory	-	NONE			
s			Business Code				
on e	11a	UNITED JEWISH APPEAL NY TEEN INITIATIVE	900099	72,411.	72,411.		
ane	b	MISCELLANEOUS REVENUE	900099	44,504.			44,504.
e K	C						
Miscellaneous Revenue	d	All other revenue					
_	е	Total. Add lines 11a-11d		116,915.			
	12	Total revenue. See instructions		14,531,569.	12,475,828.		189,862.

59-0173782

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respe	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	748,472.	748,472.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	293,433.	265,743.	27,690.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
	Fees for services (nonemployees):				
	Management	NONE		650	
	Legal	659.		659.	
	Accounting	38,210.		38,210.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	157 500	02 204	65,208.	
40	(A), amount, list line 11g expenses on Schedule O.)	157,502. 5,439.	92,294. 5,439.	05,208.	
	Advertising and promotion	312,044.	85,617.	226,427.	
	Office expenses	52,924.	29,108.	23,816.	
		NONE	25,100.	23,010.	
	Royalties	37,500.	10,125.	27,375.	
	Travel	37,333.	37,333.	21,313.	
	Payments of travel or entertainment expenses	377333.	377333.		
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	129,387.	129,387.		
	Interest	NONE	,		
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	591,459.	526,399.	65,060.	
23	Insurance	4,015.	4,015.		
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	ALLOCATED SALARIES & BENEFIT	4,869,387.	4,409,892.	459,495.	
	HOUSING	3,734,089.	3,734,089.		
С	STUDENTS' TRANSPORTATION	971,446.	971,446.		
d	STUDENTS' TRIPS	586,798.	586,798.		
е	All other expenses	997,250.	997,250.		
	Total functional expenses. Add lines 1 through 24e	13,567,347.	12,633,407.	933,940.	NON
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)				

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	4,426,696.	1	5,726,757.
	2	Savings and temporary cash investments	861,585.	2	1,513,055.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	20,330.	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
S	7	Notes and loans receivable, net	NONE		NONE
Assets	8	Inventories for sale or use	13,774.	8	75,968.
As	9	Prepaid expenses and deferred charges	171,338.	9	169,990.
	_	Land, buildings, and equipment: cost or other	1/1/0001		200,000
		basis. Complete Part VI of Schedule D 10a 12,460,359.			
	h	Less: accumulated depreciation	4,280,924.	100	4,033,517.
	11	Investments - publicly traded securities	NONE		303,152.
	12	Investments - other securities. See Part IV, line 11	154,049.	12	134,399.
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14		NONE		NONE
	15	Intangible assets			
		Other assets. See Part IV, line 11	12,036,027. 21,964,723.	15	11,080,135.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	23,036,973.
	17	Accounts payable and accrued expenses	2,448,158.	17	1,927,412.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	2,111,234.	19	3,903,481.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
jak		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	4,559,392.	26	5,830,893.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	5,284,821.	27	5,874,910.
Ä	28	Net assets with donor restrictions	12,120,510.	28	11,331,170.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥.	32	Total net assets or fund balances	17,405,331.	32	17,206,080.
ž	33	Total liabilities and net assets/fund balances	21,964,723.	33	23,036,973.
			21/201/123.		Form <b>990</b> (2022)

Form **990** (2022)

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Part	XI Reconciliation of Net Assets					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.3,5	67,	<u>347</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		9	64,	222
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	7,4	05,	<u>331</u>
5	Net unrealized gains (losses) on investments	5		_	19,	<u>650</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	1,1	43,	<u>823</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	7,2	06,	080
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	ĸplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	1				
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

#### SCHEDULE A (Form 990)

# **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
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ALEXANDER MUSS INSTITUTE

Employer identification number

F OI	K I	SKAEL EDUCATION, IN	C.				59-0	1/3/8⊿
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	is.
		anization is not a private fou	· · · · · · · · · · · · · · · · · · ·					
1		A church, convention of chu		·	_	-	•	
2	Н						(-)(-)(-)	
3		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	$\vdash$	A medical research organiz	-	-				(iii) Enter the
7		hospital's name, city, and st	=	conjunction with a not	spital ac	3011DCG II	130000011110(0)(1)(A)	(iii). Litter the
5		An organization operated		a college or universit	v owno	d or one	rated by a governme	ntal unit described in
J		= :		a college of universit	y Owner	u oi ope	rated by a governing	intai unit uescribeu in
•		section 170(b)(1)(A)(iv). (C		romonatal wait dagariba	al in ===4	.: 470/	L\/4\/A\/\	
6	$\vdash$	A federal, state, or local go						الماريم امتمامهم معالم
7		An organization that norma	=	•	ipport in	om a go	vernmental unit or fro	om the general public
_		described in section 170(b)			D ( II )			
8	$\vdash$	A community trust describe	-		-			
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	the college or
		university:						
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt finent income and un on after June 30, 19	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco (a)(2). (0	xceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from Part III.)	331/3 % of its
11	$\vdash$	An organization organized	•	•	•		` ' ' '	
12		An organization organized a	•					
		one or more publicly suppo	•					
		the box on lines 12a throug					· ·	_
а	L	$oxedsymbol{oxed}$ <b>Type I.</b> A supporting orga	•	•	-			
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting organization. <b>`</b>	You must complet	e Part IV, Sections A	and B.			
b		$oxedsymbol{oxed}$ <b>Type II.</b> A supporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	ne persor	s that control or man	age the supported
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	ly integrated with,
		its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	
f	En	ter the number of supported						
g		ovide the following information						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10		our governing	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
					103	110		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support	o to quay a		, μ		,	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4						
	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
	tion C. Computation of Public Supp			44 1 (0)			0/
14	Public support percentage for 2022 (lin						<u>%</u> %
15	Public support percentage from 2021 \$ 331/3% support test - 2022. If the org						
гоа	box and <b>stop here.</b> The organization qu						
h	331/3% support test - 2021. If the org						
b	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 2	-		_			
	10% or more, and if the organization						
	Part VI how the organization meets t					-	-
	organization			_	•		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz		•				
	in Part VI how the organization meets					-	•
	organization						
18	Private foundation. If the organization	n did not che	ck a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	2,103,538.	1,620,975.	4,042,020.	75,113.	1,550,297.	9,391,943.
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	9,609,347.	10,578,942.	5,340,705.	9,180,946.	12,475,828.	47,185,768.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	11,712,885.	12,199,917.	9,382,725.	9,256,059.	14,026,125.	56,577,711.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						NONE
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						NONE
c	Add lines 7a and 7b						NONE
8	Public support. (Subtract line 7c from						
	line 6.)						56,577,711.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	11,712,885.	12,199,917.	9,382,725.	9,256,059.	14,026,125.	56,577,711.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-1,583.	2,920.	6,510.	395,884.	162,380.	566,111.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
С	Add lines 10a and 10b	-1,583.	2,920.	6,510.	395,884.	162,380.	566,111.
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						NONE
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE	-52,210.	35,931.	9,706.	48,348.	44,504.	86,279.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	11,659,092.	12,238,768.	9,398,941.	9,700,291.	14,233,009.	57,230,101.
14	First 5 years. If the Form 990 is for	•			•		` ` ` ` _
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,		•			15	98.86%
16	Public support percentage from 2021 Sche					16	99.06%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2022 (lin	ne 10c, column (f	), divided by line 13	3, column (f))		17	0.99%
18	Investment income percentage from 2021					18	0.78%
19 a	331/3% support tests - 2022. If the or	ganization did n	ot check the box	on line 14, ar	nd line 15 is mo	re than 331/3 %	, and line
	17 is not more than 331/3 %, check this	s box and <b>stop</b>	here. The organi	zation qualifies	as a publicly su	pported organiza	tion X
b	331/3% support tests - 2021. If the orga	anization did not	check a box on I	ine 14 or line 1	9a, and line 16	is more than 33°	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The orga	anization qualifie	es as a publicly	supported organi	zation
20	Private foundation. If the organization of	did not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ctions

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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. 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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe
- lines 3b and 3c below. 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? I "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefi from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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dul	e A (Fo	rm 990	) 2022

Yes No

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	445		
Section	on B. Type I Supporting Organizations	11c		
50011	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	NO
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
2	provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	1		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
a b c	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	ee instr	ructions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2</b> a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	5				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	Section A - Adjusted Net Income  (A) Prior Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
_5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting	g organization			
	(see instructions).	-		· -			

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e.	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6 Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

ALEXANDER MUSS INSTITUTE 59-0173782

Schedule A (Form 990 or 990-EZ) 2022

**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,

SCHEDULE A, PART III - OTHER INCOME 2019 2021 2022 TOTAL DESCRIPTION -52,210. 35,931. MISCELLANEOUS 9,706. 48,348. 44,504. 86,279. -52,210. 35,931. 9,706. 48,348. 44,504. 86,279. TOTALS 

lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

JSA

Part VI

#### Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

ALEXANDER MUSS INSTI	TUTE					
FOR ISRAEL EDUCATION	, INC.	59-0173782				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust treated as a private trust trust trust treated as a private trust trust trust t	vate foundation				
	501(c)(3) taxable private foundation					
Chack if your organization is a	overed by the <b>General Rule</b> or a <b>Special Rule</b> .					
	-	Dula and a Cresial Dula Cos				
instructions.	, (8), or (10) organization can check boxes for both the General l	Rule and a Special Rule. See				
General Rule						
_	filing Form 990, 990-EZ, or 990-PF that received, during the yer property) from any one contributor. Complete Parts I and II. Separtibutions.	<del>-</del>				
Special Rules						
regulations under se 16b, and that receiv	described in section 501(c)(3) filing Form 990 or 990-EZ that mections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A ed from any one contributor, during the year, total contributions at on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. C	A (Form 990), Part II, line 13, 16a, or s of the greater of <b>(1)</b> \$5,000; or				
contributor, during t literary, or educatior	described in section 501(c)(7), (8), or (10) filing Form 990 or 99 he year, total contributions of more than \$1,000 exclusively for real purposes, or for the prevention of cruelty to children or animinstead of the contributor name and address), II, and III.	religious, charitable, scientific,				
contributor, during the contributions totaled during the year for a <b>General Rule</b> applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 98 ne year, contributions exclusively for religious, charitable, etc., parmore than \$1,000. If this box is checked, enter here the total con exclusively religious, charitable, etc., purpose. Don't complete is to this organization because it received nonexclusively religious here during the year	ourposes, but no such contributions that were received e any of the parts unless the s, charitable, etc., contributions				
=	isn't covered by the General Rule and/or the Special Rules does line 2, of its Form 990; or check the box on line H of its Form 99					

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

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

Employer identification number 59-0173782

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$\$.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obe auplicate copies	or r art ii ii aaaitioria	i opace is riceaca.

(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) (2022)

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. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

**Employer identification number** 

#### SCHEDULE D (Form 990)

### Supplemental Financial Statements

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization ALEXANDER MUSS INSTITUTE ISRAEL EDUCATION, INC. 59-0173782 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation 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 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$\_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022

STITUTE	59-0173782	Page 2
art, Historical Treasures, or Other Similar	Assets (continued)	
her records, check any of the following that	make significant use	of its
d loan or eychange program		

Pa	rt    Organizations Maintaining	Collections of	Art, Histo	rical Tre	asures, or	Other Similar	Assets (co	ontinued	
3	Using the organization's acquisition,	accession, and o	other recor	ds, check	any of the	e following that	make signif	ficant use	e of its
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange	program			
b	Scholarly research		e	Other					
С	Preservation for future generati	ons							
4	Provide a description of the organiza	ation's collections	and expla	ain how th	ney further	the organization	n's exempt	purpose	in Part
	XIII.		•		•	· ·	·		
5	During the year, did the organization s	olicit or receive o	donations o	of art. histo	rical treasu	res, or other sim	ilar		
	assets to be sold to raise funds rather						_	Yes	No
Pa	rt IV Escrow and Custodial Arra				<b>J</b>				
	Complete if the organizatio		s" on For	m 990. P	art IV. line	9. or reported	an amount	on Forn	n
	990, Part X, line 21.			,	, -	.,,			
1a	Is the organization an agent, trustee	custodian or o	ther interm	nediary fo	r contribut	ions or other as	sets not		
	included on Form 990, Part X?			-			_	Yes	No
b	If "Yes," explain the arrangement in P							00 [	
	ii roo, explain the arrangement ii r	art Am and comp		liowing tab			Amount		
С	Beginning balance				1c		711100111		
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amou					etodial account l	iability?	Yes	No
	If "Yes," explain the arrangement in P								
	rt V Endowment Funds.	art Aiii. Check iii	ere ii tile e	хріапаціон	nas been p	IOVIDED OIL FAIL A			
Га	Complete if the organizatio	n answered "Ve	e" on For	m 000 D	art IV/ line	. 10			
	Complete ii the organizatio				(c) Two year			(a) Faurus	
	_	(a) Current year	(b) Prio	-	., ,	(1)	years back	(e) Four yea	
1 a	Beginning of year balance	154,049.	13	37,680.	130,2	203.	117,640.	11'	7,759.
b	Contributions	320,174.							
С	Net investment earnings, gains,								
	and losses	-36,672.	:	16,369.	7,4	477.	12,563.		-119.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	437,551.	15	54,049.	137,6	580.	130,203.	11'	7,640.
2	Provide the estimated percentage of	the current year	end balance	e (line 1g,	column (a))	held as:			
а	Board designated or quasi-endowmen		%						
b	Permanent endowment 100.0000	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and	2c should equal	100%.						
3a	Are there endowment funds not in the	possession of the	ne organiza	ation that a	are held an	d administered fo	r the		
	organization by:							Ye	s No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related	organizations liste	d as require	ed on Sche	edule R?			3b 3	X
4	Describe in Part XIII the intended use	s of the organiza	tion's endo	wment fun	ds.				
Pa	rt VI Land, Buildings, and Equip	ment.		000 5		44 0 5			4.0
	Complete if the organization						1		
	Description of property	(a) Cost or (inves			r other basis her)	(c) Accumulated depreciation	(d)	Book value	
1a	Land	,	17,710.	,,,,	,	,		17	,710.
b	Buildings			11.7	21,235.	7,997,280		3,723	
C	Leasehold improvements				,	, , _ 50			
d	Equipment			1	92,912.	17,642		175	,270.
~	Other	• •			28 502	411 920			502

4,033,517. Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (F	Form 990) 2022 ALEXANDER MUS	S INSTITUTE	59-	0173782 Page
Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, line 11b. See Form 990, P	art 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	
(1) Financia	al derivatives			
	held equity interests			
	, ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	•		
Pait VIII	Complete if the organization answere	ad "Yes" on Form 990	0 Part IV line 11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(b) Book value	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answere	ad "Ves" on Form 99	0 Part IV line 11d See Form 990 P	art X line 15
	· · · · · · · · · · · · · · · · · · ·	Description	0,1 art 10, mile 11a. Oce 1 omi 330, 1	(b) Book value
(4)DENEE	``,	Description		(b) DOOK Value
	ICIAL INTEREST IN NET			10 000 711
	S OF JEWISH NAT. FUND			10,902,711.
	ROM JEWISH NATIONAL FUND			177,424.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 000 B 11/1 1/B	\ " 45\		
	umn (b) must equal Form 990, Part X, col. (B	) line 15.)		11,080,135.
Part X	Other Liabilities. Complete if the organization answere line 25.	ed "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	990, Part X,
		1. 41		#ND
1.		ription of liability		(b) Book value
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25	5.)		

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

Part	Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	1	12,597,653.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
a	Net unrealized gains (losses) on investments						
b	Donated services and use of facilities						
	Definition of vices and deep in terminos (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,						
C	Received of prior year grante;						
d	, , , , , , , , , , , , , , , , , , , ,	20	1 022 016				
е	Add lines 2a through 2d	2e	-1,933,916.				
3	Subtract line 2e from line 1	3	14,531,569.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIII.)						
С	Add lines 4a and 4b	4c					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,531,569.				
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	12,818,875.				
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						
С	Other losses						
d	Other (Describe in Part XIII.)						
e	Add lines 2a through 2d	2e					
3	Subtract line 2e from line 1	3	12,818,875.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIII.)  4b 748,472.						
	Add lines 4a and 4b	4c	748,472.				
С 5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5	13,567,347.				
$\overline{}$	XIII Supplemental Information.	<u> </u>	13,307,317.				
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line .				
SEE	SUPPLEMENTAL PAGE						
-							

Part XIII Supplemental Information (continued)

PART V, LINE 4:

ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC. HAS TWO ENDOWMENT FUNDS. THE SCHOLARSHIP ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED PRINCIPALLY FOR THE AWARD OF SCHOLARSHIPS FOR PARTICIPANTS FOR ISRAEL PROGRAMS AND THE ACQUISITION OF EDUCATIONAL TECHNOLOGY, WHICH IS MANAGED BY THE GREATER MIAMI JEWISH FEDERATION, AN UNRELATED 501(C)(3) ORGANIZATION. THE 50TH ANNIVERSARY ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDOWMENT FUNDS AND WAS ESTABLISHED DURING 2022 WITH THE GOAL OF ESTABLISHING A \$10 MILLION ENDOWMENT FUND FOR THE PURPOSE OF AWARDING SCHOLARSHIPS TO PARTICIPANTS FOR ISRAEL PROGRAMS, WHICH IS HELD AND MANAGED BY JEWISH NATIONAL FUND, A RELATED 501(C)(3) ORGANIZATION.

THE OBJECTIVE OF THE ORGANIZATION'S ENDOWMENT IS TO MAINTAIN, OVER A PERIOD OF TIME, THE VALUE OF THE AMOUNTS CONTRIBUTED. THE ORGANIZATION'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, THE ORGANIZATION WILL FOREGO MAKING ANY DISTRIBUTIONS IN THAT CALENDAR YEAR.

PART X, LINE 2:

ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC. 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 THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION 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, 2022, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES.

PART XI, LINE 2D:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN

NET ASSETS HELD BY JEWISH NATIONAL FUND,

UNITED STATES.....\$(1,165,794)

STUDENT SCHOLARSHIPS RECLASSED FROM REVENUE.....\$ (748,472)

TOTAL.....\$(1,914,266)

34

#### Part XIII Supplemental Information (continued)

PART XII, LINE 4B:

STUDENT SCHOLARSHIPS RECLASSED FROM REVENUE......\$748,472

#### **SCHEDULE F** (Form 990)

## Statement of Activities Outside the United States

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Name of	of the organization ${ t ALEXANDER}$ ${ t MU}$	SS INSTITU	TE		Employer identif	fication number
	ISRAEL EDUCATION, INC.				59-0173	782
Part	General Information o Form 990, Part IV, line 14b		Outside the	United States. Comple	ete if the organization	answered "Yes" or
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or		=	Yes No
	For grantmakers. Describe in Foundation outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants a	and other assistance
3	Activities per Region. (The follow	ing Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> I	MIDDLE EAST AND NORTH AFRICA	1	100	PROGRAM SERVICES	EDUCATIONAL TRAVEL	10,889,452.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	1	100.			10,889,452.
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	1.	100.			10,889,452.

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

Schedule F (Form 990) 2022

 Schedule F (Form 990) 2022
 ALEXANDER MUSS INSTITUTE
 59-0173782
 Page 2

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
exe	ter total number of recipient orgempt 501(c)(3) organization by the ter total number of other organiz	ne IRS, or for which t	he grantee or counsel has	provided a sec	ction 501(c)(3) equiv	alency letter	▶			

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
_ (7)							
_ (8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(47)							
<u>(17)</u> <u>(18)</u>							

# Part IV Foreign Forms

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

Schedule F (Form 990) 2022

#### 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).

SCHEDULE F, PART I, LINE 3:

THE ACTIVITIES OF THE ISRAELI BRANCH ARE AUDITED BY CERTIFIED PUBLIC ACCOUNTANTS IN ISRAEL. IN 2022, THE SENIOR LEADERSHIP OF THE FILING ORGANIZATION WORKED FROM THE OFFICE IN ISRAEL.

### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047 2022

Department of the Treasury

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

**Open to Public** Inspection

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

Name of the organization ALEXANDER MUSS INSTIT	UTE					Employer identificati	on number
FOR ISRAEL EDUCATION, INC.						59-0173782	
Part I General Information on Grants and	Assistanc	е				•	
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grants</li> <li>Describe in Part IV the organization's proced</li> </ol>	or assistan	ce?					X Yes No
Part IV, line 21, for any recipient th		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul> <li>2 Enter total number of section 501(c)(3) and g</li> <li>3 Enter total number of other organizations liste</li> </ul>							

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

Schedule I (Form 990) 2022

Schedule I (Form 990) (2022) ALEXANDER MUSS INSTITUTE 59-0173782 Page **2** 

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL AID TO STUDENTS (FALL SESSION)	23	163,175.			
2 FINANCIAL AID TO STUDENTS (SUMMER SESSION)	223	299,061.			
3 FINANCIAL AID TO STUDENTS (SPRING SESSION)	31	149,510.			
4 FINANCIAL AID TO STUDENTS (APRIL SESSION)	23	44,721.			
<b>5</b> FINANCIAL AID TO STUDENTS (JANUARY SESSION)	15	40,790.			
6 FINANCIAL AID TO STUDENTS (ROOTS)	17	51,215.			
7					

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

PART I, LINE 2:

THE ALEXANDER MUSS INSTITUTE OFFERS SCHOLARSHIPS AND FINANCIAL AID AWARDS
TO STUDENTS WHO ENROLL AT THE INSTITUTE. ALL AWARDS GRANTED MAY ONLY BE
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.

#### SCHEDULE J (Form 990)

# **Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ALEXANDER MUSS INSTITUTE

Employer identification number

FOR ISRAEL EDUCATION, INC.

Part I Questions Regarding Compensation

Yes No.

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form

One Part VII Section A line 1s. Complete Part III to provide any relevant information regarding these items

			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	1b		
2	explain	10		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-	37	
a	Receive a severance payment or change-of-control payment?	4a	X	37
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 costion $FO4/a/(2)$ , $FO4/a/(4)$ , and $FO4/a/(20)$ arguminations must complete lines $FO4/a/(4)$ .			
_	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		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		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			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 ALEXANDER MUSS INSTITUTE 59-0173782 Page 2

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ORIT ROME	(i)	142,453.	NONE	NONE	NONE	32,176.	174,629.	NONE
1 COO AND CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022 ALEXANDER MUSS INSTITUTE 59-0173782 Page 3

#### Part III Supplemental Information

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

PART I, LINE 4A:

MARK SHINAR, HEAD OF SCHOOL THRU JUNE OF 2022, RECEIVED A SEVERANCE

PAYMENT TOTALING \$25,545, WHICH IS INCLUDED IN COMPENSATION REPORTED ON

FORM 990, PART VII, COLUMN (D).

#### 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

59-01<u>73</u>782

ALEXANDER MUSS INSTITUTE

#### FORM 990, PART I, LINE 1 SUMMARY:

ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC. (AMIIE) PROVIDES

MIDDLE STATES ACCREDITED HIGH SCHOOL COURSES AND A FULL COMPLEMENT OF

PROGRAMS IN ISRAEL STUDIES SO THAT PARTICIPANTS (AGES 12 TO 18) DEVELOP A

STRONG SENSE OF SELF, THE JEWISH PEOPLE, AND THE LAND OF ISRAEL.

#### FORM 990, PART III STATEMENT OF PROGRAM ACCOMPLISHMENTS, LINE 1:

ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION'S MISSION IS TO PROMOTE,
BUILD, AND STRENGTHEN LIFELONG BONDS BETWEEN OUR STUDENTS AND ISRAEL
THROUGH STUDYING THE HISTORY AND CULTURE OF THE PEOPLE OF ISRAEL.
ALEXANDER MUSS HIGH SCHOOL IN ISRAEL EDUCATES STUDENTS THROUGH HIGH
SCHOOL.

ESTABLISHED IN 1972, AMILE HAS PROVIDED STUDY-ABROAD OPPORTUNITIES FOR
ENGLISH-SPEAKING TEENS FOR MORE THAN HALF A CENTURY. PROGRAMS RANGE FROM
10 DAYS TO 18 WEEKS, OR A FULL ACADEMIC SEMESTER. AMILE TEACHERS DRAW
UPON THEIR PERSONAL EXPERTISE AND USE THE COUNTRY'S MANY ANCIENT AND
MODERN SITES FOR TRAVEL-BASED AND EXPERIENTIAL LEARNING. TEEN
PARTICIPANTS IN ACADEMIC-BASED PROGRAMS (SEMESTER AND MINI-MESTER
PROGRAMS) ALSO HAVE THE OPPORTUNITY TO PARTICIPATE IN COURSES IN CORE
SUBJECTS OF STUDY (I.E., ENGLISH; SOCIAL STUDIES; MATHEMATICS; SCIENCE;
FOREIGN LANGUAGES; ETC.). THE ORGANIZATION HAS SERVED OVER 30,000
STUDENTS AND HELPED PREPARE THEM FOR POST-SECONDARY EXPERIENCES. TODAY,
AMILE HAS GROWN TO INCLUDE TWO CAMPUSES, IN HOD HASHARON AND BE'ER SHEVA,
WITH ACCOMMODATIONS AND CLASSROOM CAPACITY FOR NEARLY 500 CONCURRENTLY
ENROLLED STUDENTS. AMILE IS SUPPORTED BY OUR ROCKVILLE CENTER, NEW YORK

#### 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 59-0173782 ALEXANDER MUSS INSTITUTE

OPERATIONAL CENTER.

TODAY, THE ORGANIZATION'S PROGRAMS INCLUDE PARTICIPANTS FROM THE UNITED STATES, CANADA, ENGLAND, AND AUSTRALIA. AMIIE LOOKS FORWARD TO EXPANDING OUR SERVICES TO SERVE THE NEEDS OF OTHER NON-ENGLISH SPEAKING DOMINANT COMMUNITIES.

AMIIE EVOLVED FROM MEETING THE LOCAL NEEDS OF A SINGLE JEWISH COMMUNITY IN SOUTHERN FLORIDA THAT WAS SEEKING TO PROVIDE A DEEPER UNDERSTANDING OF JEWISH HISTORY, ISRAEL, AND PERSONAL IDENTITY TO THEIR STUDENTS. TODAY, AMIIE OFFERS A WIDE VARIETY OF PROGRAMS, RANGING FROM PROGRAMMING FOR INDIVIDUAL ENROLLEES, PARTNER SCHOOLS/ORGANIZATIONS, AND SUMMER PROGRAMS. AMIIE PROVIDES A UNIQUE ISRAEL EXPERIENCE GROUNDED IN PROVIDING STUDENTS WITH ACCESS TO THE SITES AND NARRATIVES OFFERED IN THE TORAH AND CONNECTED TO THEIR HISTORY. THE PROGRAM PROVIDES AN INTELLECTUAL FRAMEWORK AROUND WHICH STUDENTS CAN STUDY TIME AND PLACE AND PROVIDES SPACE FOR HONEST DIALOGUE. STUDENTS ARE ALSO GIVEN OPPORTUNITIES TO EXPERIENCE THE AUTHENTICITY OF A FOREIGN EXPERIENCE, WHETHER THIS MEANS BUYING LOCAL CUISINE ON THE STREET OR HIKING ACROSS THE COUNTRY. IN THE END, AMIIE HELPS STUDENTS TO GROW INTELLECTUALLY AND MATURE SOCIALLY. ALUMNI REGULARLY REFLECT ON HOW THE "MUSS MAGIC," WAS BOTH FORMATIVE AND TRANSFORMATIVE IN HELPING CHANGE THEIR LIVES FOREVER.

#### FORM 990, PART III STATEMENT OF PROGRAM ACCOMPLISHMENTS, LINE 2:

ALEXANDER MUSS HIGH SCHOOL IN ISRAEL ("AMHSI") INITIALLY OFFERED AN EIGHT-WEEK MINI-MESTER PROGRAM DESIGNED FOR TEENS, ORIGINALLY CALLED A

#### 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.

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59-0173782

ALEXANDER MUSS INSTITUTE

QUIN-MESTER. LATER, THE ORGANIZATION WAS RENAMED ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC. ("AMILE") AND ADDITIONALLY OFFERED A SEMESTER PROGRAM DESIGNED FOR MORE MATURE STUDENTS. IN ADDITION TO THESE PROGRAMS, AMILE NOW OFFERS A VARIETY OF SUMMER PROGRAMS, INCLUDING A CLASSIC 6-WEEK PROGRAM (FORMERLY FOUNDATION) FOR STUDENTS LOOKING FOR AN INTENSIVE EDUCATION, AN EXPLORE ISRAEL 5-WEEK PROGRAM, OFFERING AN EXPERIENTIAL LEARNING OPPORTUNITY FOR TEENS INTERESTED IN SEEING ALL THAT ISRAEL HAS TO OFFER, AND AN ENTREPRENEURSHIP 4-WEEK PROGRAM (FORMERLY YOUR WAY) EXHIBITING ISRAEL'S LEGACY AS A START-UP NATION TO STUDENTS. FINALLY, AMILE OFFERS A ROOTS 4-WEEK TRAVEL-BASED SERVICE PROGRAM FOCUSING ON TIKKUN-OLAM, LEARNING, TRAVELING, AND COMMUNITY SERVICE OPPORTUNITIES. SUMMER PROGRAMMING IS MODIFIED YEARLY AS THE ORGANIZATION DETERMINES THE VALUE OF EACH PROGRAM TO STUDENTS AND OUR OVERARCHING ORGANIZATIONAL MISSION. EACH PROGRAM IS DESIGNED TO HIGHLIGHT THE "MUSS MAGIC."

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

ROBERT WERNER AND RONALD WERNER HAVE A FAMILY RELATIONSHIP.

ELLEN KELLMAN AND STEPHANIE KELLMAN 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.

#### 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.

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2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

ALEXANDER MUSS INSTITUTE

Employer identification number

59-0173782

- 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:

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 2022 THERE WERE NO SEPARATE 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

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

2022

Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

59-0173782

ALEXANDER MUSS INSTITUTE

WITH AMILE'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 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 ORGANIZATION'S 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 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:

THE COMPENSATION REVIEW & APPROVAL PROCESS INCLUDES A COMPARISON OF FORM 990 OF OTHER ORGANIZATIONS. COMPENSATION WAS DETAILED REVIEWED AND APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS. BOARD DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN BOARD MINUTES.

#### FORM 990, PART VI, SECTION C, LINES 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

#### 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.

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

Name of the organization

ALEXANDER MUSS INSTITUTE

59-0173782

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 V, LINE 2A AND PART VII, SECTION A:

THE EMPLOYEES REPORTED ON FORM 990, PART VII WERE COMPENSATED BY THE ISRAELI BRANCH FOR SERVICES PERFORMED OUTSIDE THE U.S. AND A RESULT, THEY DID NOT RECEIVE FORM W-2.

#### FORM 990, PART XI, LINE 9:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN	
NET ASSETS HELD BY JEWISH NATIONAL FUND,	
UNITED STATES\$(1,1	L65,794)
GAIN ON FOREIGN CURRENCY TRANSLATION\$	21,971
TOTAL\$(1,1	143,823)

Name of the organization

ALEXANDER MUSS INSTITUTE

Employer identification number

59-0173782

FORM 990, PART III - PROGRAM SERVICE

#### LINE 4A, PROGRAM SERVICE

\_\_\_\_\_

AMIIE MERGED WITH THE JEWISH NATIONAL FUND ("JNF") BETWEEN DECEMBER 2013 AND JANUARY 2014. IN THE ORGANIZATION'S LAST YEAR AS AN INDEPENDENT ENTITY, AMIIE'S TOTAL ENROLLMENT WAS 895 STUDENTS. IN 2022, THE FIRST YEAR THAT COVID-19 WAS MINIMIZED AS A FACTOR IN ENROLLMENT, THE ORGANIZATION'S TOTAL ENROLLMENT WAS 1,500 STUDENTS-AN INCREASE OF 78%.

AMIIE OPERATED TEN CORE PROGRAMS AND THREE PARTNER PROGRAMS IN 2021, WHILE IN 2022, WE HAD EIGHT CORE PROGRAMS AND FOURTEEN PARTNER PROGRAMS. WE DEVELOPED A VARIETY OF NEW PROGRAMS AND EVALUATED THE STUDENT RESPONSE IN THESE YEARS. OUR EVALUATIONS DEMONSTRATED THE INDISPUTABLE FACT THAT WE CHANGE LIVES.

COMPARING STUDENT ENROLLMENT IN 2021, OUR CORE STUDENT ENROLLMENT WAS 637, AND OUR PARTNER PROGRAMS HAD REDUCED ENROLLMENT DUE TO CONCERNS REGARDING COVID-19, WITH ONLY 155 ENROLLED STUDENTS AND A TOTAL ENROLLMENT OF 792 STUDENTS FOR THAT YEAR. IN 2022, OUR CORE STUDENT ENROLLMENT WAS 595, AND OUR PARTNER PROGRAMS' ENROLLMENT INCREASED TO 905 STUDENTS, WITH A TOTAL ENROLLMENT OF 1,500 STUDENTS FOR THAT YEAR.

#### 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.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
Open to Public
Inspection

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

Part I Identifi	cation of Disregarded Entities. Complete if the organizati	on answered "Yes" or	n Form 990, Part I	V, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
			1007 11 5	200 7		

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13 controlled entity?	
						Yes	No
(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		Х
(2) JEWISH NATIONAL FUND-USA, INC. 83-2880252							
42 EAST 69TH STREET NEW YORK, NY 10021	FUNDRAISING	DE	501(C)(3)	LINE 7	JNF, INC.		Х
(3)							
(4)							
(5)	-						
(6)							
(7)							

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 ALEXANDER MUSS INSTITUTE 59-0173782 Page **2** 

Part III 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(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) eral or aging ner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations list	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this		•	ction thre		S	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	rminin	<b>.</b>
		type (a - s)		amou	ınt invo	lved	
/ <b>4</b> \							
(1)							
(2)							
(2)							
(3)							
(3)							
(4)							
(7)							
(5)							
(~)							
(6)							
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>A				•		•	

Schedule R (Form 990) 2022 ALEXANDER MUSS INSTITUTE 59-0173782 Page  $\bf 4$ 

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and E	IN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501(	partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ner?	(k) Percentage ownership
				sections 512 - 514)	Yes	No			Yes	No		Yes	No	
<u>(1)</u>														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)		-												
(10)		-												
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Alexander Muss Institute for Israel Education, Inc.

EIN: 59-0173782 FYE: 12/31/2022 2022 Form 990

#### Reasonable cause explanation for a late filed return

Relief for Taxpayers Affected by the Terroristic Action in the State of Israel

The reporting organization maintains some books and records in Israel. In addition, its Head of School (Mark Shinar thru June 2022 and then Steve Kunto) resides in Israel.

As a result, Notice 2023-71 provides an extension of time to file 2022 Form 990 for the tax year ending December 31, 2022 from November 15, 2023 (Form 8868 extension filed to extend the original due date from May 15, 2023 to November 15, 2023) to October 7, 2024.

# Form 8858

(Rev. September 2021)

Department of the Treasury

#### Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

► Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) OMB No. 1545-1910

Attachment

Sequence No. 140 , and ending 12/31/2022beginning 01/01/2022Internal Revenue Service Filer's identifying number Name of person filing this return 59-0173782 ALEXANDER MUSS INSTITUTE Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 78 RANDALL AVENUE City or town, state, and ZIP code ROCKVILLE CENTRE, NY 11570 Filer's tax year beginning 01/01/2022 and ending 12/31/2022Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership Χ FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Check here Initial 8858 Final 8858 1a Name and address of FDE or FB b(1) U.S. identifying number, if any ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION (ISRAELI BRANCH) b(2) Reference ID number (see instructions) C/O ALEXANDER MUSS INSTITUTE 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570 c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business h Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity ILS NONPROFIT ORG Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different ROBERT WERNER 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570 For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions): a Name and address b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address Country under whose laws organized c U.S. identifying number, if any d Functional currency

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Form **8858** (Rev. 9-2021)

SEE STATEMENT 1

Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more

Form 8858 (Rev. 9-2021)

Schedule C	Income Statement	(see instructions)	١
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Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S.
dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under
section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for
special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).
If you are using the average exchange rate (determined under section 989(b)), check the following box X

			Functional Currency	U.S. Dollar
1	Gross receipts or sales (net of returns and allowances)	1	NONE	NONE
2	Cost of goods sold	2		
3	Gross profit (subtract line 2 from line 1)	3	NONE	NONE
4	Dividends	4		
5	Interest	5		
6	Gross rents, royalties, and license fees	6		
7	Gross income from performance of services	7		
8	Foreign currency gain (loss)	8	261,731.	77,928.
9	Other income	9	39,623,969.	11,797,689.
10	Total income (add lines 3 through 9)	10	39,885,700.	11,875,617.
11	Total deductions (exclude income tax expense)	11	37,414,461.	11,139,827.
12	Income tax expense	12		
13	Other adjustments	13		
14	Net income (loss) per books	14	2,471,239.	735,790.
Sch	edule C-1 Section 987 Gain or Loss Information	•		
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
1	Remittances from the FDE or FB	1 2		
2	Section 987 gain (loss) recognized by recipient  Section 987 gain (loss) deferred under Regulations section 1 987-12 (attach			

### 4 Were all remittances from the FDE or FB treated as made to the direct owner? . .

statement)

5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to
	the change and new method of accounting

#### Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1	430,008.	1,136,434.
2	Other assets	2	3,660,784.	2,848,940.
3	Total assets	3	4,090,793.	3,985,373.
	Liabilities and Owner's Equity			
4	Liabilities	4	2,175,990.	1,597,811.
5	Owner's equity	5	1,914,803.	2,387,562.
6	Total liabilities and owner's equity	6	4,090,793.	3,985,373.

#### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year.		
	Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		X
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Form **8858** (Rev. 9-2021)

Yes

No

Schedule G	Other	Information	(continued	)
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			Yes	No			
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?	[	Х				
	Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tier	s of					
	FBs and FDEs.						
7-	During the toy year did the CDC or CD receive or coarse the receipt of any amounts defined a						
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) for						
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines						
	and 7c			Х			
b	Enter the total amount of the base erosion payments \$	•					
C	Enter the total amount of the base erosion tax benefit \$						
8a							
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) t						
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and			X			
b	Enter the total amount of the base erosion payments \$						
С	Enter the total amount of the base erosion tax benefit \$						
9	Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between	een					
	the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or	FB					
	acted as a manufacturing, selling, or purchasing branch?						
	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE						
	U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FD	E is					
	treated as a U.S. corporation solely for purposes of these questions.						
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is						
	part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit h	ave		Х			
b	a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?						
11a	If "Yes," enter the amount of the dual consolidated loss ▶ \$ (	_'					
IIa	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss						
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c						
b	Enter the amount of the dual consolidated loss for the combined separate unit . > \$ (						
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determine						
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)						
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U	J.S.					
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13						
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6	6? If					
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d						
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations sec						
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a						
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated loss used to consolidated loss used to compute consolidated loss used to consolidated loss						
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e						
е	Enter the separate unit's contribution to the cumulative consolidated taxable inco ("cumulative register") as of the beginning of the tax year ▶ \$ . See instructions.	me					
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requi	ring					
ısa	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually of	-					
	part of a combined separate unit, in any prior tax years?			Х			
b	If "Yes," enter the total amount of recapture						
	dule H Current Earnings and Profits or Taxable Income (see instructions)		·				
mport	ant: Enter the amounts on lines 1 through 6 in functional currency.						
1	Current year net income (loss) per foreign books of account	1	2	,471,239.			
2	Total net additions	2					
3	Total net subtractions	3		58,997.			
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3)	4	2	,412,242.			
5	DASTM gain (loss) (if applicable)						
6	Combine lines 4 and 5						
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average	_		710 004			
8	exchange rate determined under section 989(b) and the related regulations (see instructions)) Enter exchange rate used for line 7	7		718,224.			
	Enter exemange rate used for the first state and the first state and the state as a second state as a						

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Sched	lule I I ra	ansterred Loss I	Amount (see i	nstructions)					
Importa	nt: See instru	uctions for who l	has to comple	te this section.					
			•					Yes	No
1 \	Nere anv asset	ts of an FB (inclu	ding an FB tha	at is an FDE) tran	sferred to a fo	oreian corporation	on? If "No."		
	•	,	Ū			•			Х
				transferred substa					
			•	ed foreign corpo	•		`		
		, .				Stop Here. II	res, go to		
				estic corporation		older with reer	oct to the		
	-			. If "Yes," go to line		-			
		-		=					
				n gross income a					
				(see instructions			4		
Sched				(SEE ITISH UCHOTIS	í				
		Foreign Inc	come Taxes		F	oreign Tax Credit	Separate Catego	ries	
(a) Country or Possession		(c) Foreign Currency	(d) Conversion Rate	<b>(e)</b> U.S. Dollars	(f) Foreign Branch	<b>(g)</b> Passive	<b>(h)</b> General		(i) Other
Totals									

Form **8858** (Rev. 9-2021)

#### SCHEDULE M (Form 8858)

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

(Rev. September 2021)

Department of the Treasury Internal Revenue Service

► Attach to Form 8858. ► Go to www.irs.gov/Form8858 for instructions and the latest information. OMB No. 1545-1910

Name of person filing Form 8858 Identifying number 59-0173782 ALEXANDER MUSS INSTITUTE

U.S. identifying number, if any Reference ID number (see instructions) Name of FDE or FB ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION AMIIEIL01 Name of tax owner U.S. identifying number, if any

Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions. ILS

Enter the relevant functional currency and the exchange rate used throughout this schedule

3.3586213

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

	Controlled Foreign Partnership  (a) Transactions of  FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
	Controlled Foreign Corporation  (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
X	U.S. Tax Owner  (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1	Sales of inventory					
2	Sales of property rights					
3	Compensation received for certain services					
4	Commissions received					
5	Rents, royalties, and license fees					
	received					
6	Dividends/Distributions received .					
7	Interest received					
8	Loan guarantee fees received					
9	Other					
10	Add lines 1 through 9					
11	Purchases of inventory					
12						
	other than inventory					
13	Purchases of property rights					
14	Compensation paid for certain					
	services					
15	Commissions paid					
16	Rents, royalties, and license fees					
	paid					
17	Interest paid					
18	Loan guarantee fees paid					
19	Add lines 11 through 18					
20	Amounts borrowed					
	(see instructions)					
21	Amounts loaned					
_	(see instructions)					
	Demanusculus Destruction Act Notice of	aa tha luatuustlana fa	- C 00F0	·	0 - 1 1 1 - 14 (1	F 00E0\ (D 0.0004\

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 9-2021)

FORM 8858, PAGE 1 DETAIL

#### LINE 5 - ORGANIZATIONAL CHART

\_\_\_\_\_\_

ENTITY NAME LINE 1: ALEXANDER MUSS INSTITUTE ENTITY NAME LINE 2: FOR ISRAEL EDUCATION, INC. % OF OWNERSHIP: 100.000

COUNTRY: PLACEMENT OR POSITION:

TAX OWNER OF FOREIGN BRANCH

TAX CLASSIFICATION:

U.S. ORGANIZATION EXEMPT FROM INCOME TAX

ENTITY NAME LINE 1: ALEXANDER MUSS INSTITUTE

ENTITY NAME LINE 2: FOR ISRAEL EDUCATION ISRAELI BRANCH

COUNTRY: IS

TAX CLASSIFICATION: FOREIGN BRANCH

FORM 8858, PAGE 3 DETAIL

\_\_\_\_\_\_

SCH H, LINE 3 - NET SUBTRACTIONS

ACCRUED SEVERANCE PAY

58,997.

TOTAL

58,997. ==========