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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047\_

		f the Treasury		benefit trust or priva	•			Open to Public
Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements Inspection								<del></del>
A Fo	r the		dar year, or tax year beginning	10/01	, 2006, and e	nding	09/3	30/2007
B Chec	k if applica Address	able Please use IRS	C Name of organization				D Emp	loyer identification number
X	X   change   label or   AMERICAN ISRAEL EDUCATION FOUNDATION						52-1	1623781
	Name cha	print or type.	Number and street (or P O bo	x if mail is not delivered t	to street address)	Room/suite	E Tele	phone number
	Initial retu	um See	251 H STREET, NW					2) 639-5200
	Final retu	Specific Instruc-	City or town, state or country, a	and ZIP + 4			F Accou	d Cash X Accrual
	Amended return	tions.	WASHINGTON, DC 20001					Other (speafy)
	Application pending	• Se	ction 501(c)(3) organizations and	4947(a)(1) nonexempt	charitable	H and I are not ap	olicable to	section 527 organizations
		tru	sts must attach a completed Sch	edule A (Form 990 or 9	90-EZ).	H(a) is this a grou	p return fo	or affiliates? Yes X No
G W	ebsite:	► N/A				H(b) If "Yes," ente	r number	of affiliates
Jo	rganıza	tion type (che	eck only one) X 501(c) (3 )	(insert no ) 4947(a)(	1) or 527	H(c) Are all affiliate	es include	d? Yes No
K C	heck he	re 🕨	if the organization is not a 509(a	)(3) supporting organization	on and its gross			ee instructions )
			not more than \$25,000 A return is n		_	H(d) Is this a separation co		
		•	to file a complete return			I Group Exemp		
					<del> </del>	M Check ▶		ne organization is not required
LG	ross red	ceipts Add lin	es 6b, 8b, 9b, and 10b to line 12	37.	696,176.	1		990, 990-EZ, or 990-PF)
Par		<del>.</del>	xpenses, and Changes in Net			<b></b>		22,0,00011)
T GI	1		ns, gifts, grants, and similar amoun		ices (Occ inc in	Structions /	1 [	
	-				14-1			
න <u>,</u>	l .		ins to donor advised funds			33 400 000	1	
<u> </u>	b		ic support (not included on line 1a)		I I	33,488,288.	-	
	C		blic support (not included on line 1a				-	
∌	d		nt contributions (grants) (not includ				┦.	
36)	е		es 1a through 1d) (cash \$ 33, 4			)	1e	33,488,288.
7	2	Program se	ervice revenue including governme	nt fees and contracts (fro	om Part VII, line 93	3)	2	<u>356,712.</u>
5	3						3	<del></del>
	4	Interest on	savings and temporary cash invest	ments			4	5,364.
m	5	5 Dividends and interest from securities 6 a Gross rents 6a						636,814.
\$	6 a							
3	b	Less renta	l expenses					
			income or (loss) Subtract line 6b from				6c	
SCANNED Revenue	7		stment income (describe	STMT 1		, )	7	984,270.
Ven	8 a	Gross amo	unt from sales of assets other	(A) Secunties	(B)	Other		
Re	1	than invent	tory	2,224,728.	8a		1	
	b		or other basis and sales expenses	2,623,812.			1	
	1		ss) (attach schedule)		<del>  </del>		1	
	1		(loss) Combine line 8c, columns (A		15.5.1		8d	-399,084.
	9		ents and activities (attach schedule)		aming check her	re <b>b</b>		
	1 -		nue (not including \$	-	, annuag, on contino		1 1	
	"		ns reported on line 1b)		0.0			
	۱ ہ		et expenses other than fundraising e				1	
			e or (loss) from special events. Sub				9c	
	1		• • •		1 1		30	<del></del>
	1 .		s of inventory, less returns and allow		10a	<del></del>	1	
	b		of goods sold				┨ ┃	
		-	it or (loss) from sales of inventory				10c	
	11		nue (from Part VII, line 103)			٠٠٠٠ (سَتَنْسَنْسَنْسَنْسَنْ	11	
	12		enue. Add lines 1e, 2, 3, 4, 5, 6c,			<del>D</del>	12	35,072,364.
ø	13	Program se	ervices (from line 44, column (B))		HEUL	181	13	15,643,979.
Jse	14		ent and general (from line 44, colum		-	ŏ  · · ·	14	7,171,980.
Expenses	15	Fundraisin	g (from line 44, column (D)) to affiliates (attach schedule)	· · · · · · · · ·  ऴ  ·	JUL . 2 3. 26	)08.  တွဲ	15	1,183,038.
Щ×	16			· · · · · · · · · /-6.3/-		إيناليسد	16	
	17	Total exp	enses Add lines 16 and 44, colum	nn (A) L	SONEN!	<del> </del>	17	23,998,997.
ets	18	Excess or	enses Add lines 16 and 44, colun (deficit) for the year Subtract line 1 or fund balances at beginning of w	7 from line 12	OPPER		18	11,073,367.
155	19	Net assets	or fund balances at beginning of ye	ear (from line 73, col <del>umn</del>	(A))		19	28,994,057.
Net Assets	20	Other char	nges in net assets or fund balances	(attach explanation)	STMT 2	2 \$TMT. 3.	20	435,619.
ž	21	Net assets	or fund balances at end of year Co	ombine lines 18, 19, and	20	<u> </u>	21	40,503,043.
For P	rivacy	Act and Pa	perwork Reduction Act Notice, see	e the separate instructio	ns.			Form 990 (2006)

Form 990	(2006
Part II	S

Pa			ons must complete columnary and section 4947(a)(1) r			
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)				- <u>-</u>	
	(cash \$ noncash \$ If this amount includes foreign grants,	_) 22a				
	check here	220				
	Other grants and allocations (attach schedule)					
	(cash \$ 3,981,726. noncash \$ If this amount includes foreign grants,	.) 22b	3,981,726.	3,981,726.	STMT 4	
23	Specific assistance to individuals		3, 301, 720.	3,301,720.	JIMI 4	
	(attach schedule)	23			3 .	,
24	Benefits paid to or for members					,
	(attach schedule)	24				
	Compensation of current officers,					
	directors, key employees, etc. listed in	1 1				
	Part V-A (attach schedule)	25a	164,000.	103,320.	39,360.	21,320.
	Compensation of former officers,					
	directors, key employees, etc listed in					
	Part V-B (attach schedule)	25b				
	Compensation and other distributions, not includ-					
	ed above, to disqualified persons (as defined					
	under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not				· - <del>-</del> · · · · · · · · · · · · · · · · · · ·	<del></del>
	included on lines 25a, b, and c	26	4,982,395.	3,138,909.	1,195,775.	647,711.
	Pension plan contributions not		_ 4,302,333.		1,190,770.	047,711.
	included on lines 25a, b, and c	27	23,733.	14,952.	5,696.	3,085.
	Employee benefits not included on		23,733.	14,552.		
	lines 25a - 27	28	29,911.	18,844.	7,179.	2 000
				12,603.		3,888.
20	Payroll taxes Professional fundraising fees	30	20,005.	12,603.	4,801.	<u>2,601</u> .
21	Accounting fees	31				
	Legal fees			-		
	Telephone		101 000	C4 170	04.446	12.040
	Postage and shipping		101,860.	64,172.	24,446.	13,242.
	Occupancy		307,883.	193,966.	73,892.	40,025.
	Equipment rental and maintenance	-	200 251	000 601		
	Printing and publications	38	380,351.	239,621.	91,284.	49,446.
	Travel	39	795,068.	500,893.	190,816.	103,359.
	·		49,814.	31,383.	11,955.	6,476.
		41				
	· · · · · · · · · · · · · · · · · · ·					<del> </del>
	Other expenses not covered above (itemize)	1				
_	STMT_5		13,162,251.	7,343,590.	5,526,776.	291,885.
b		1 1				
C		- 1 I				
d	i _ <b></b>	t I			- ** -	
е	)			-	-	
f	: 					
g	·					
	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines		22 222 227	15 642 070	7 171 000	1 102 020
	nt Costs. Check ► If you are follo		23,998,997.	15,643,979.	7,171,980.	1,183,038.
		_		takan ranadad := (B) D		<u> </u>
	any joint costs from a combined educationa					Yes X No
// Y	es," enter (i) the aggregate amount of these the amount allocated to Management and get	JOINT COS	>15 <b>ð</b>	, (ii) the amount allocal , and (iv) the amount all		Ψ <u> </u>
(111)	the amount anocated to management and ge	neidi \$		, and (iv) the amount all	ocated to Fundraising \$	- 000
JSA 6F 102	20 2 000					Form <b>990</b> (2006)

_		<del> </del>
Pa	Statement of Program Service Accomplishments (See the instructions )	
For	m 990 is available for public inspection and, for some people, serves as the primary or sole source of ticular organization. How the public perceives an organization in such cases may be determined by the	of information about a
on	its return. Therefore, please make sure the return is complete and accurate and fully describes, in Par	t III, the organization's
	grams and accomplishments	1
	at is the organization's primary exempt purpose? ▶SEE STATEMENT 6	Program Service Expenses
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(4) orgs, and 4947(a)(1) trusts, but optional for
		others)
	EDUCATION PROGRAMS - POLICY CONFERENCES, INTERNSHIPS,	
	CAMPUS_NEWSLETTERS_AND_OTHER_MATERIALS	
	(Courts and allowance &	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	9,556,498.
	EDUCATIONAL TRAVEL PROGRAMS - THE FOUNDATION FUNDED TRAVEL	
	TO ISRAEL FOR STUDENTS AND GROUPS FOR INFORMATIONAL	
	AND EDUCATIONAL PURPOSES	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	2,105,755.
С	COMMUNICATIONS - FUNDED PUBLICATIONS OF AMERICAN ISRAEL	2,103,733.
	PUBLIC AFFAIRS COMMITTEE	
	(Grants and allocations \$ 2,844,641. ) If this amount includes foreign grants, check here ▶	2,844,641.
d	COMMUNICATIONS - FUNDED PUBLICATIONS OF NEAR EAST	
	RESEARCH, INC	
	(Grants and allocations \$ 1,137,085. ) If this amount includes foreign grants, check here ▶	1,137,085.
е	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	15,643,979.

JSA 6E1021 2 000 Form **990** (2006)

P	art IV	Balance Sheets (See the instructions.)			
-	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	1,146,307.	46	2,487,324
	470	Accounts recovable			
	4/a	Accounts receivable		47c	
	В	Less allowance for doubtful accounts 47b		476	
	40-	Pledges receivable			
	404	Less ellewares for doubtful accounts	17 007 000	40.	12 205 000
		Less allowance for doubtful accounts	17,907,290.	1	13,305,988
	49	Grants receivable		49	
	5Ua	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
	D	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
s	51a	Other notes and loans receivable (attach			
Assets	١.	schedule)		_	
As		Less allowance for doubtful accounts	NON		10,000,000
		Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	2,269		2,808
		Investments - publicly-traded securities . STMT .8. ▶ Cost X FMV	9,728,787.		8,628,496
	l	Investments - other securities (attach schedule) ▶ Cost FMV		54b	
	55a	Investments - land, buildings, and			
	_	equipment basis			
	b	Less accumulated depreciation (attach			
		schedule)		55c	·· <del></del>
	56	Investments - other (attach schedule)	5,091,685.	56	6,171,860
	ı	Land, buildings, and equipment basis			
	b	Less <sup>-</sup> accumulated depreciation (attach			
		schedule)	<del></del>	57c	
	58	Other assets, including program-related investments			
		(describe ► STMT 10)	693,907.		570,866
	59	Total assets (must equal line 74) Add lines 45 through 58 . :	34,570,245.		41,167,342
	60	Accounts payable and accrued expenses	<u>59,988</u>	60	109,691
	61	Grants payable		61	
	62	Deferred revenue		62	
es	63	Loans from officers, directors, trustees, and key employees (attach			
Ħ		schedule)		63	
Liabilities	•	Tax-exempt bond liabilities (attach schedule)		64a	
_	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►	5,516,200.	65	554,608
	66	Total liabilities. Add lines 60 through 65	5,576,188.	66	664,299
_	Orga	anizations that follow SFAS 117, check here ▶ X and complete lines	0,0,0,10		0017233
		67 through 69 and lines 73 and 74			
es	67	Unrestricted	2,972,350.	67	14,796,278
JU.	68	Temporarily restricted	23,804,689.		23,444,747.
331	69	Permanently restricted	2,217,018.	1	2,262,018.
<b>Fund Balances</b>	ı	nizations that do not follow SFAS 117, check here ▶ ☐ and			_,,
ä	5.	complete lines 70 through 74			•
9	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	<del></del>
Net Assets	72	Retained earnings, endowment, accumulated income, or other funds	<del></del>	72	
As	73	Total net assets or fund balances (add lines 67 through 69 or lines	<del></del>	-	<del></del>
Vet	-	70 through 72 (Column (A) must equal line 19 and column (B) must			
_		equal line 21)	28,994,057.	73	40,503,043
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73			41.167.342

Pa	irt IV-A	Reconciliation of Revenue per Audited Fin instructions.)	nancial Statemen	its With	Revenu	e per Retur	n (Se	ee the
a	Total rev	enue, gains, and other support per audited financia	al statements				а	35,978,530.
b	Amounts	s included on line a but not on Part I, line 12			1			
1	Net unre	alized gains on investments		b		89,546.	7 I	
2		services and use of facilities				20,000.		
3	Recover	es of prior year grants		b	3		- I	
4	Other (sp	pecify)SEE_STATEMENT_12						
						933,705.	1 1	0 040 051
		s <b>b1</b> through <b>b4</b>					b	2,043,251.
C					• • • • •		C	33,935,279.
d		included on Part I, line 12, but not on line a: ent expenses not included on Part I, line 6b		اما	4			
2		pecify)SEE_STATEMENT_13					1	
-	Other (s)				2 1.	137,085.		
	Add lines	s d1 and d2					d	1,137,085.
е		venue (Part I, line 12) Add lines c and d Reconciliation of Expenses per Audited Fi					е	35,072,364.
Pá	rt IV-B	Reconciliation of Expenses per Audited Fi	nancial Stateme	nts Wit	n Expens	es per Retu	ırn	
а	Total exp	penses and losses per audited financial statements					a	24,098,917.
b		s included on line a but not on Part I, line 17		1	1			
1	Donated	services and use of facilities. :		<u>b</u>		20,000.		
2	Prior yea	r adjustments reported on Part I, line 20		<u>b</u>				
3	Losses r	eported on Part I, line 20		b	3		1	
4	Other (s	pecify)SEE_STATEMENT_14		.		017 005		
						217,005.	7 I	1 007 005
		s b1 through b4					b c	1,237,005. 22,861,912.
C		line <b>b</b> from line <b>a</b>	• • • • • • • • • •		• • • • •			22,001,912.
d		included on Part I, line 17, but not on line a:		ام	1			
1	Investme	ent expenses not included on Part I, line 6b	• • • • • • • • • • • • • • • • • • • •	–	-		1	
2	Other (s	oecity)			2 1.	137,085.		
	Add lines					-	1. [	_1,137,085.
е	Total ex	s d1 and d2		: : : : :		<u> </u>	е	23,998,997.
Pa	art V-A	Current Officers, Directors, Trustees, and H						r, director, trustee,
_		or key employee at any time during the year ever	if they were not co					· <del></del>
		(A) Name and address	(B) Title and average hours per		pensation aid, enter	(D) Contributions to benefit plans & d		(E) Expense account and other allowances
			week devoted to position		0)	compensation	plans	<u> </u>
			-	_				
<u>SE</u>	E STATI	EMENT 16		1	<u>64,000.</u>	15,	794	. NONE
			ļ					
					_			
			j					
_		<del></del>						
								•
								-
						<u>L</u>		<u> </u>
					<del></del>			
				L				

22 bil the organization (continued)   22 bil x   32	Form 990 (2006) 52	-1623781		Page 7
or at substantially less than far rental value?  b If 'Yes,' you my indicate the value of these sems here. Do not include this amount as revenue in Part I or as an expense in Part III (See instructions in Part IIII).  20,000.  213 Dd If the organization comply with the disclosure requirements relating to quid pro quio contributions?  4 Dd Id the organization comply with the disclosure requirements relating to quid pro quio contributions?  4 Dd Id the organization comply with the disclosure requirements relating to quid pro quio contributions?  4 Dd Id the organization comply with the disclosure requirements relating to quid pro quio contributions?  4 Dd Id the organization comply with the wery's solicitation an express statement that such contributions or gifts were not lax deductable?  5 201(c)(4), 60, c) (6) organization include with every solicitation an express statement that such contributions or gifts were not lax deductable?  5 201(c)(4), 60, c) (6) organization state to provide the every state of the every state of the provide state of the organization received a waiver for proxy tax owed for the prior year.  5 201(c)(7), 60, c) (6) organization disclosed the proxy year organization developed the proxy year.  6 2 Section 152(c) lobbying and political expenditures (line 85d less 85c).  8 1 N/A  1 Taxable amount of lobbying and political expenditures (line 85d less 85c).  8 2 N/A  1 Taxable amount of lobbying and political expenditures (line 85d less 85c).  8 2 N/A  8 2 N/A  8 2 N/A  8 3 N/A  8	Part VI Other Information (continued)			
b if Yes, 'you may indicate the value of these items here Do not include this amount as revenue in Part I or sa an expense in Part I (is desirutions in Part I in).  33 Dot the organization comply with the public inspection requirements for returns and exemption applications?  44 Dot the organization comply with the disclosure requirements feiting to que // or que contributions?  45 Dot the organization comply with the disclosure requirements return of que // or que contributions or gifts were not tax deductable?  45 Dot the organization comply with the disclosure requirements return or que // organization organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  50 Oft(c)(4), (5), or (6) organizations a Were substantially all dues nondeductable by members?  50 Oft (14), (5), or (6) organization make only in-tituse tobbying appenditures of \$2,000 orless?  50 Oft (14), (5), or (6) organization requirements and solicities were not tax deductable by members?  50 Oft (14), (5), or (6) organization requirements or (14), (5), or (6) organization received a value of provided to the first organization should be first organization received a value of provided to the first organization received a value of provided to the first organization should be first organization developed to the organization of section 6032(e)(11)(4) dues notices  50 Oft (14) organization elect to pay the section 6033(e) tax on the amount on her association organization or	32 a Did the organization receive donated services or the use of materials, equipmen	t, or facilities at no charge		
b if Yes, 'you may indicate the value of these items here Do not include this amount as revenue in Part I or sa an expense in Part I (is desirutions in Part I in).  33 Dot the organization comply with the public inspection requirements for returns and exemption applications?  44 Dot the organization comply with the disclosure requirements feiting to que // or que contributions?  45 Dot the organization comply with the disclosure requirements return of que // or que contributions or gifts were not tax deductable?  45 Dot the organization comply with the disclosure requirements return or que // organization organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  50 Oft(c)(4), (5), or (6) organizations a Were substantially all dues nondeductable by members?  50 Oft (14), (5), or (6) organization make only in-tituse tobbying appenditures of \$2,000 orless?  50 Oft (14), (5), or (6) organization requirements and solicities were not tax deductable by members?  50 Oft (14), (5), or (6) organization requirements or (14), (5), or (6) organization received a value of provided to the first organization should be first organization received a value of provided to the first organization received a value of provided to the first organization should be first organization developed to the organization of section 6032(e)(11)(4) dues notices  50 Oft (14) organization elect to pay the section 6033(e) tax on the amount on her association organization or	or at substantially less than fair rental value?	82	2a X	
33 bit the organization comply with the disclosure requirements for returns and exemption applications?   8.3 b   X				
33 bit the organization comply with the disclosure requirements for returns and exemption applications?   8.3 b   X	as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b 20,000.		
14.9 bit worganization solicit any contributions or gifts that were not tax deductable?   14.5 bit worganization include with every solicitation an express statement that such contributions or gifts were not tax deductable?   15.501(c)(4), (5), or (6) organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?   15.501(c)(4), (5), or (6) organization and were substantially all dues nondeductable by members?   15.501(c)(4), (5), or (6) organization make only in-house lobbying expenditures of \$2,000 or less?   15.501(c)(4), (5), or (6) organization make only in-house lobbying expenditures of \$2,000 or less?   15.501(c)(4), (5), or (6) organization make only in-house lobbying expenditures of \$2,000 or less?   15.501(c)(4), (5), or (6) organization make only in-house lobbying expenditures of \$2,000 or less?   15.501(c)(4), (6), or (6) organization or less or (6), or (6), (			3a X	
14.9 bit worganization solicit any contributions or gifts that were not tax deductable?   14.5 bit worganization include with every solicitation an express statement that such contributions or gifts were not tax deductable?   15.501(c)(4), (5), or (6) organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?   15.501(c)(4), (5), or (6) organization and were substantially all dues nondeductable by members?   15.501(c)(4), (5), or (6) organization make only in-house lobbying expenditures of \$2,000 or less?   15.501(c)(4), (5), or (6) organization make only in-house lobbying expenditures of \$2,000 or less?   15.501(c)(4), (5), or (6) organization make only in-house lobbying expenditures of \$2,000 or less?   15.501(c)(4), (5), or (6) organization make only in-house lobbying expenditures of \$2,000 or less?   15.501(c)(4), (6), or (6) organization or less or (6), or (6), (			3b X	
bil "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  \$ 50 (C)(4) (S) or (6) organizations a Were substantially all dues nondeductable by members?  \$ 50 bill the organization make only in house lobbying expenditures of \$2,000 or less?  If "Yes" was answered to either 850 or 85b, do not complete 85c through 85h below unless the organization received a waiter for proxy tax owed for the prior year courses are all the proxy tax owed for the prior year of Section 182(e) lobbying and political expenditures.  \$ 55c			ta l	X
15 501(c)(4) (5), or (6) organizations a Were substantially all dues nondeducible by members?  85 b) In the organization make only in-house lebbying expenditures (line 350,000 r less?  85 b) N/A  If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year  c Dues, assessments, and similar amounts from members  d Section 182(e) lobbying and political expenditures (line 85d less 85e)  85 d) N/A  85 b) N/A  9 Description of 303(e)(1)(A) dues notices were sent, does the organization elect to pay the section 8033(e)(1)(A) dues notices  15 501(e)(7) organization elect to pay the section 8033(e) tax on the amount on line 85f?  16 it is excision 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to 15 501(e)(7) organization fees and capital contributions included on line 12  85 b) (5 0) (6) organization elect to pay the section 8033(e) tax on the amount on line 85f?  16 501(e)(7) organization fees and capital contributions included on line 12  85 b) N/A  16 Gross receipts, included on line 12, for public use of club feolities  16 501(e)(7) organization fees and capital contributions included on line 12  17 501(e)(12) organization fees and capital contributions included on line 12  18 60 (ross income from members or shareholders)  18 60 (ross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  18 18 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization during the year under section 512(b)(13)e) if Yes, complete Part X    19 18 501(e)(3) organizations in clumps the disregarded on the organization of interest in any applicable entity within the meaning of section 512 (b)(13)e) if Yes, complete Part X    19 19 501(e)(3) organizations and sponsoring organization in a party to a prohibited		l l		
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d Section 162(e) lobbying and political expenditures	c Dues, assessments, and similar amounts from members	85c N/A	-	ļ
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d Enter Amount of tax on line 89c, above, reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)  c) 1 a The books are in care of AMERICAN ISRAEL EDUCATION FDN  Telephone no 202-639-5200  Located at 251 H STREET, NW WASHINGTON, DC  DATE of the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  100 a List the states with which a copy of this return is filed ▶ SEE STATEMENT 25 b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)  101 a The books are in care of ▶ AMERICAN ISRAEL EDUCATION FDN  102 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  102 See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank	sections 4912, 4955, and 4958	N/A		
transaction?  f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  89g N/A				
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?  g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)  c 1 a The books are in care of ▶ AMERICAN ISRAEL EDUCATION FDN  Telephone no ▶ 202-639-5200  Located at ▶ 251 H STREET, NW WASHINGTON, DC  Tip + 4 ▶ 20001  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			_	1
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  89 a List the states with which a copy of this return is filed SEE STATEMENT 25  b Number of employees employed in the pay period that includes March 12, 2006 (See instructions).  10 a The books are in care of MAMERICAN ISRAEL EDUCATION FDN  11 a The books are in care of MAMERICAN ISRAEL EDUCATION FDN  12 Located at MASHINGTON, DC  13 Description of the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  14 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	transaction?			
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  100 a List the states with which a copy of this return is filed   SEE STATEMENT 25  101 b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)  102 a The books are in care of   AMERICAN ISRAEL EDUCATION FDN  103 Telephone no   202-639-5200  104 Located at   251 H STREET, NW WASHINGTON, DC  105 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  105 Yes No  106 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			<u> </u>	<del>  X</del> -
at any time during the year?  30 a List the states with which a copy of this return is filed  SEE STATEMENT 25  b Number of employees employed in the pay period that includes March 12, 2006 (See instructions).  31 a The books are in care of  AMERICAN ISRAEL EDUCATION FDN  Located at  251 H STREET, NW WASHINGTON, DC  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	7			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)  1 a The books are in care of AMERICAN ISRAEL EDUCATION FDN  Located at 251 H STREET, NW WASHINGTON, DC  20001  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		-		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)  11 a The books are in care of AMERICAN ISRAEL EDUCATION FDN  12	at any time during the year?	<u>8</u> 9	g N/	/ <u>A</u>
Description of the foreign country ► AMERICAN ISRAEL EDUCATION FDN  Located at ► 251 H STREET, NW WASHINGTON, DC  Description of the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	· · · · · · · · · · · · · · · · · · ·			
Located at ▶ 251 H STREET, NW WASHINGTON, DC  ZIP + 4 ▶ 20001  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		Telephone no ► 202-639-	<u>5200</u>	
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	Located at ► 251 H STREET, NW WASHINGTON, DC	ZIP+4 ▶ <u>20001</u>		
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				<del></del>
If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	·	·	Yes	i No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ı <b>b</b>	<u> </u>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign and Financial Accounts	Bank		E .

Form 990 (2006)			5	2-1623781	Page <b>8</b>
Part VI Other Information (continue					Yes No
c At any time during the calendar year,		iization mainta	ain an office outsid	e of the United States?	91c X
If "Yes," enter the name of the foreign					
92 Section 4947(a)(1) nonexempt charits					
and enter the amount of tax-exempt in Part VII Analysis of Income-Production				1 ▶  ₹2	N/A
Note: Enter gross amounts unless otherwise		ted business inc		by section 512, 513, or 514	(E)
Indicated	(A)	(B)	(C)	(D)	Related or
93 Program service revenue	Business code	Amount			exempt function income
a EDUCATIONAL TRIPS					153,920.
b POLICY CONFERENCE					202,792.
c					
d	ļ				<del></del> ,
e					
f Medicare/Medicaid payments	<del></del>				
g Fees and contracts from government agencies .					
94 Membership dues and assessments 95 Interest on sawings and temporary cash investments •			14	5,364.	<del></del> -
96 Dividends and interest from securities			14	636,814.	
97 Net rental income or (loss) from real estate				050,014.	
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	984,270.	
100 Gain or (loss) from sales of assets other than inventory	ļ		18	-399,084.	
<b>101</b> Net income or (loss) from special events .	ļ				
102 Gross profit or (loss) from sales of inventory			<u> </u>		
103 Other revenue a				_	
b	<del>                                     </del>	<del></del>			
c d					
d e					
104 Subtotal (add columns (B), (D), and (E)).				1,227,364.	356,712.
105 Total (add line 104, columns (B), (D), and (I					1,584,076.
Note: Line 105 plus line 1e, Part I, should equal to					· ·
Part VIII Relationship of Activities	to the Accor	nplishment	of Exempt Purpo	oses (See the instruction	ons.)
Line No. Explain how each activity for which of the organization's exempt purpose	•		` '		omplishment
93A TRAVEL TO ISRAEL FOR	INFORMAT	IONAL AND	EDUCATIONAL	PURPOSES	
93B POLICY CONFERENCE FOR					
	<del> </del>	<del> </del>			
Part IX Information Regarding Taxa (A)	ble Subsidia			<u> </u>	
Name, address, and EIN of corporation, partnership, or disregarded entity		(B) Percentage of ownership interest	(C) Nature of activities	s (D) S Total income	<b>(E)</b> End-of-year assets_
		%			
		%			
		%			
Dan V. Information Department	nofono Acco	% 1 deign b adam	Damanal Damasia	Contracts (Oct the in	
Part X Information Regarding Trai					
<ul><li>(a) Did the organization, during the year, receive a</li><li>(b) Did the organization, during the year</li></ul>					Yes X No

Form **990** (2006)

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

	is a controlling organizati	on as defined in section 51	trolled Entities. Complete or 12(b)(13).		
106	Did the reporting organization the Code? If "Yes," complete	•	rolled entity as defined in section controlled entity	1 512(b)(13) of	s No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
а			•		
b					
С					
	Totals				
				Y	s No
107	Did the reporting organization 512(b)(13) of the Code? If "Ye		controlled entity as defined in se elow for each controlled entity	ection	x
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
а					
b					
С		 -			_
	Totals				
				<del>  -</del>	s No
108	Did the organization have a bi rents, royalties, and annuities	_	ct on August 17, 2006, covering ove?	the interest,	x
Pleas Sign	se and belief, it is true, correct, ar		, including accompanying schedules and (other than officer) is based on all information (and particular partic	•	knowled
Here		MKUN CDO			
Paid Prepa Use C	arer's Signature Firm's name (or yours of self-employed).	MART BUS. ADV. AND	Date Check if self-	Preparer's SSN or PTIN (See Gen In	st X)
	address, and ZIP 4 8	D LANCASTER AVENUE EVON, PA			

#### **SCHEDULE A**

(Form 990 or 990-EZ) .Department of the Treasury

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

Part I Compensation of the Five Highes	st Paid Employed	es O	ther Than Off	icers, Directors, a	nd Trustees
(See page 2 of the instructions. List ea (a) Name and address of each employee paid more than \$50,000	(b) Title and average he per week devoted to po	ours	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 26					
	***				
Total number of other employees paid over \$50,000 ▶	NONE				
Part II-A Compensation of the Five Highes (See page 2 of the instructions. List e	st Paid Independe each one (whether	lent ( indivi	Contractors f duals or firms)	or Professional S If there are none, e	ervices nter "None ")
(a) Name and address of each independent contractor paid			(b) Type of se		C) Compensation
SEE STATEMENT 27					
		·			
			·		
Total number of others receiving over \$50,000 for professional services	NONE				
Part II-B Compensation of the Five Higher (List each contractor who performed firms If there are none, enter "None."	services other tha	n pro	fessional service		
(a) Name and address of each independent contractor paid in	more than \$50,000		(b) Type of se	vice (e	:) Compensation
SEE STATEMENT 28					
Total number of other contractors receiving over \$50,000 for other services	NONE			1	

JSA 6E1210 2 000

Schedule A (Form 990 or 990-EZ) 2006

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

Pa	Statements About Activities (See page 2 of the instructions.)	Y	res	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)	1		<u>x</u>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2 a		<u>x</u>
b	Lending of money or other extension of credit?	2 b		<u>x</u>
С	Furnishing of goods, services, or facilities?	2 c		<u>x</u>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	х	
е	Transfer of any part of its income or assets?	2 e		<u>x_</u>
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	х	
b	Did the organization have a section 403(b) annuity plan for its employees?	3 b		<u>x</u>
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3 c		_x_
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		<u>x</u>
4a b	F	4a 4b		<u>x</u>
С		4 c		
d	Enter the total number or donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		1	<u>NONE</u>
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		1	<u>non</u> e

Schedule A (Form 990 or 990-EZ) 2006

Part IV	Reason for Non-Private Fo	undation Statu	s (See pages 4 thre	ough 7 of the	e instructions.	.)		
l certify th	at the organization is not a private foundati	on because it is (Plea	ase check only ONE appl	icable box.)				
5	A church, convention of churches, or ass	ociation of churches	Section 170(b)(1)(A)(i)					
6	A school Section 170(b)(1)(A)(II) (Also co	omplete Part V )						
7	A hospital or a cooperative hospital service	ce organization Section	on 170(b)(1)(A)(III)					
8 🗌	A federal, state, or local government or g	overnmental unit Sec	ction 170(b)(1)(A)(v)					
9	A medical research organization operated and state	-	a hospital Section 170(b	)(1)(A)(III) Ente	er the hospital's	name, city,		
10	An organization operated for the benefit of (Also complete the <b>Support Schedule</b> in F	-	sity owned or operated t	oy a governmen	tal unit. Section 1	70(b)(1)(A)(ıv)		
11a X	An organization that normally receives a 170(b)(1)(A)(vi) (Also complete the <b>Supp</b>	*		rnmental unit (	or from the gen	eral public Section		
11b	A community trust Section 170(b)(1)(A)(	vı) (Also complete the	e <b>Support Schedule</b> in F	art IV-A)				
12	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)							
13	An organization that is not controlled the requirements of section 509(a)(3) Ci		•		• ,	otherwise meets		
	Type I Type II	Type III - Fur	nctionally Integrated	Type III -	Other			
	Provide the following information	about the supported	organizations. (See pag	e 7 of the instru	uctions )			
(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	Employer Type of Is the supported identification organization organization listed it			(e) Amount of support		
	Yes No							
Total								
iotai · ·	<u></u>	••••••		· · · · · · · · · · · · · · · · · · ·	<u> •  </u>			
14	An organization organized and operated to	test for public safet	y Section 509(a)(4) (Sec	e page 7 of the i	nstructions)			

Schedule A (Form 990 or 990-EZ) 2006

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting ▶ Calendar year (or fiscal year beginning in) (a) 2005 (b) 2004 (c) 2003 (d) 2002 (e) Total 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) . . . . . | 23,663,173. | 14,690,588. | 9,749,251. 6,532,640. 54,635,652. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . . 474,271. 162,374 135,853 185,722 958,220. income from unrelated business activities not included in line 18 . . . . . . . . . Tax revenues levied for the organization's benefit and either paid to it or expended on The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 9,885,104. 6,718,362. 55,593,872. 9,885,104. 6,718,362 <u>55,593,872.</u> 98,851. 241,374. 148,530. 67,184 Organizations described on lines 10 or 11: 1,111,877. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 7,486,895. 26b c Total support for section 509(a)(1) test Enter line 24, column (e) 55,593,872. **d** Add Amounts from column (e) for lines 18 \_\_\_\_\_\_ 958, 220. 19 \_\_\_\_\_ 26b \_\_\_ 7,486,895. .....▶ 8,445,115. 47,148,757. Do not file this list with your return. Enter the sum of such amounts for each year NOT APPLICABLE (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) (2004) (2003) (2002) c Add Amounts from column (e) for lines 15 \_\_\_\_\_ 16 \_\_\_\_\_ 16 \_\_\_\_\_ \_\_\_\_\_\_20 \_\_\_\_\_21 \_\_\_\_\_......▶ 27c \_\_\_ and line 27b total , , \_\_\_\_\_ . . . . . . . . . . . . . . 27d d Add Line 27a total... Total support for section 509(a)(2) test Enter amount from line 23, column (e) . . . . . . . . ▶ 27f Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

	52-1623781			age J
Par	t V Private School Questionnaire (See page 9 of the instructions ) NOT APPLIC  (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABLI	Ē	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	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,			
		20		
	programs, and scholarships?	_30		
31	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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b	,	
c	basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
·		32c		
		_		
а	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
9	Students' rights or privileges?	33a	~	
4	Totaldorita rights of physiogea	JJa		
	Advance value of the office of			
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
_	Educational policies?	220		
e	Educational policies	33e	-	
_				
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
-		<u> </u>		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
				-
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
- · <del>-</del>	G			
L	Has the organization's right to such aid ever been reveled or suspended?	346		
D	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	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," attach an explanation	35		

Pa	rt VI-A		kpenditures by Elec pleted ONLY by an							at.F
Che	eck ▶ a		zation belongs to an affili				"a" and	"lımıte		ntrol" provisions apply
			imits on Lobbying	•	erred )		Affiliate	a) ed grou tals	ıp	(b) To be completed for all electing organizations
26	Total lob	<u>`-</u>	tures to influence publ	<del></del>		26				organizations —
36			tures to influence a leg			36	· ·			
37 38	Total lob	bying expendi	tures (add lines 36 an	gislative body (direct i	ionpairid)	38				
39			expenditures							
40			expenditures (add line			39 40				<del></del>
41			mount Enter the amo		_					
71		ount on line 4		bbying nontaxable ar						
				• •	•					
			\$1,000,000 \$100,00							
			er \$1,500,000 \$175,00		(	41				
			er \$17,000,000 \$225,00							
			\$1,000,							
42	Grassro	ots nontaxable	amount (enter 25% o	f line 41)		42				
43	Subtract	line 42 from li	ne 36 Enter -0- if line	42 is more than line	36	43				
44			ne 38 Enter -0- if line			44				
	Caution:	If there is an	amount on either line	43 or line 44, you mus	st file Form 4720					
				<b>Averaging Period</b>						<del>-</del>
	(Sc	me organizati	ons that made a secti	on 501(h) election do	not have to con	iplete all	of the f	ive col	umns	below
			See the instruction	ons for lines 45 throug	h 50 on page 13	of the i	nstructio	ns)		
				Lobbying Expendi	itures During 4	-Year A	veragin	ıg Pei	riod	
	Calendar	year (or fiscal	(a)	(b)	(c)		(	d)		(e)
	year begi	nning in) 🕨	2006	2005	2004		20	003		Total
	Lobbying	nontaxable				1				
<u>45</u>	amount .									
	Lobbying	ceiling amount								
<u>46</u>	(150% of	iine 45(e))								
<u>47</u>	Total lobby	ing expenditures								
		s nontaxable								
<u>48</u>	amount .									<del></del>
		ceiling amount								
<u>49</u>		ne 48(e))								
<b>.</b>		s lobbying								1
	rt VI-B	res	ctivity by Nonelecti	ng Public Charities			NO.			
Гс	II VI-D		ing only by organiza			A) (See	NOT page 1			
Dur	ına the vea		zation attempt to influen		· · · · · · · · · · · · · · · · · · ·		<u> </u>			<u> </u>
			nion on a legislative mat	•	•	ing uniy		Yes	No	Amount
				=						
b	Paid stat	ff or managem	ent (Include compens	ation in expenses rep	orted on lines c tl	 Trough <b>h</b>	,			
c										
d	Mailings	to members	egislators, or the publ	ic					-	
e			ned or broadcast state							· · · · · · · · · · · · · · · · · · ·
f			zations for lobbying pu							
g			slators, their staffs, go							
h			s, seminars, convention							<u> </u>
i			tures (Add lines c thro					<u>_</u>		
			bove, also attach a st					tivities		· · · · · · · · · · · · · · · · · · ·
JSA	240.2.000				<u> </u>	_			ule A (	Form 990 or 990-EZ) 2006

.;

Part VII	Information Regarding Exempt Organizations (	Transfers To and Transactions ar See page 13 of the instructions)	nd Relationships With Noncharitable						
51 Did the re	eporting organization direct	y or indirectly engage in any of the fol	lowing with any other organization describ	ed in sec	tion				
• •			on 527, relating to political organizations?						
	, , ,	ation to a noncharitable exempt organi		Yes	No				
(i) Casl	h			a(i) X					
				(ii)	X				
<b>b</b> Other tran		with a panabaritable avampt organization	_	45	l				
(ii) Dure	chases of assets from a no	vith a noncharitable exempt organization	'' · · · · · · · · · · · · · · · · · ·	(i) (ii)	X				
(ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets									
(iii) Reinfactinges, equipment, or other assets									
(iv) Reimbursement arrangements     (v) Loans or loan guarantees									
(vi) Perf	formance of services or me	mbership or fundraising solicitations		(v) X (vi)	Х				
c Sharing o	of facilities, equipment, mail	ing lists, other assets, or paid employed	es	c X					
			(b) should always show the fair market value of t	he					
_			on received less than fair market value in any						
transaction	n or sharing arrangement, sho	w in column (d) the value of the goods, other	assets, or services received						
(a)	(b)	(c)	(d)						
Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and shann		ents				
51A(I)	2,844,641.	AMER. ISRAEL PUBLIC	USED IN SUPPORTING EDUCATI	ONAL					
		AFFAIRS COMMITTEE	PROGRAMS						
51B(V)	520,371.	AMER. ISRAEL PUBLIC	DALANCE OWED AT VEAD END						
<u> 516 (V)</u>	320,371.	AFFAIRS COMMITTEE	FOR REIMBURSEMENTS	-					
		AFFAIRS COMMITTEE	FOR REIMBORSEMENTS						
51B(V)	10,000,000.	AMER. ISRAEL PUBLIC	NOTE RECEIVABLE						
		AFFAIRS COMMITTEE							
51C	2,103,729.	AMER. ISRAEL PUBLIC	FACILITY, EQPUIPMENT, AND						
		AFFAIRS COMMITTEE	PERSONNEL SHARING						
	<u> </u>	<u> </u>							
describe	ed in section 501(c) of the C complete the following sch		· · ·	Yes _	No				
Na	(a) ame of organization	(b) Type of organization	(c) Description of relationship						
AMER. ISR	AEL PUBLIC	501(C)(4)	AFFILIATE						
AFFAIRS C	OMMITTEE		4						
<del></del>	*								
	****								
	<del></del>								
			Schadula A /Form 990	ar 990 E7	1 2006				

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FORM	990,	PART	Ι	-	OTHER	INVESTMENT	INCOME
=====	=====	=====	==:	===	=====	.========	======

DESCRIPTION	AMOUNT
TAX BASIS INCOME FROM INVESTMENTS IN PASSTHROUGH ENTITIES	363,476.
INTEREST ON NOTE RECEIVABLE	620,794.
TOTAL	984,270.

...

# FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION		AMOUNT
UNREALIZED GAINS ON INVESTMENTS		89,546.
BOOK TO TAX ADJUSTMENT FOR PASSTHRO	DUGH	
ENTITIES		716,700.
	TOTAL	806,246.
		========

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FORM	990,	PART	I	_	OTHER	DECREASES	IN	FUND	BALANCES
_			_						

DESCRIPTION AMOUNT

PRIOR PERIOD F/S ADJUSTMENT 370,627.

TOTAL 370,627.

FORM 990,	PART	ΙI	-	OTHER	GRANTS	AND	ALLOCATIONS	PAID	DURING	THE	YEAR
-----------	------	----	---	-------	--------	-----	-------------	------	--------	-----	------

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT

GRANTS PAID

------

AMERICAN ISRAEL PUBLIC AFFAIRS COM. AFFILIATED GENERAL SUPPORT 2,844,641. 251 H STREET, NW 501(C)(3)

WASHINGTON, DC 20001

NEAR EAST RESEARCH, INC AFFILIATED GENERAL SUPPORT 1,137,085.

251 H STREET, NW 501(C)(3)

WASHINGTON, DC 20001

TOTAL CONTRIBUTIONS PAID

3,981,726. =========

FORM 990, PART II - OTHER EXPENSES ---------

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL SERVICES BAD DEBT EXPENSE	1,030,566. 4,987,913.	649,257.	247,335. 4,987,913.	133,974.
ELECTRONIC COMMUNICATIONS	103,980.	65,508.	24,955.	13,517.
DUPLICATING	28,531.	17,975.	6,847.	3,709.
GENERAL OPERATIONS	998,975.	629,354.	239,754.	129,867.
INVESTMENT FEES	19,095.	12,030.	4,583.	2,482.
INFORMATION SERVICES	64,121.	40,396.	15,389.	8,336.
PROGRAM COSTS	3,823,315.	3,823,315.		
TRIPS	2,105,755.	2,105,755.		
TOTALS	13,162,251.	7,343,590.	5,526,776.	291,885.

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# FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE AMERICAN ISRAEL EDUCATION FOUNDATION IS A NONPROFIT ORGANIZATION ESTABLISHED TO MAINTAIN AND FURTHER THE UNDERSTANDING OF THE ISSUES AFFECTING RELATIONS BETWEEN THE UNITED STATES AND ISRAEL THROUGH INFORMATION AND EDUCATION PROVIDED TO PUBLIC AND PRIVATE PARTIES INTERESTED IN SUCH RELATIONS.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE \_\_\_\_\_

BORROWER:

. .

AIPAC

ORIGINAL AMOUNT: MATURITY DATE:

10,000,000.

09/29/2026

BEGINNING BALANCE DUE .....

NONE

ENDING BALANCE DUE .....

10,000,000.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE

NONE

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES

10,000,000. \_\_\_\_\_\_

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### FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
STATE OF ISRAEL BONDS	142,000.	FMV
CORPORATE STOCKS	3,371,310.	FMV
LOOMIS SAYLES FUND	1,864,715.	FMV
CORPORATE BONDS	3,250,471.	FMV
TOTA	LS 8,628,496.	

**-**•,

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
GERBER TAYLOR-OFFSHORE FUND ARLINGTON PRIVATE VALUE FUND PA STABLE VALUE FUND	901,807. 4,467,856. 802,197.
TOTALS	6,171,860.

AMEDICAN	TODART	FULLVALLON	FOUNDATION
APPRICAN	TOVACT	PDOCRITON	LOONDALION

52-1623781

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION

ENDING BOOK VALUE

BENEFICIARY INTEREST-IRR TRUST

DEPOSITS

•

EMPLOYEE ADVANCES

570,712. NONE

154.

TOTALS

570,866.

AMERICAN	TSRAEL.	EDUCATION	FOUNDATION

52-1623781

FORM 990, PART IV - OTHER LIABILITIES 

DESCRIPTION

.

ENDING BOOK VALUE

DUE TO AFFILIATE - AIPAC

\_\_\_\_\_

DUE TO AFFILIATE - NER

520,371. 34,237.

TOTALS

554,608.  FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION

----
INCOME OF AFFILIATE INCLUDED

IN CONSOLIDATED FINANCIALS

BOOK TO TAX ADJUSTMENT FOR

PASSTHROUGH ENTITIES

TOTAL

AMOUNT

1,217,005.

716,700.

<b>AMEDICAN</b>	TCDAET	アフログスカインバ	FOUNDATION
AMERICAN	LOKALL	PUDUCATION	FOUNDATION

52-1623781

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION

AMOUNT

INTER CO ELIMINATION ENTRIES

1,137,085.

TOTAL

1,137,085.

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FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

EXPENSES OF AFFILIATE INCLUDED IN CONSOLIDATED FINANCIALS

•

1,217,005.

TOTAL

1,217,005.

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION

AMOUNT

INTER CO ELIMINATION ENTRIES

1,137,085.

TOTAL

1,137,085.

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SARAH FERTIG TRAUBEN 251 H STREET, NW WASHINGTON, DC 20001	ENDOWMENT DIRECTOR 38.00	164,000.	15,794.	NONE
ROBERT MAZER 251 H STREET, NW WASHINGTON, DC 20001	PRESIDENT EMERITUS 8.00	NONE	NONE	NONE
CLAIRE MAZER 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
RICHARD FISHMAN 251 H STREET, NW WASHINGTON, DC 20001	EXECUTIVE DIRECTOR 8.00	NONE	NONE	NONE
PAUL L. BAKER 251 H STREET, NW WASHINGTON, DC 20001	PRESIDENT 8.00	NONE	NONE	NONE
BARRY J. SILVERMAN, M.D. 251 H STREET, NW WASHINGTON, DC 20001	VICE PRESIDENT 8.00	NONE	NONE	NONE
RUSSELL S. HOLDSTEIN	TREASURER 8.00	NONE	NONE	NONE

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	
251 H STREET, NW WASHINGTON, DC 20001				
AMY FRIEDKIN 251 H STREET, NW WASHINGTON, DC 20001	SECRETARY 8.00	NONE	NONE	NONE
ED LEVY, JR. 251 H STREET, NW WASHINGTON, DC 20001	PRESIDENT EMERITUS 8.00	NONE	NONE	NONE
HERTA AMIR 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
ROBERT H. ASHER 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
BEVERLY CANNOLD 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
MELVIN A. DOW 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEVE FEIGER 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
HOWARD E. FRIEDMAN 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
DANIEL E. GINSBURG 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
LIONEL KAPLAN 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
FREDERIC MACK 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
BERNICE MANOCHERIAN 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR . 8.00	NONE	NONE	NONE

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER
LOTHAR MAYER 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
HERMAN SARKOWSKY 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
GARY SCHATSKY 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
EUGENE SCHUPAK, M.D. 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
LYNN SCHUSTERMAN 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
JERRY SENSER 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
MICHAEL SIEGEL	DIRECTOR 8.00	NONE	NONE	NONE

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
251 H STREET, NW WASHINGTON, DC 20001				
DAVID S. STEINER 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
ROSELYNE SWIG 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
LARRY WEINBERG 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
TIM WULIGER 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
HARRIET ZIMMERMAN 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE
LIONEL LEVEY 251 H STREET, NW WASHINGTON, DC 20001	DIRECTOR 8.00	NONE	NONE	NONE

164,000.

FORM 990,	PART V-A -	CURRENT	OFFICERS,	DIRECTORS,	AND	TRUSTEES
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CONTRIBUTIONS EXPENSE ACCT TITLE AND TIME TO EMPLOYEE NAME AND ADDRESS DEVOTED TO POSITION COMPENSATION BENEFIT PLANS ALLOWANCES

GRAND TOTALS

AND OTHER

NONE

15,794.

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

#### FORM 990, PART V-A RELATIONSHIP SCHEDULE

### RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: ROBERT MAZER NAME OF RELATED ENTITY: CLAIRE MAZER

TITLE OR ROLE:

RELATIONSHIP:

NAME OF OFFICER, DIRECTOR, ETC: CLAIRE MAZER NAME OF RELATED ENTITY: ROBERT MAZER

TITLE OR ROLE: RELATIONSHIP:

DIRECTOR SPOUSE

DIRECTOR

SPOUSE

### FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RICHARD FISHMAN AMERICAN ISRAEL PUBLIC AFFAIRS COMM	53-0217164	376,250.	23,100.	NONE
	GRAND TOTALS	376,250.	23,100.	NONE

42

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: AMERICAN ISRAEL PUBLIC AFFAIRS COMM.

(AIPAC)

EXEMPT: X NONEXEMPT:

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RELATED ORGANIZATION NAME: NEAR EAST RESEARCH, INC

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: 251 MASS. AVE, LLC-DISREGARDED ENTITY

OF AIPAC

EXEMPT: NONEXEMPT: X

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## FORM 990, PART VI, LINE 90A - STATES

AL, AK, AZ, AR, CA, CT, DC, FL, GA,
IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NH, NJ, NM,
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV,

25

### SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
NAMI GOLDENBERG 251 H STREET, NW WASHINGTON, DC 20001	GRANTS DIRECTOR 38.00	77,000.	6,164.	NONE
	TOTAL COMPENSATION	77,000.	6,164.	NONE

=========

# SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

PAINE BLUETT PAINE, INC. 8600 FOUNDRY STREET, MILL BOX 2067 SAVAGE, MD	DESIGN, PRINTING	92,571.
TYCHER STEIN ASSOCIATES 5925 FOREST, STE. 410 DALLAS, TX 75230	DESIGN	88,796.
BETH SINGER DESIGN, LLC 1408 NORTH FILLMORE STREET, STE 6 ARLINGTON, VA	DESIGN, PRINTING	128,265.
TOTAL COMPENSAT	ION	309,632.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

INTERFACE TRAVEL 300 FIRST AVENUE

TRAVEL AGENT

1,431,091.

300 FIRST AVENUE NEEDHAM, MA 02494

St. S.

DIESENHAUS UNITOURS 3 HAMELACHA STREET TEL AVIV, ISRAEL TOUR GUIDE

201,171.

TOTAL COMPENSATION

1,632,262.

STATEMENT 28

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### SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

ORGANIZATIONS ARE DETERMINED TO BE QUALIFIED TO RECEIVE GRANTS IF THEY HAVE SUBMITTED A WRITTEN REQUEST FOR A PROJECT WHICH IS DEEMED BY THE AIEF STAFF AND OFFICERS TO ADVANCE THE EDUCATIONAL PURPOSES OF THE ORGANIZATION. ORGANIZATIONS RECEIVING GRANTS FROM AIEF ARE REQUIRED TO SUBMIT WRITTEN PROGRAM AND FINANCIAL REPORTS SHOWING HOW THE GRANT FUNDS HAVE BEEN DISPERSED.

#### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2006

Coal (rightess cod (e)   Coal (rightess cod (e)	Name of estate of trust					Employer identification number			
Note: Form \$227 filters need to complete only Parts I and II	AMERICAN ISRAEL EDUCATION FOUNDATION					52-1623781			
(a) Description of property (Example 100 shares 7% preferred of 7.7 Co.)  2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824. 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 3 117, 695 4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet 1.  4 (Short-term gain or (loss) from Forms 4684, 6252, 6781, and 8824. 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 5 Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13. 5 117, 695  Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year  (a) Description of property (Example 10 shreet 7 Co.)  (b) Date sold (mo. day, yr.)  (c) Date sold (mo. day, yr.)  (d) Sales price (e) Cost or other basis (see page 35)  (d) Sales price (e) Cost or other basis (see page 35)  (d) Sales price (e) Cost or other basis (see page 35)  (d) Sales price (e) Cost or other basis (see page 35)  (d) Sales price (e) Cost or other basis (see page 35)  (e) Cost or other basis (see page 35)  (f) Gain or (Loss) from partnerships, S corporations, and other estates or trusts  (e) Cost or other basis (see page 35)  (f) Gain or (Loss) from partnerships, S corporations, and other estates or trusts  (e) Cost or other basis (see page 35)  (f) Gain or (Loss) (or other basis (see page 35)  (g) Date sold (mo. day, yr.)  (g) Date sold (mo. da						32 10237	<u> </u>		
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . 2 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . 3 117, 695 Carryover Worksheet . 4 (  10 Date spine of 972 Co.)  (a) Description of property (capital Gains and Losses - Assets Held More Than One Year  (b) Date spine of 972 Co.)  (capital gain or (loss) from partnerships, S corporations, and other estates or trusts . 3 117, 695  Part III Long-term Capital Gains and Losses - Assets Held More Than One Year  (a) Description of property (capital Gains and Losses - Assets Held More Than One Year  (b) Date spine (red of 27 Co.)  (capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . 7  7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . 7  8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . 8 217, 523  9 Capital gain distributions . 9  10 Gain from Form 4797, Part I . 10  11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet . 11  12 Net long-term gain or (loss). Combine lines 8 through 11 in column (f) Enter here and on line 14a, column (3) below . 11  13 Net short-term gain or (loss). Combine lines 8 through 11 in column (f) Enter here and on line 14a, column (3) below . 11  13 Net short-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below . 14a . 12  13 Net short-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (7) Enter magain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (7) Enter magain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (7) Enter here and on line 14a, c	Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Yea	ar or Less				
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts  4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2005 Captal Loss Carryover Worksheet.  5 Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below  (a) Description of property (Example 100 shares 7% (Example 100 shares 7% (Example 100 shares 7% (mo. day, yr)  (b) Date acquired (mo. day, yr) (c) Date sold (mo. day, yr) (d) Sales pince (e) Cost or other basis (see page 35) (rot (d) Sales pince (e) Cost or other basis (rot pince pince (e) Cost or other basis (see page 35) (rot (d) Sales pince (e) Cost or other basis (rot pince pince pince (e) Cost or other basis (rot pince pince pince pince pince pince pince pi		(a) Description of property (Example 100 shares 7%	acquired		(d) Sales price			(f) Gain or (Loss) for the entire year (col (d) less col (e))	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts  4 Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below  5 Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below  6 117, 695  Part III Long-Term Capital Gains and Losses - Assets Held More Than One Year  (a) Description of property (Example 100 shares 7% (mo. day, yr) (col (d) slass price (col (d) slass old (d) sales price (d) sales price (col (d) slass old (d) (d) (d) slass old (d) (d) (d) (d) (d) (d) (d) (d) (d) (d									
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 4 Short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below    See STATEMENT 1   Capital Gains and Losses - Assets Held More Than One Year    Cal Description of property (Example 100 shares 7% (mo. day, yr) (mo. day,									
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts  4 Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below  5 Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below  6 117, 695  Part III Long-Term Capital Gains and Losses - Assets Held More Than One Year  (a) Description of property (Example 100 shares 7% (mo. day, yr) (col (d) slass price (col (d) slass old (d) sales price (d) sales price (col (d) slass old (d) (d) (d) slass old (d) (d) (d) (d) (d) (d) (d) (d) (d) (d									
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts  4 Short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below  5 Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below  6 117, 695  Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year  (a) Description of property (Example 100 shares 7% (Example 100 shares 7% (mo. day, yr))  (b) Date acquired (mo. day, yr) (c) Date sold (mo. day, yr) (d) Sales price (e) Cost or other basis (see page 35)  SEE STATEMENT 1 2, 2, 224, 728. 2, 623, 812399, 084  7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  7 Long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 217, 523  9 Capital gain distributions 9  10 Gain from Form 4797, Part 1 10  11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet 11 (Summary of Parts I and II (See page 36)  11 Caution: Read the instructions before completing this part. (1) Beneficiaries' (see page 36)  13 Net short-term gain or (loss). Combine lines 6 the worksheet on page 36). 11  14 Net long-term gain or (loss). 13  15 Total net gain or (loss). Combine lines 13 and 14a  14a  15 Total net gain or (loss). Combine lines 13 and 14a  15			1001 0050	2704					
A Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet  Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below    Carryover Worksheet		Short-term capital gain or (loss) from For	ns 4684, 6252,	6/81, and 8824	} 		2	115 605	
Carryover Worksheet  Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 13.  column (3) below  (a) Description of property (Example 100 shares 7% (mo. day, yr.)  (mo. day, yr.)  (a) Description of property (Example 100 shares 7% (mo. day, yr.)  (mo. day, yr.)  (d) Sales proce (e) Cost or other basis (see page 35)  (f) Gain or (Loss) for the entire year (col (d) sales proce (mo. day, yr.)  (d) Sales proce (e) Cost or other basis (see page 35)  (f) Gain or (Loss) for the entire year (col (d) sales proce (mo. day, yr.)  (a) Description of property (Example 100 shares 7% (mo. day, yr.)  (d) Sales proce (e) Cost or other basis (for the entire year (col (d)) sess col (e))  (d) Sales proce (e) Cost or other basis (for the entire year (col (d)) sess col (e))  (d) Sales proce (e) Cost or other basis (for the entire year (col (d)) sess col (e))  (e) Cost or other basis (for the entire year (col (d)) sess col (e))  (d) Sales proce (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) ses col (e)  (e) Cost or other basis (for the entire year (col (d)) sess col (e)  (e) Cost or other basis (for the entire year (col (d)) ses col (e)  (e) Cost or other basis (for the en	_						3	117,695.	
Column (3) below   Set   Start   Set   Start   Set   Start   Set	4						١.	,	
column (3) below   5   117, 695  Part II   Long-Term Capital Gains and Losses - Assets Held More Than One Year  (a) Description of property (Example 100 shares 7% acquired (mo , day, yr)   (e) Date sold (mo , day, yr)   (d) Sales price (see page 35)   (f) Gain or (Loss) for the entire year (col (d) less col (e))  SEE STATEMENT 1   2,224,728.   2,623,812.   -399,084  7   Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824   7   8   Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts   8   217,523   9   Capital gain distributions   9   10   Gain from Form 4797, Part I   10   10   Capital Gain from Form 4797, Part I   10   Capital Gain from Form 4797, Part I   10   Capital Gain from Form 4797, Part I   10   Capital Gain from Form gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below   11   Capital Gain from Form gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below   12   Capital Gain Gain Form Gain Gain Gain Gain Gain Gain Gain Gain	_	Carryover Worksheet					4		
Contemporary   Cont	5						l _	445 605	
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)  SEE STATEMENT 1  Cong-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  7 Long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  8 217, 523 9 Capital gain distributions 9 10 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet 12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below.  Part III Summary of Parts I and II Caution: Read the instructions before completing this part.  13 Net short-term gain or (loss) 14 Net long-term gain or (loss) 15 Total net gain or (loss). Combine lines 13 and 14a  15 Total net gain or (loss). Combine lines 13 and 14a  15 Total net gain or (loss). Combine lines 13 and 14a  16 Date sold (e) Cost or other basis (see page 35) (d) Sales price (e) Color of the basis (see page 35) (d) Sales price (e) Color of the basis (see page 35) (d) Sales price (e) Color of the basis (see page 35) (d) Sales price (e) Color of the basis (see page 35) (d) Sales price (e) Color of the basis (see page 35) (d) Sales price (e) Color of the basis (see page 35) (d) Sales price (e) Color of the basis (see page 35) (d) Color of the basis (see page 35) (e) Color of the basis (see page 35) (e) Color of the basis (see page 36) (f) Color of the basis (see page 35) (f) Color of the trust (see page 35) (f) Color of the tr						<u>P</u>	5	117,695.	
Column   C	Par	t II Long-Term Capital Gains and Lo	osses - Assets	Held More Th	nan One Year				
SEE STATEMENT 1   2,224,728. 2,623,812399,084		(Example 100 shares 7%	acquired		(d) Sales price			for the entire year	
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824		preferred of "Z" Co )	(mo, day, yr)	(iiio , day, yi )		(see page 3	<del></del>	(col (d) less col (e))	
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824		UD COMPONENT 1	+		2 224 720	2 622 6	110	200 004	
Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  9 Capital gain distributions  10 Gain from Form 4797, Part I  11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet  11 (  12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below.  11 (  12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below.  12 -181,561  13 Net short-term gain or (loss)  14 Net long-term gain or (loss)  15 Total net gain or (loss). Combine lines 13 and 14a  16 Caution: Read the instructions before completing this part.  18 Net short-term gain or (loss)  19 Capital Loss Carryover Worksheet  10 Carryover Worksheet  11 (  12 Enter here and on line 14a, column (1) Enter here and on line 14a, column (2) Estate's or trust's  12 -181,561  13 Net short-term gain or (loss)  14 Net long-term gain or (loss)  15 Total net gain or (loss). Combine lines 13 and 14a  16 Capital Loss  17 (2) Estate's or trust's  18 Or trust's  19 Or trust's  11 (  10 Capital Loss  11 (  12 Enter here and on line 14a, column (1)	_SE	E STATEMENT 1	<del></del>		2,224,128.	2,623,8	12.	-399,084.	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Capital gain distributions 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet 11 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below 12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below 12 -181,561  Part III Summary of Parts I and II Caution: Read the instructions before completing this part. (1) Beneficiaries' (see page 36) (3) Total Caution: Read the instructions before completing this part. (3) Total 13 Net short-term gain or (loss) 14 Net long-term gain or (loss) 15 Total for year 16 Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36). 16 Value of the section 1250 gain (see line 18 of the worksheet on page 36). 17 Otal net gain or (loss). Combine lines 13 and 14a  18 Total net gain or (loss). Combine lines 13 and 14a				<del> </del>				-	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Capital gain distributions 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet 11 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below 12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below 12 -181,561  Part III Summary of Parts I and II Caution: Read the instructions before completing this part. (1) Beneficiaries' (see page 36) (3) Total Caution: Read the instructions before completing this part. (3) Total 13 Net short-term gain or (loss) 14 Net long-term gain or (loss) 15 Total for year 16 Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36). 16 Value of the section 1250 gain (see line 18 of the worksheet on page 36). 17 Otal net gain or (loss). Combine lines 13 and 14a  18 Total net gain or (loss). Combine lines 13 and 14a			<del>                                     </del>	<del> </del>					
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Capital gain distributions 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet 11 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below 12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below 12 -181,561  Part III Summary of Parts I and II Caution: Read the instructions before completing this part. (1) Beneficiaries' (see page 36) (3) Total Caution: Read the instructions before completing this part. (3) Total 13 Net short-term gain or (loss) 14 Net long-term gain or (loss) 15 Total for year 16 Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36). 16 Value of the section 1250 gain (see line 18 of the worksheet on page 36). 17 Otal net gain or (loss). Combine lines 13 and 14a  18 Total net gain or (loss). Combine lines 13 and 14a			<del>                                       </del>	<del>  </del>					
Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  9 Capital gain distributions  10 Gain from Form 4797, Part I  11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet  11 (  12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below.  11 (  12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below.  12 -181,561  13 Net short-term gain or (loss)  14 Net long-term gain or (loss)  15 Total net gain or (loss). Combine lines 13 and 14a  16 Caution: Read the instructions before completing this part.  18 Net short-term gain or (loss)  19 Capital Loss Carryover Worksheet  10 Carryover Worksheet  11 (  12 Enter here and on line 14a, column (1) Enter here and on line 14a, column (2) Estate's or trust's  12 -181,561  13 Net short-term gain or (loss)  14 Net long-term gain or (loss)  15 Total net gain or (loss). Combine lines 13 and 14a  16 Capital Loss  17 (2) Estate's or trust's  18 Or trust's  19 Or trust's  11 (  10 Capital Loss  11 (  12 Enter here and on line 14a, column (1)	7	Long-term capital gain or (loss) from Forr	ne 2439 4684	6252 6781 an	d 8824		7		
9 Capital gain distributions 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet 11 (  12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below  Part III Summary of Parts I and II Caution: Read the instructions before completing this part.  (1) Beneficiaries' (see page 36) (3) Total  13 Net short-term gain or (loss) 14 Net long-term gain or (loss) 15 Total for year 16 Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36).  18 Total net gain or (loss). Combine lines 13 and 14a  19 — 10 — 10 — 10 — 10 — 10 — 10 — 10 —								217 523	
10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss     Carryover Worksheet 12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below  Part III Summary of Parts I and II Caution: Read the instructions before completing this part.  13 Net short-term gain or (loss) 14 Net long-term gain or (loss) 15 Total for year 16 Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36) 17 Total net gain or (loss). Combine lines 13 and 14a  18 Total net gain or (loss). Combine lines 13 and 14a  19							1	217,323.	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet  12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below.  12 -181, 561  Part III Summary of Parts I and II Caution: Read the instructions before completing this part.  (1) Beneficiaries' (see page 36) (2) Estate's or trust's (3) Total  13 Net short-term gain or (loss) 14 Net long-term gain or (loss): a Total for year b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36).  14 Verify the first part of the section 1250 gain (see line 18 of the worksheet on page 36).  14 Total net gain or (loss). Combine lines 13 and 14a  15 Total net gain or (loss). Combine lines 13 and 14a  16 Total net gain or (loss). Combine lines 13 and 14a  17 Captrolline (see 2005 Capital Loss)  18 (1) Remeficiaries' (see page 36)  19 Captrolline (19 Enter here and on line 14a,							<b>—</b>		
Carryover Worksheet		Long-term capital loss carryover Enter th	e amount. if an	v. from line 14 o	f the 2005 Capital Lo	ss			
12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below. 12 -181, 561   Part III Summary of Parts I and II Caution: Read the instructions before completing this part. (1) Beneficiaries' (see page 36) (2) Estate's or trust's   13 Net short-term gain or (loss) 13 117, 695   14 Net long-term gain or (loss): 14a -181, 561   a Total for year 14a -181, 561   b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36) 14b   c 28% rate gain 14c    Total net gain or (loss). Combine lines 13 and 14a ▶ 15 -63,866	•	· ·			-		11	(	
Part III Summary of Parts I and II Caution: Read the instructions before completing this part.  13 Net short-term gain or (loss)  14 Net long-term gain or (loss):  a Total for year  b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36).  15 Total net gain or (loss). Combine lines 13 and 14a  16 (1) Beneficiaries' (see page 36)  (2) Estate's or trust's  (3) Total  17, 695  14a  -181, 561  14b  -63, 866	12	Net long-term gain or (loss). Combine line	s 6 through 11	ın column (f) E	nter here and on line	e 14a,			
Summary of Parts I and II Caution: Read the instructions before completing this part.  (2) Estate's or trust's  (3) Total  Net short-term gain or (loss)  13		• • • • • • •	-				12	-181,561.	
Caution: Read the instructions before completing this part. (see page 36) or trust's  13 Net short-term gain or (loss) 13 117, 695  14 Net long-term gain or (loss):  a Total for year 1250 gain (see line 18 of the worksheet on page 36) 14c  c 28% rate gain 14c  15 Total net gain or (loss). Combine lines 13 and 14a 15	Par	t III Summary of Parts I and II			(1) Beneficiaries'	(2) Estate	's		
14 Net long-term gain or (loss): a Total for year		Caution: Read the instructions be	<b>efore</b> completi	ng this part.	(see page 36)			(0) Total	
14 Net long-term gain or (loss): a Total for year				Ì					
a Total for year	13	Net short-term gain or (loss)		13				117,695.	
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36).  c 28% rate gain	14	Net long-term gain or (loss):						-	
worksheet on page 36)	а	Total for year		14a	1			-181,561.	
c 28% rate gain	b	Unrecaptured section 1250 gain (see line	18 of the						
15 Total net gain or (loss). Combine lines 13 and 14a ▶ 15 —63,866		worksheet on page 36)		14b	)			· · · · · · · · · · · · · · · · · · ·	
15 Total net gain or (loss). Combine lines 13 and 14a ▶ 15 —63,866									
	C	28% rate gain		140	;				
	15	Total net gain or (loss). Combine lines 13	and 14a	> 15				<u>-63,866.</u>	
Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV if line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Workshee as necessary.	Part	V, and do not complete Part IV If line 1	ter the gain on 5, column (3),	Form 1041, lii is a net loss, c	ne 4 If lines 14a a omplete Part IV and	and 15, column d the <b>Capital L</b> o	(2), a oss <b>C</b> a	are net gains, go to a <mark>rryover Worksheet</mark> ,	
For Paperwork Reduction Act Notice, see the Instructions for Form 1041.  Schedule D (Form 1041) 20		<del></del>	uctions for Form	1041.		Sc	hedul	e D (Form 1041) 200	

JSA 6F1210 2 000 Part IV Capital Loss Limitation

	Enter here and enter as a (loss) on Form 1041, line 4, the <b>smaller</b> of The loss on line 15, column (3) <b>or</b>		_	•	
	\$3,000		16	(	3,000.)
	the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a prover Worksheet on page 39 of the instructions to determine your capital loss carryover.	loss, d	comp	lete the	Capital Loss
	Tax Computation Using Maximum Capital Gains Rates (Complete this part 15 in column (2) are gains, or an amount is entered in Part I or Part II and ther line 2b(2), and Form 1041, line 22 is more than zero)				
	Note: If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet of and skip Part V. Otherwise, go to line 17.	n page	€ 38	of the in	structions
	5				
17	Enter taxable income from Form 1041, line 22				
18	but not less than zero18				
19	Enter the estate's or trust's qualified dividends				•
	from Form 1041, line 2b(2)				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 21				
22	Subtract line 21 from line 20 If zero or less, enter -0				
23	Subtract line 22 from line 17 If zero or less, enter -0				
24 25	Enter the smaller of the amount on line 17 or \$2,050				
	Yes. Skip lines 25 through 27, go to line 28 and check the "No" box.	Ì			
	No. Enter the amount from line 23				
26	Subtract line 25 from line 24				
27 28	Multiply line 26 by 5% ( 05)		27	****	
20	Yes. Skip lines 28 through 31, go to line 32				
	No. Enter the smaller of line 17 or line 22		İ		
	The state of the s				
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)				
			ł		
30	Subtract line 29 from line 28				
31	Multiply line 30 by 15% ( 15)	-	31		
32	Figure the tax on the amount on line 23 Use the 2006 Tax Rate Schedule on page 23 of	- 1			
	instructions	• • •  -	32		
22	Add lines 27, 31, and 32				
33 34	Add lines 27, 31, and 32	::· }	33		
34	instructions		34		
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a		<del></del>		
	Schedule G, Form 1041		35		
				ule D (Fo	rm 1041) 2006

#### AMERICAN ISRAEL EDUCATION FOUNDATION Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES	<del></del>				
CHITTE CHIRD (HOBBID) FROM BECKETTED					
LIMITED DURATION BOND CTF	VARIOUS	VARIOUS	2,224,728.	2,623,812.	-399,084.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITI	ES		2,224,728.	2,623,812.	-399,084.
	· · · · · · · · · · · · · · · · · · ·				
		-			
	-				
	· · · · · · · · · · · · · · · · · · ·				
Totals		<u> </u>	2,224,728.	2,623,812.	-399,084.

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Fcrm 8868 (Rev		Pag	e 2
	e filing for an Additional (not automatic) 3-Month Extension, complete only		x
•	complete Part II if you have already been granted an automatic 3-month ex		
	e filing for an Automatic 3-Month Extension, complete only Part I (on page		
Part II	Additional (not automatic) 3-Month Extension of Time. You m		—
Type or	Name of Exempt Organization	Employer identification number	
print	AMERICAN ISRAEL EDUCATION FOUNDATION  Number, street, and room or suite no. If a P.O. box, see instructions	52-1623781 For IRS use only	—
File by the extended		1 of Into use only	
due date for filing the	251 H STREET, NW  City, town or post office, state, and ZIP code For a foreign address, see instructions		$\neg$
return See			İ
	washington, DC 20001  e of return to be filed (File a separate application for each return)		
	n 990 Form 990-PF	Form 1041-A Form 6069	)
<del>  </del>	n 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 4720 Form 8870	
H	n 990-EZ Form 990-T (trust other than above)	Form 5227	
	o not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previously filed Form 8868	<b>J.</b>
The box	oks are in the care of ▶ AMERICAN ISRAEL EDUCATION FDN		
Telepho	one No ▶ 202 639-5200 FAX No ▶		
• If the org	anization does not have an office or place of business in the United States, of	heck this box	
• If this is f	for a Group Return, enter the o <u>rgan</u> ization's four digit Group Exemption Numb	er (GE <u>N)</u> If this is	
for the who	ole group, check this box 🕨 🔛 If it is for part of the group, check this bo	x ▶ and attach a list with the	
names and	I EINs of all members the extension is for		
•	uest an additional 3-month extension of time until	08/15,20 <u>08</u>	
	alendar year , or other tax year beginning10/01 ,20 06	_,	
		Final return	iod
	in detail why you need the extension <u>ADDITIONAL TIME IS NEEDE</u>	D IN ORDER TO FILE	—
A CO	MPLETE AND ACCURATE TAX RETURN.		—
<u> </u>		tantatura tau lasa anu	—
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the efundable credits. See instructions	_	
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab		<u>NE</u>
	s application is for Form 990-FF, 990-1, 4720, or 6069, enter any ferdidable asyments made. Include any prior year overpayment allowed as a credit	[ ]	
•	ously with Form 8868	8b \$ NO	NI E
	nce Due. Subtract line 8b from line 8a Include your payment with this form		.412
	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax		
	uctions	8c \$ NO	NE
	Signature and Verificatio		
	es of perjury, I declare that I have examined this form, including accompanying schedules a	nd statements, and to the best of my knowledge and b	elief,
it is true, corre	ect, and complete, and that I am authorized to prepare this form	4.4	
Signature >	Muma L West Title > C	11 Date ► 5 8/68	
	Notice to Applicant. (To Be Complete	d by the IRS)	
<del></del>	have approved this application. Please attach this form to the organization's return		
☐ We	have not approved this application. However, we have granted a 10-day grace period of the organization's return (including any prior extensions). This grace period is c	od from the later of the date shown below or the	due
othe	erwise required to be made on a timely return. Please attach this form to the organization	on's return	
	have not approved this application. After considering the reasons stated in item 7,	we cannot grant your request for an extension of t	ıme
	lle We are not granting a 10-day grace period		
$\vdash$	cannot consider this application because it was filed after the extended due date of t	he return for which an extension was requested	
Oth	er	·	—
	D.		
Director	by	Date	—
	Mailing Address. Enter the address if you want the copy of this application		
	to an address different than the one entered above	ior are additional of month extension	
Totalica	Name		_
	SMART BUS. ADV. AND CONSULTING, LLC		
Type or	Number and street (include suite, room, or apt. no.) or a P.O. box number		_
print	502 WASHINGTON AVENUE, SUITE 500		
	City or town, province or state, and country (including postal or ZIP code)		_
	BALTIMORE, MD 21204		
		Form <b>8868</b> (Rev 4-2)	007)

#### Form **8868**

(Rev 'April 2007)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709 Department of the Treasury File a separate application for each return Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Name of Exempt Organization Type or Employer identification number print AMERICAN ISRAEL EDUCATION FOUNDATION 52-1623781 Number, street, and room or suite no. If a P.O. box, see instructions File by the due date for 251 H STREET, NW filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions WASHINGTON, DC 20001 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-T (corporation) Form 4720 Form 990-RI Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of ▶ AMERICAN ISRAEL EDUCATION FDN Telephone No ▶ 202 639-5200 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time 05/15, 2008 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year tax year beginning 10/01, 2006, and ending 09/30,2007 If this tax year is for less than 12 months, check reason | Initial return | Final return | \_ | Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a | \$ NONE b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b | \$ NONE c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c NONE Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2007)

for payment instructions