OMB No 1545-0047

Form **990** (2017)

Form _,990 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public! Open to Public Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning 01/01/17, and ending 08/31/17D Employer identification number C Name of organization Check if applicable Address change MESIVTA AHAVAS HATORAH Doing business as 46-0696814 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return 720 UNION ROAD Final return/ City or town, state or province, country, and ZIP or foreign postal code SPRING VALLEY NY 10977 1,166,510 G Gross receipts\$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates Application pending Pesach Brown 14 Darby Road H(b) Are all subordinates included? If "No," attach a list (see instructions) Airmont NY 10952 X 501(c)(3) Tax-exempt status (insert no.) 501(c) N/A Website > H(c) Group exemption number ▶ Form of organization X Corporation Year of formation 2013 Other > M State of legal domicile Trust Association Part I Summary 1 Briefly describe the organization's mission or most significant activities TO OPERATE A SECONDARY SCHOOL WHICH WILL OFFER A SECULAR AND A RELIGIOUS Governance EDUCATION LEADING TO A HIGH SCHOOL DIPLOMA. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 5 3 Number of voting members of the governing body (Part VI, line 1a) ≪ಶ 5 4 Number of independent voting members of the governing body (Part VI line 15) Total number of individuals employed in calendar year 2017 (Part VI line 2a) 18 5 0 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), Intel 12 JUN 27 2018 7a b Net unrelated business taxable income from Form 990-T, line 7b SCANNED AUG Prior Year **Current Year** OGDEN. UT 416,169<u>654,347</u> 8 Contributions and grants (Part VIII, line 1h) 344,008 512,163 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 760,177 1,166,510 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) O 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 437,740 575,976 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 6,903 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 260,089 304,340 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 697,829 880,316 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 62,348 Beginning of Current Year 286,194 19 Revenue less expenses Subtract line 18 from line 12 Assets or Balances End of Year 492,581 100,637 20 Total assets (Part X, line 16) 187,685 293,435 21 Total liabilities (Part X, line 26) -87.048199,146 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and pelief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here Pesach Brown Treasurer Type or pant name and title PTIN Print/Type preparer's name Preparer's signature |X| f Check Paid 06/20/18 P00598433 JAY GELBEIN JAY GELBEIN Preparer 13-3701589 JAY GELBEIN CPA Firm's EIN ▶ Firm's name **Use Only** 1212 WILLOWBROOK RD 718-494-1423 STATEN ISLAND, NY 10314-4119 Phone no X Yes May the IRS discuss this return with the preparer shown above? (see instructions) l No

Return of Organization Exempt From Income Tax

CHANGE OF ACCOUNTING PERIOD

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

ABDEO

Part IV Checklist of Required Schedules

<u></u> -	The Transfer of Required Conceded			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			-
	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)			
	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,			
	assessments, or similar amounts as defined in Revenue Procedure 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			
	"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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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		Х
12a	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	
14a	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			
	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
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17		17		X
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Part IX, column (A), lines 6 and 11e? It "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		
		18		x
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			x x

Part IV	Checklist of	Required Schedules	(continued)
		-	

`	_		Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 2Oa, 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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1	
	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?	i		
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 77O1-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
••		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	1

Pa `	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a				ĺ
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			1
b	100000000000000000000000000000000000000	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	· · · · · · · · · · · · · · · · · · ·	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	, , , , , , , , , , , , , , , , , , , ,			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	·, ·			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
F-	(FBAR)	-		v
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_^
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		60		x
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a				
-	and services provided to the payor?	7a		Í
b		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ŀ
	sponsoring organization have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.			İ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	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		\vdash
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(a)(29) qualified perpendit health incurred incurred.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		\vdash
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	ISA		\vdash
h	Note. See the instructions for additional information the organization must report on Schedule O			
b				
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	—		
14a	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 in Schedule O	14b		

Form 990 (2017) MESIVTA AHAVAS HATORAH 46-0696814 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 5 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website Upon request Uther (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

MESHULAM KLUGMAN 720 UNION ROAD SPRING VALLEY NY 10977

State the name, address, and telephone number of the person who possesses the organization's books and records >

	46-069	96814		P	age 7
y	Employees,	Highest	Compensated	Employees,	and

Form 990 (201	7) MESIVTA AHAVAS HATORAH	46-0696814	Page
Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Highest Compensated	Employees, and
•	Independent Contractors	·	_
	Check if Schedule O contains a respon	se or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	box	c, unle	Pos check ess pe	more rson i	than one s both an or/trustee)	(D) Reportable compensation from the	Reportable Reportable compensation compensation from related		
	hours for related organizations below dotted line)	related organizations below dotted		Former Highest compensate employee Key employee Officer Institutional trustee Individual trustee		Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Isaac Klein	10.00									
Proprietore to	10.00			. ,				1	•	
President (2) Pesach Brown	0.00	\vdash		X		\vdash	0	0	0	
(2) Pesach Brown	2.00									
Treasurer	0.00	ł		x			0	0	0	
(3) Eli Schlisselfe		 		-			<u> </u>	·		
(0,====================================	2.00									
Secretary	0.00	1		x			0	l o	0	
(4) Gershon Klugman										
	2.00									
Member	0.00	<u></u>		X			0	0	0	
(5) Shawn Mermelste										
	2.00	l								
Member	0.00	▙	_	X			0	0	0	
(6)		l								
•	-	ł								
(7)			\vdash			\vdash				
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(11)									•	
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DAA	l		<u> </u>	<u> </u>			<u> </u>		Form 990 (2017)	

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization ▶

0

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) (C) Unrelated excluded from tax exempt business under sections 512-514 function revenue revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 106,391 Revenue Contributions, and Other Sim e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 547,956 1f g Noncash contributions included in lines 1a-1f 654,347 h Total. Add lines 1a-1f Busn. Code HIGH SCHOOL 512,163 512,163 h Program Service f All other program service revenue g Total. Add lines 2a-2f 512,163 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a þ d All other revenue Total. Add lines 11a-11d 512,163 0 Total revenue. See instructions 1,166,510

Part IX Statement of Functional Expenses

3000	Check if Schedule O contains a resp			сотрівте соштп (А)	
Do r	not include arriounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·	<u>, </u>	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				-
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	100	40	40	20
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	413,734	413,734		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	104,585	104,585		
10	Payroll taxes	57,557	57,557		
11	Fees for services (non-employees)				
а	Management				
b	Legal	200	200		
С	Accounting	900	900		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		-		
T	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	2 175		2 175	
	(A) amount, list line 11g expenses on Schedule O)	3,175 1,152		3,175	1 150
	Advertising and promotion		20 641	F 000	1,152 5,731
13	Office expenses	41,664	30,641	5,292	5,731
14	Information technology				
15	Royalties	47,715	42 144	5,571	
16	Occupancy	47,715	42,144	3,3/1	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,221	2 221		
20 21	Interest Reymonts to affiliates	3,221	3,221		
	Payments to affiliates				
22 23	Deprecation, depletion, and amortization Insurance	5,992		5,992	
23 24	Other expenses. Itemize expenses not covered	3,992		3,992	
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	MEALS AND CATERING	93,157	93,157		
b	STUDENT INCENTIVE PROGRAM		28,351		
C	REPAIRS	18,616	18,616		
d	EDUCATIONAL MATERIALS	13,842	13,842		
e	All other expenses	46,555	44,696	1,859	
25	Total functional expenses. Add lines 1 through 24e	880,316	851,484	21,929	6,903
26					
-	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)				
DAA					Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 5,762 1 101,294 Cash-non-interest bearing 2 2 Savings and temporary cash investments 188,000 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 88,850 27,999 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 12,037 6,025 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 163,251 10a other basis Complete Part VI of Schedule D 163,251 10h b Less accumulated depreciation 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 492,581 100,637 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 30,985 32,247 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 156,700 219,366 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 41,822 of Schedule D 25 187,685 293,435 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and Balances complete lines 27 through 29, and lines 33 and 34. -87,048 199,146 Unrestricted net assets 28 Temporarily restricted net assets 28 Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ŏ complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds -87,048 199,146 33 33 Total net assets or fund balances 100,637 492,581 Total liabilities and net assets/fund balances

Form 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2017

Open to Public Inspection

Name	of th	ie organization	MESIVTA AHAV	ZAC HAMODAH			İ	46-069	utication number		
	art I	Poor			o muet	comple	to this part \				
				Status (All organization				See instru	Clions.		
	orga		•	se it is (For lines 1 through 12,		•	•	Ω			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	X)(A)(ii). (Attach Schedule E (For							
3	Н	A hospital or	a cooperative hospital serv	ice organization described in se	ction 17	'0(b)(1)(A	.)(iii).				
4	Ш	A medical re	search organization operate	d in conjunction with a hospital	described	d in sect	ion 170(b)(1)(A)(iii). Enter the	hospital's name,		
	city, and state										
5	Ш	An organizati	on operated for the benefit	of a college or university owned	or opera	ted by a	governmental unr	t described in	1		
	$\overline{}$	section 170	(b)(1)(A)(iv). (Complete Par	rt II)							
6	Ц	A federal, sta	ite, or local government or	govemmental unit described in s	section '	170(b)(1)	(A)(v).				
7		•	on that normally receives a section 170(b)(1)(A)(vi).	substantial part of its support fr Complete Part II)	om a gov	/emment	al unit or from the	general pub	lic		
8	Ц	A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	rt II)						
9		•	•	scribed in section 170(b)(1)(A) of agriculture (see instructions)			•	•	•		
10		receipts from support from	activities related to its exergross investment income a	1) more than 33 1/3% of its superpt functions—subject to certain unrelated business taxable its, 1975 See section 509(a)(2	exception	ons, and ess section	(2) no more than on 511 tax) from	33 1/3% of	•		
11		An organizati	on organized and operated	exclusively to test for public saf	ety See	section	509(a)(4).				
12		of one or mo	re publicly supported organ	exclusively for the benefit of, to izations described in section 50 that describes the type of support	9(a)(1) o	r section	509(a)(2). See	section 509	a)(3).		
	а	the suppo	orted organization(s) the po	perated, supervised, or controlle wer to regularly appoint or elect complete Part IV, Sections A a	a majori		• • • • • • • • • • • • • • • • • • • •		ıvıng		
	b	control or	management of the suppo	upervised or controlled in connecting organization vested in the Part IV, Sections A and C.			•	• • •	•		
	С			supporting organization operate instructions) You must complet				lly integrated	with,		
	d	that is no	ot functionally integrated Th	d. A supporting organization op e organization generally must s must complete Part IV, Section	atisfy a d	listributior	requirement and	•			
	е			ceived a written determination from			ıs a Type I, Type	II, Type III			
	f		mber of supported organiza	• • • • • • • • • • • • • • • • • • • •							
	g	Provide the f	ollowing information about t	the supported organization(s)							
(1		ne of supported ganization	(ii) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the of listed in you docur	ır governing	(v) Amount of support (instructio	see	(vi) Amount of other support (see instructions)	e	
					Yes	No					
(A)											

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

Schedule A (Form 990 or 990-EZ) 2017

Total

(B)

(C)

(D)

(E)

MESIVTA AHAVAS HATORAH 46-0696814 Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Tótal Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 12 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support/Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization, meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2017

supported organizátion

instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

500	tion A Public Support	quality under	the tests lister	below, pleas	e complete Pa	art II.)	
	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(c) 2015	(4) 2016	(a) 2017	(f) Total
	Gifts, grants, contributions, and membership	(a) 2013	(b) 2014	(C) 2015	(d) 2016	(e) 2017	(I) Total
1	fees received (Do not include any *unusual grants *)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						- <u> </u>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities fumished by a governmental unit to the organization without charge				, j		
6	Total. Add lines 1 through 5				# ^{''}		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				, '		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			,			
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)			, í			
Sec	tion B. Total Support	<u> </u>		<u>/</u>			<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(4) 2010	(2) 20:17	(6) 2010	(4, 20.0	(5) 25 17	(1) 10101
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on			<u> </u>			
12	Other income Do not include gain or loss from the sate of capital assets (Explain in Part VI)	/					
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	E	<u> </u>	F04(=)(0)	<u> </u>
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	ırst, second, third,	τουπη, or titth tax	year as a section	3U1(3)	. □
500	ction C. Computation of Public	_	entage	· · · · · ·			
	Public support percentage for 2017 (line			ımn (fi)		15	%
15 16	Public support percentage from 2016 Sci			uini (1))		16	//
16 Sec	ction D. Computation of Investment			· · · · · · · · · · · · · · · · · · ·		10	70_
17	Investment income percentage for 2017			13 column (fl)		17	%
18	Investment income percentage for 2017	=	• •	, woldinin (1 <i>))</i>		18	%
19a				ne 14, and line 15	is more than 33		
·Ja	17 is not more than 33 1/3%, check this						▶ □
b	33 1/3% support tests—2016. If the org		_				, <u> </u>
~	fine 18 is not more than 33 1/3%, check						▶ □
20	Private foundation. If the organization of	=	_			-	▶ 🗌

Part IV Supporting Organizations

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

	-			
Section	Α.	AII	Supporting	Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		ļ	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		1	
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			_
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		ŀ	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a]	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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)		1	
	purposes.	4c	l	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited			
	by one or more of its supported organizations, or (III) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9Ь		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	l	
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)	10b		

Par	t IV 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Soot	supervised, or controlled the supporting organization		i	
Sect	ion C. Type II Supporting Organizations		V	- No.
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			•
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		<u> </u>
Sect	ion 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 instruction	ions)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructio	าร)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b				
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
2	Parent of Supported Organizations Answer (a) and (b) below.		 	1
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or]		
а	trustees of each of the supported organizations? Provide details in Part VI .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja_		
IJ	Did the digarization excress a substantial degree of unection over the policies, programs, and addition of each	1	1	i

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

MESIVTA AHAVAS HATORAH

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organiz	ations	Fage 6
Check here if the organization satisfied the Integral Part Test as a qualifying trust on) See
instructions. All other Type III non-functionally integrated supporting organizations m			
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Deprecation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	-	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrat	ed Type	III supporting organization	on (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2017

and 4c

Breakdown of line 7
a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

Excess distributions carryover to 2018. Add lines 3

Part VI

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

M	ESIVTA AHAVAS HATORAH		46-0696814
	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds o	
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	-	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	nat the assets held in donor advised	
•	funds are the organization's property, subject to the organization's ex		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors	_	1c3 1c
•	only for charitable purposes and not for the benefit of the donor or do	_	
	conferming impermissible private benefit?	mor davicor, or for any carer purpose	☐ Yes ☐ No
Pa	irt II Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply)	
	Preservation of land for public use (e.g., recreation or education)		ortant land area
	Protection of natural habitat	Preservation of a certified histori	
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified con-	servation contribution in the form of a cons	servation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b_
С	Number of conservation easements on a certified historic structure in	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/2	5/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the organiz	ation during the
	tax year ▶		
4	Number of states where property subject to conservation easement	s located >	
5	Does the organization have a written policy regarding the periodic m	onitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling of v	nolations, and enforcing conservation ease	ments during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satis	fy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease	ments in its revenue and expense stateme	
	balance sheet, and include, if applicable, the text of the footnote to t	ne organization's financial statements that	describes the
	organization's accounting for conservation easements		
Pa	ort III Organizations Maintaining Collections of A		er Similar Assets.
	Complete if the organization answered "Yes" or		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)	•	
	works of art, historical treasures, or other similar assets held for pub		
	public service, provide, in Part XIII, the text of the footnote to its fina		
b	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	works of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	tnerance of
	public service, provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures,	- ·	provide the
	following amounts required to be reported under SFAS 116 (ASC 95)	8) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part Y		L C

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c Leasehold improvements

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

d Equipmente Other

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (i) Planshord Section of Condeyon (c) (ii) Blook wide) (ii) Financial demanders (2) Cosey)-held equity interests (3) Other (4) (6) (7) (8) (9) (9) (10) (11) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	Part VII	Investments—Other Securities. Complete if the organization answered "Yes" of	n Form 990 Part IV	line 11b See Form 990 Part X line 12
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(2) Closely-held equity interests			,-,	• •
(2) Closely-held equity interests	(1) Financial	denvatives		
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Part IX		on (b) must equal Form 990 Part X col (B) line 13.)		-
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(7) (8) (9)				1
(8) (9)		· · · · · · · · · · · · · · · · · · ·		1
(9)				1
				1
Total (Column (h) must amial Form 000 Port V and (P) (m. 05) h	_		41,822	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 41,822 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				financial statements that waste the

DAA

b Prior year adjustments

c Other losses

d Other (Describe in Part XIII)

e Add lines 2a through 2d

3 Subtract line 2e from line 1

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)

c Add lines 4a and 4b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

		_
	1	
2a		
2b		
2c		
2d		
	2e	
	3	
4a		
4b		
	4c	
	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULĖ E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

MESIVTA AHAVAS HATORAH

Employer identification number 46-0696814

Pa	art I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	x	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Part II	3	x	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain If you need more space, use Part II .			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		х
С	Employment of faculty or administrative staff?	5c		х
d	Scholarships or other financial assistance?	5d		х
е	Educational policies?	5e		х
f	Use of facilities?	5f		х
g	Athletic programs?	5g		х
h	Other extracurricular activities?	5h		х
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II		-	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	

Schedule E (Form 990 or 990-EZ) 2017 Part II

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as

applicable. Also provide any other additional information. See instructions

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047
2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Employer identification number

Name of the organization

MESIVTA AHAVAS HATORAH

46-0696814

Form 990, Part III, Line 4d - All Other Accomplishment SECONDARY SCHOOL FOR BOTH SECULAR AND RELIGIOUS EDUCATION

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE FORM 990 IS EMAILED TO EXECUTIVE DIRECTOR. EXECUTIVE DIRECTOR REVIEWS

RETURNS WITH OTHER MEMBERS OF THE BOARD.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE EXECUTIVE DIRECTOR ENFORCES THE CONFLICT OF INTEREST POLICY TO THE REST

OF THE STAFF.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ALL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH A PUBLIC WEBSITE AS WELL AS CONTACTING THE SCHOOL AND REQUESTING DOCUMENTS.