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Unrelated business taxable income Subtract line 31 from line 30

	990-T (2018)			Page 2
Par	Total Unrelated Business Taxable Income	,		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions),	33		
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions),	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 32 and 34.			
	of lines 33 and 34	36		
37 38	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		
30	Unrelated business taxable Income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38		0.
Par	Tax Computation	30 1		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on			•
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax. See instructions	41		
42	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income. See instructions	43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		
Par	Tax and Payments			-1
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
	Other credits (see instructions)			
	General business credit Attach Form 3800 (see instructions)			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	{ <u>.</u>		
	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	48	<u></u>	0.
48	Total tax Add lines 46 and 47 (see instructions)	49		
49	Payments A 2017 overpayment credited to 2018			
	2018 estimated tax payments	1		
C	Tax deposited with Form 8868	1		
	Foreign organizations Tax paid or withhold at source (see instructions) 50d	1		
e	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 50g]		
51	Total payments. Add lines 50a through 50g	51		1,330.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		1 220
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		1,330. 1,330.
<u>55</u>	Enter the amount of line 54 you want	56		1,330.
Par	<u> </u>		authority V	'es No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-	i	
	here >		,	х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ian taist		Х
• 1	If "Yes," see instructions for other forms the organization may have to file	g «ugt	····-	
58	Enter the amount of tax exempt interest received or accrued during the tax year \$\blacktriangle\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the t	est of m	y knowledge and	bellef, It is
Sigr	true, correct, and simplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	v the	IRS discuss th	ns return
Her	05/15/2020 NAMENBERMAN (E) WI		preparer show	
		e instruction	ons)? X Yes	No
D-:-	Print/Type preparer's name Preparer signature Date Chec	k∐ if	PTIN	
Paid	MAKON SHAFIKO SHIFE	employed		
Prep Use	Pirms name PBRD, BBL		44-01602	
	Firm's address ► 1155 AVENUE OF THE AMERICAS #1200, NEW YORK, NY 10036 Phone	_{e no} 21	L2.867.40	100

, , , , , , , , , , , , , , , , , , ,	AMERIC	AN SOCI	ETY OF THE UNIVE	ERS	SITY OF	HAIFA	13-	6220819		Dama 3
Schedule A - Cost of Go	oods Sold En	ter methor	t of inventory valuation	_				 		Page 3
1 Inventory at beginning of y	- T T	ter method				r.,.,.	6			
2 Purchases	•					d. Subtract line		* '' -		
3 Cost of labor	· · · _			_	•	ter here and in				
4a Additional section 263A co	• • • • • • • • • • • • • • • • • • • •						7			
(attach schedule)						section 263A (v		espect to	Yes	No
b Other costs (attach schedu						or acquired for		•	·	1
5 Total. Add lines 1 through	···/ • ····		***************************************	•						x
Schedule C - Rent Income		roperty a	nd Personal Proper	ty L	eased W	ith Real Prope	rty)			
(see instructions)	•		·	•		•				
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receiv	ed or accrue	ed							
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percenta	rom real and personal proper age of rent for personal proper of the rent is based on profit	erty e	exceeds	3(a) Deductions d in columns 2				
(1)										
(2)										
(3)		· · · · · · · · · · · · · · · · · · ·						· · · · · ·		
(4)										
Total		Total	·							
(c) Total income. Add totals of co		•				(b) Total deduction Enter here and or Part I, line 6, colu	n page 1			
Schedule E - Unrelated Do			ee instructions)				(= /	<u> </u>		
			2. Gross income from or	T	3. D	eductions directly co debt-finan			ole to	
1. Description of deb	ot-inanced property		allocable to debt-financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)				+	lattac	in scriedule)		(attaon sone	udiej	
(2)				╅						
(3)				+						
(4)				+						
Amount of average acquisition debt on or allocable to debt-financed	5. Average adju- of or allocal debt-financed	ole to property	6. Column 4 divided by column 5			ncome reportable 2 x column 6)		Allocable ded mn 6 x total of 3(a) and 3(of colum	
property (attach schedule)	(attach sche	aule)	-	. -				-,-,-,-		
(1)	·			% %						
(2)			 	%						
(3)				% %						
(4)			<u> </u>	70	Enter her	e and on page 1,	Ento	r here and o	n nac	e 1
						e 7, column (A)		I, line 7, col		
Totals , , , , , ,				╸						

Page 4

Schedule F-Interest, Anni	lities, Royalties					-	ions (see	nstruction	ons)	
		먇	empt Co	ntrolled Org	janizati	ons	<u> </u>			T
Name of controlled organization	2. Employer dentification number		Net unrelated income (loss) (see instructions)		4. Total of specified payments made		included	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 income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income in column 10	
(1)										
(2)										
(3)										
(4)							columns 5 a		<u> </u>	ld columns 6 and 11
Totals					▶) Orga	Enter Part	here and on I, line 8, colu	page 1, mn (A)	Ent	er here and on page 1, rt I, line 8, column (B)
1 Description of income	2. Amount o	Income		3. Deduction directly cor (attach sch	nected			t-asides schedule)		Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)							,			
(4)	Enter here and									Enter here and on page 1,
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c		Other Th	an Adverti	sing Ir	ncome (see instru	ctions)		Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp dire connec produc unre	penses ectly ted with ction of elated s income	4. Net inconfrom unrelation business 2 minus collifa gain, colors 5 through	ne (loss) ed trade (column umn 3) ompute	5 Gro from a	ss income ctivity that unrelated ss income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				 				 		
(2)				 						
(3)										
(4)					.					
	Enter here and on page 1, Part I, line 10, col (A)		re and on , Part I, col (B)			I	,	l		Enter here and on page 1, Part II, line 26
Totals	COMA (see instr	uctions)								<u> </u>
Part I Income From Peri			Consol	idated Rac	is					
income from ren	Culcula Report	eu on a	00/1301	Tuated Das				1		
1. Name of periodical	2. Gross advertising income		rirect ing costs	4. Adverting gain or (loss 2 minus con a gain, con cols 5 thro	s) (col ol 3) If npute		culation come	6 Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
2)]] ' !
(3)				•	,					7 <i>.</i> !
4)				1′						<u></u>
Fotals (carry to Part II, line (5)) ▶										

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) ▶					`	<u> </u>
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instru	uctions)		

Schedule K - Compensation of Officers,	Directors, and	Trustees (see instructions)
		2 Dessen

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