2939322103942 **AMENDED RETURN - SECTION 512(A)(7) REPEAL**

Form 990-T	Ex	cempt Organization					irn	OMB N	o 1545-0687	
	For calendar year 2017 or other tax year beginning $\frac{10/01}{2}$, 2017, and ending $\frac{09/30}{2}$, 20 $\frac{18}{2}$								2017	
Department of the Treasury	١.	► Go to www.irs.gov/Form990					F	Ocen to Pi	iblic Inspection for	
Internal Revenue Service	▶ Do	not enter SSN numbers on this form							oblic Inspection for Organizations Only	
A Check box if address changed		Name of organization (Check b		me changed and see ii	nstruction	is)		byer identific byees' trust, see	ation number instructions)	
B Exempt under section	-	ISRAEL INSTITUTE OF								
X 501(C)(3)	Print	Number, street, and room or suite no					d 13-0	434195		
408(e) 220(e)	or	Trained, street, and reall or salte no		box, see mandedons					ss activity codes	
408A 530(a)	i Ahe	55 EAST 59TH STREET						istructions)	,s donny dodes	
529(a)	Ί	City or town, state or province, counti		ZIP or foreign postal co	de	-	_			
C Book value of all assets	1	NEW YORK, NY 10022-	1710				5230	00		
at end of year	F Gro	up exemption number (See instruct								
535,250,934.	G Che	ck organization type X 501	(c) co	rporation	501(c) trust	401(a)	trust	Other trust	
		rimary unrelated business activity								
		corporation a subsidiary in an affil							Yes X No	
		identifying number of the parent co			•					
J The books are in car	e of ▶ A	ANITA ENRIQUEZ		T	elephor	ne number 🕨 2	12-407-	-6357		
Part I Unrelated	Trade o	or Business Income		(A) Income	!	(B) Expe	nses		(C) Net	
1a Gross receipts or	sales									
b Less returns and allows	ances	c Balance ▶	1c					<u> </u>		
•		ule A, line 7)	2							
		2 from line 1c	3							
4a Capital gain net i	ncome (a	ttach Schedule D)	4a	90,	383.				90,383.	
		Part II, line 17) (attach Form 4797)	4b					<u> </u>		
		rusts	4c		F.C.O.			 		
· ·		os and S corporations (attach statement)		3,	569.	ATCH	1	-	3,569.	
			6							
		come (Schedule E)	7					 		
_		its from controlled organizations (Schedule F)						 		
		1(c)(7), (9) or (17) organization (Schedule G)						+		
		ncome (Schedule I)	10							
		tions, attach schedule)	-					 		
		ough 12		93.	952.	 _		 -	93,952.	
Part II Deductio	ns Not	Taken Elsewhere (See inst	ructio			leductions)	(Except f	or contrib		
		be directly connected with t					(Except i	or commis	rations,	
		directors, and trustees (Schedule K)			20 11100	\	14	T		
15 Salaries and wage			CE	IVED: (• • •		. 15			
							· · · - · · ·			
17 Bad debts			. 2 0	2020. Ö			. 17			
18 Interest (attach se	chedule)			AS T	ACHM:	ENT. 2	18		1,492.	
19 Taxes and license	s			·			19		439.	
		ee instructions for limitation Qes					20		6,787.	
21 Depreciation (atta	ach Form	4562)		21				.		
		on Schedule A and elsewhere on re					22b			
								<u> </u>		
		compensation plans								
								<u> </u>		
		Schedule I)						 		
27 Excess readership	costs (Se	chedule J)			CITA		27		24 151	
28 Other deductions	(attach s	chedule)		ATT	ıÇ#M!	μNΙ.4		 	24,151.	
		s 14 through 28							32,869.	
		le income before net operating					 	 	61,083.	
		on (limited to the amount on line 30 e income before specific deduction					31 31	 	61,083.	
33 Specific deduction	n (Gener:	ally \$1,000, but see line 33 instruc	tions fo	or eventions)			$\frac{71}{33}$	 	1,000.	
34 Unrelated busine	ii (Gelleli ess taval	ble income. Subtract line 33 fr	om lin	or exceptions)		tor than line	32 33	1	1,000.	
enter the smaller	of zero or	line 32	om III	10 JE 11 IIIIE JJ	is grea	ici illali illie	الرار الرار		60,083.	
For Paperwork Reduct	ion Act N	otice, see instructions.	<u></u>	<u> </u>	• • •			Form	n 990-T (2017)	
7X2740 2,000 1 5 CM JSA	١ Τ		17 1	7 7 10	,	2100702 04	0000	. 5111	DACE "	

FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ► ISRAEL

Х 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?.... If YES, see instructions for other forms the organization may have to file

Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

Sign Here	muchael Wasman - Kenn	expayer) is based on all information of which particles $4/2/20$ C		discuss this re	
	Signature of officer	Date Title		(see instructions)	⁷ X Yes
	Print/Type preparer's name	Preparer's signature a Wonday	Date 03/11/20	Check If	PTIN
Paid	QI WEN LIANG	a Honding	self-employed	P01270238	
Prepar		Firm's EIN ▶36	-6055558		

Firm's address ▶ 757 THIRD AVENUE, 4TH FLOOR, NEW YORK, NY 10017-2013

Form 990-T (2017)

Phone no 212-599-0100

Use Only

7X2741 2 000 0415GM 700J

Total dividends-received deductions included in column 8

		Exen	nnt Co	ntrolled Org	anizatio	ons				
1 Name of controlled organization	2 Employer identification numb	er 3. N	et unrel	ated income	4 Total	4 Total of specified inclination		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										_
(4)										
Nonexempt Controlled Organiz	zations									_
7. Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made	ed	ınc	Part of colum luded in the d inization's gro	ontrolling		Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)				-				-		
Totals					▶	En Pa	dd columns 5 er here and o rt I, line 8, col	n page 1, umn (A)	Ent	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)
Schedule G - Investment In	come of a Sec	tion 501(c)(7),	(9), or (17) Orgai	nizati	on (see in:	structions)		
1. Description of income	2 Amount of	ıncome		3. Deduction directly cortain (attach sch	nected			4 Set-asides (attach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)									,	
(3)										
(4)										
Enter here and on page Part I, line 9, column (•			Enter hero and on page 1, Part I, line 9, column (B)	
Totals	mant Antivita Inc	Oth	ar Th	Adva-di	-i I-		/	4		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelated business in	ses / with n of	4 Net inconfrom unrelated or business 2 minus coll fagain, cols 5 through	ne (loss) ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)				<u> </u>						
(2)										-
(3)								1		
(4)					_			 		
	Enter here and on page 1, Part i, line 10, col (A)	Enter here a page 1, Pa line 10, col	arti,	-				Enter here and on page 1, Part II, line 26		
Totals ▶ Schedule J - Advertising In	Come (see instri	ictions)		٠						<u> </u>
Part I Income From Peri			oncol	idated Bas	ic					
Parti Income From Per	Unicais Report	eu on a C	011501	luateu bas	15					··
Name of periodical	2 Gross advertising income	ertising advertising costs 2 minus col 3) If income cost			7. Excess readership costs (column 6 minus column 5, but not more than column 4)					
(1)								1		
(2)				1				1		7
(3)				1						7
(4)				1						7
								1		<u>'</u>
Totals (carry to Part II, line (5))										Form 990-T (2017)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)		_				
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensation		irectors, and Tr	ustees (see instri	uctions)		<u> </u>

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2017)

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	ATTACHMENT 1
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
ORDINARY LOSS FROM LP INVESTMENTS PORTFOLIO INCOME FROM LP INVESTMENTS	-1,285. 4,854.
INCOME (LOSS) FROM PARTNERSHIPS	3,569.

ATTACHMENT	2

FORM 990T - PART II - LINE 18 - INTEREST

INTEREST EXPENSE FROM LP INVESTMENTS

PART II - LINE 18 - INTEREST

1,492.

1,492.

ATTACHMENT 3

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	93,952. 0.
LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	26,082.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 6,787.
CHARITABLE CONTRIBUTION	13,044.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	6,787.

0415GM 700J V 17-7.10 0190793-00002 PAGE 78

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PORTFOLIO EXPENSES FROM LP INVESTMENTS TAX PREPARATION FEES INVESTMENT MANAGEMENT FEES

5,187. 7,000.

11,964.

PART II - LINE 28 - OTHER DEDUCTIONS

24,151.

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE 1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 60,083. 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP..... 3 TAX ON LINE 1 FIGURED USING THE 21% RATE..... 12,617. 4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 92 IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018..... 921,932. 5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 273 IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017..... 3,444,441. 6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR..... 2,526. 7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR..... 11,963.

AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE OF TECHNOLOGY INC. 09/30/2018

FORM 990T - REPEAL OF SECTION 512(A)(7)

WITH THE PASSAGE OF THE TAX CUTS AND JOBS ACT OF 2017, CONGRESS IMPLEMENTED SECTION 512(A)(7) OF THE INTERNAL REVENUE CODE WHICH SUBJECTS CERTAIN EMPLOYER PROVIDED TRANSPORTATION BENEFITS TO UNRELATED BUSINESS INCOME TAX. FOR THE YEAR ENDED SEPTEMBER 30, 2018 AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE OF TECHNOLOGY INC. FILED FORM 990-T IN COMPLIANCE WITH THE NEWLY IMPLEMENTED SECTION 512(A)(7) TAX. ON DECEMBER 20TH, 2019 THE TAXPAYER CERTAINTY AND DISASTER RELIEF ACT OF 2019 RETROACTIVELY REPEALED SECTION 512(A)(7). AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE OF TECHNOLOGY INC. IS AMENDING ITS FORM 990-T FOR THE YEAR ENDED SEPTEMBER 30, 2018 TO RECOVER UNRELATED BUSINESS INCOME TAX PAID ON TRANSPORTATION FRINGE BENEFITS. THE CHANGE HAS AFFECTED LINES 12, 44, 49 AND 50.

· SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form1120 for instructions and the latest information. Name AMERICAN SOCIETY FOR TECHNION -

ISRAEL INSTITUTE OF TECHNOLOGY INC.

Employer identification number

13-0434195

Part	Short-Term Capital Gains and Losses	s - Assets Held Or	ne Year or Less		
	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s)	Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	8949, Part I, line 2, column (g)	column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8049, leave this line blank and go to line 1b.				
1 b	Totals for all transactions reported on Form(s) 8949				
	with Box A checked				_
2	Totals for all transactions reported on Form(s) 8949				
	with Box B checked				
3	Totals for all transactions reported on Form(s) 8949				
	with Box C checked	122.		<u> </u>	122.
4	Short-term capital gain from installment sales from i				4
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5
6	Unused capital loss carryover (attach computation)			۱,	6 (
7	Net short-term capital gain or (loss) Combine lines	la through 6 in column	h		7 122.
Part	Long-Term Capital Gains and Losses	- Assets Held Mo	ore Than One Yea	r	
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments to ga	1 ' ' ' ' ' '
	the lines below This form may be easier to complete if you round off cents to	Proceeds	Cost	or loss from Form(s) 8949, Part II, line 2.	Subtract column (e) from column (d) and combine
	whole dollars	(sales pnce)	(or other basis)	column (g)	the result with column (g)
8a 	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b	Totals for all transactions reported on Form(s) 8949				
	with Box D checked				
9	Totals for all transactions reported on Form(s) 8949 with Box E checked				
10	Totals for all transactions reported on Form(s) 8949				
	with Box F checked	90,181.			90,181.
11	Enter gain from Form 4797, line 7 or 9			1	1 80.
12	Long-term capital gain from installment sales from F	form 6252, line 26 or 37	7	1	2
13	Long-term capital gain or (loss) from like-kind exchar	iges from Form 8824		1	3
14	Capital gain distributions (see instructions)	1	4		
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h <u></u>	1	90,261.
Part	Summary of Parts I and II				
					122
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	il loss (line 15)	1	6 122.
17	Net capital gain Enter excess of net long-term capit	al gain (line 15) over no	et short-term capital los	ss (line 7) 1	90,261.
18	Add lines 16 and 17 Enter here and on Form 1120,	page 1, line 8, or the	oroper line on other reti	urns If	
	the corporation has qualified timber gain, also complete timber gain gain gain gain gain gain gain gain			1	90,383.
	Note: If losses exceed gains, see Capital losses in the	e instructions			

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

317-5-2011	ZZZYHHY H	AS BEAMIN	7019				100000000	
Name(s) shown on return AMERICAN ISRAEL INSTITUTE OF TE			ION -	Social se	-	taxpayer identificat	ion number	
Before you check Box A, B, or C below,			v Form(a) 1000 P	er outsettuto etat			·t··to	
statement will have the same informati								
broker and may even tell you which bo	x to check							
Part I Short-Term. Transactions, see page		ng capital a	ssets you held	1 year or les	s are short to	erm. For long-te	erm	
Note: You may aggre		ort-term tran	sactions renor	ted on Form/	s) 1099-R si	nowing hasis wa	ae	
reported to the IRS a	and for whic	h no adjustr	ments or codes	are required	. Enter the t	otals directly or	1	
Schedule D, line 1a								
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com	page 1, for e	ach applicab	le box If you ha	ve more short	-term transac			
(A) Short-term transactions	•	•		•		e Note above)		
(B) Short-term transactions i	reported on F	orm(s) 1099	-B showing basis			ŕ		
X (C) Short-term transactions	not reported t	to you on For	m 1099-B				, -	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	Adjustment, if any, to gain or toss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo, day, yr)	(sales pnce) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	Subtract column (e) from column (d) and combine the result with column (g)	
ST GAIN FROM LP INVESTMENTS	VAR	VAR	122				122	
						,		
		<u></u>			 -			
						_		
				_				
			-		_			
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and incl is checked), line	lude on your e 2 (if Box B	122				122	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2017)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

AMERICAN SOCIETY FOR TECHNION -

13-0434195

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

	•	•					
(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)		(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a lf you enter an a enter a coo See the sepa (f) Code(s) from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
				instructions	instructions	Amount of adjustment	, man colonia (g)
LT GAIN FROM LP INVESTMENTS	VAR	VAR	90,181				90,181
 -							
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above shove is checked) or line 10 (if Box D)	here and include is checked), line	te on your 9 (if Box E	90,181				90,181

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2017)

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