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Form **990**

Department of the Treasury Internal Revenue Service

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)

OMB No. 1545-0047

Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection

A	For	the 2008 c	alendar	r year, or tax year beginning	February 1	, 2008, and	ending	Janu	ary 31	, 20 09	
В	Check	rf applicable:	Please	C Name of organization Central F	und of Israel				D Empl	loyer identification i	number
	Addre	ss change	use mits label or						13	299298	15
		change	print or		s not delivered to street a	ddress) Ro	om/suite		E Telep	hone number	
	Initial o		type. See	c/o Marcus 980 Avenue of	the Americas	1	3rd	ın İ	1 212	724164	2
$\overline{}$	Termin		Specific Instruc-	City or town state or country and							
_			tions.	New York NY 10018 -7809					a Cus	، هناپانه	
_		ded return	F Nan	me and address of principal officer:							٠٠٦٠٠
ш	Applica	tion pending	l	egah Marcus 207 w 86th et Ni	and Variety AIV 400	24	- }			m for affiliates? Yes	☑ No
-	Tay					<u> </u>				. bahahal? ☐Yès	□:to
÷		xempt status	s: [<u>V</u>] 5	501(c) (3)◀ (insert no.) ☐ 4947(a)(1) or 527				-	a list. (see instruction	ns)
Ĭ		site: ▶					!	Hic) Group e			
				oration 🗌 Trust 🗌 Association 🔟 Othe	r ▶ exempt	L. Year of fo	ormation:	1979	M State	of legal domicile: N	<u></u>
Р	art I	Summ	ary							 	
_	1			the organization's mission or tritable activities in Israel	most significant	activities:					
Activities & Governance	1										
Ē	1										
Š	2	Check this	box ► [🔲 if the organization discontinued	ils operations ur dis	posed of more	than 259	خه دار ان 😽	sels.		
9	3	Number of	of votin	ng members of the governing	body (Part VI. line	1a)			3		6
3	4			pendent voting members of the			:e 1b)		4		6
₹	5			employees (Part V, line 2a).	95.09 202	, (,	,	• • •	5		0
ۇ	8			volunteers (estimate if necess			• •		6		7
~				•	• •	· · · · · · · · · · · · · · · · · · ·			7a	-	'n
	/8	lotal gros	ss unre	lated business revenue from Fusiness taxable income from F	Carr VIII, line 12, C	column (C).			7b		
	- 5	IAGE OFFICE	ated bu	Jamess taxable income from F	Will 990-1, line 3	14	'''''	Prior Yea		Current Year	
	ļ _				~ .		 				
9	8			nd grants (Part VIII/line 1hD)	Chi		·	12,1	41,410	12,967	/,/55
Ę	9	_		revenue (Part VIII), line 2g)		>. ,	.		U	ļ	
ş	10	Investmen	nt incor	me (Part VIII, columin/(A), lines	3, 4, and 701	./		1	27,166	9	<u> 1076</u>
•	11	Cilier revi	eriue (F	Part VIII, column/A)i,ii4668 6	d, &c, 9c, 10c, ac	այ/i1e) .	٠ ـــــــ		0		
	12	Total rever	nu oa c	dd lines 8 through 11/(must equ	al Part VIII, column	(A), line 12)	12,2	68,579	13,058	3,831
	13	Crants an	d simil	ar amounts paid (Part 1/2-colu	mn (A), lines 1/3			11,2	79,052	12,76	819
				or for members (Part IX, celul		7			0		0
8				mpeneation, employee benefits) lines 51M			0		
Expenses				draising fees (Part IX, column (A		יייי איר פיפווווייייל	i		a		a
Š	}			<u> </u>	X 5.4			र सु 🖫			
_				expenses (Part IX, column (D), II	•	···		ACCEPTANCE.	650		444
		•		(Part IX, column (A), lines 11a	•	· · · · · · ·	· }	44.2		42.766	
				Add lines 13-17 (must equal I		V), line 25).	• —		79,702	12,766	
. 10	19	Hevenue le	ess exp	enses. Subtract line 18 from lin	0 12	<u> </u>	<u></u>		8,874		,568
ò							84	ighning of		End of Year	
	20	Total asse	rts (Parl	rt X, line 16)				3,21	6,444	3, <u>5</u> 09	,012
35	21	Total liabil	ities (P	Part X, line 26)					0		0
<u> 3</u>	22	Net assets	s or fun	nd balances. Subtract line 21 t	from line 20			3,21	6,444	3 509	012
Pa	rt II	Signa	ture B	Block							
				perjury, I declare that I have examined t							
		and belief,	R IS True,	, correct, and complete. Declaration of		_			,	sparer has any know /	eage.
Sig	n		£	arthu maicus	ا عدلاً ا	·u			12/9	7/09	
te		Signat	ture of off	ficer				Date		·	
				ARTHUR MAICH,	RCUS. 1	IICE P	RES	11200	17		
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		 	<u> </u>		 	Data	Check if			Landid Jan	
		Preparer's signature				Date	self-	l (s	eparer's id ee instructi	lentifying number lons)	
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	-	address, ar		4 7				Phone no.	▶ ()	
Aay	the I	RS discus	is this r	return with the preparer shows	n above? (see ins	tructions)				Yes 🗌	No
<u> </u>	Debias	w Act and	Panery	york Reduction Act Notice see	the consents inst-			4 No. 1128	7V	5cm 000 /	2008

G15.18

FE	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: promoting charitable activities in Israel
	······································
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4047(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	1 280 478 to the control of the cont
48	(Code.) (Expenses \$ 4,289,178 including grants of \$ 3,869,378) (Revenue \$ 0) Social services , Humaitarian ald , aid to the poor, free loan fund ; One program directly administered by the central
	Fund is the distribution of 130,000(\$32500 per quarter) from the Ffraim Bloch Charitable Trust of St Louis to
	some 60 families living below the poverty line .The balance of the funds in this category are administerd by other
	groups that have direct close contact with the needy
46	(Code.) (Expenses \$ 4,820,311 including grants of \$ 4,820,311) (Revenue \$)
40	support of educational institutions. Schools, including schools dedicated to the care and education of the blind
	handicapped , and developmentally disabled . All institutions of this sort have been particularly hurt in the recent
	and ongoing economic crisis.
Δç	(Code:) (Evpenses \$ 1,790,605 including grants of \$ 1,790,605) (Revenue \$)
	Value of the state
	community projects; grants to assist in the construction & maintenance of community facilities
	_
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 1,866,169 including grants of \$ 1,865,725) (Revenue \$
4 e	Total program service expenses ▶ \$ 12,765,819 (Must equal Part IX, Line 25, column (B).)

27

P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2	1	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
iū	Did the organization hold assets in term, permanent, or quasi-endownents? If "Yes," complete Schedule D, Part V	13	<u> </u>	1
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	5	14a		✓_
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	
16	Did the organization report on Part iX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	1	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19		/
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	J	1
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		'
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		`
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If res, answer questions 24b-24d and complete Schedule K. If "No," go to question 25.	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<u>√</u>
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		✓_
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25b	\int	✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's law year? If "ries," complete Schedule L. Part if	26		_

Pa	rt IV Checklist of Required Schedules (continued)			
		,	Yes	No
28	Duning the tax year, did any person who is a current or former officer, director, trustee, or key employee:	77.	14. 1-4:-	
3	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	3-27		
	Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		1
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	<u> </u>
20	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
3 3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, iii, iV, and V, inte 1	34		/
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	V7	37		✓_

Form **990** (2008)

	art V. Statements Regarding Other IRS Filings and Tax Compliance		Yes	No
		F 2 11	768	NO
18	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>0 </u> : " .	13.0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		25. 1
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		high Laid
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		3 7 / L	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За	KÆÝ.	✓
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1	
b	If "Yes," enter the name of the foreign country: ▶ Israel			, pu (1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	25 m	والا خار الا حارث	13 miles
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-,
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
ũ	If "Yes," to question 5a or 5b, did the organization file Form 3006-T, Disclosure by Tax-Exempt Entity	=	1	
٥-	Regarding Prohibited Tax Shelter Transaction?	5c	-	7
	Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or			•
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1.65 F		57.7
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		√
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	\dashv	- -
	Uid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	3	<u>√</u>
đ	If "Yes," indicate the number of Forms 9292 filed during the year			1,42
9	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ا د	/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	\dashv	<u>✓</u>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	_‡	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	71.	+	
	required?	7h	<u> </u>	तः ज्ञ
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	3.5	`-:	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u>'</u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	Vag-ida -	F.E.	रेप
Э	Did the organization make any taxable distributions under section 4966?	9a	- 1	Ţ".
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	\neg	√
10	Section 501(c)(7) organizations. Enter:	,	7; -	. 3
a	Initiation fees and capital contributions included on Part VIII, line 12		- 4-	.77
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 1.	}	. :-4
11	Section 501(c)(12) organizations. Enter:	~ 4 Y	9 : F :	: ; j
a	Gross income from members or shareholders	· ;	· [. 4
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		7	
12a b		12a	٠,	- <u>-</u>

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A. Governing Body and Management			
			Yes	N
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	9 7	1-1	
	circumstances, processes, or changes in Schedule O. See instructions.	3.5		14
18	a Enter the number of voting members of the governing body	6 ⊆	7.	k.S
Ŀ	Enter the number of voting members that are independent	6 ∷	. 195	1.5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 / 4	والأموال	1
	any other officer, director, trustee, or key employee?	2	1	\perp
3	Did the organization delegate control over management duties customarily performed by or under the direct	i	-	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any eignificant changes to its organizational documents since the prior Form 990 was filed?	4	_	1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6	1	✓
78	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	ــــــ	1
Ł	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	73.3		
	the year by the following:	150	1-1-1	
a	The governing body?	8a		1
i). Each committee with authority to act on behalf of the governing body?	₽ ₅	↓	/
9a	Does the organization have local chapters, branches, or affiliates?	9a	↓	✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	{		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	├	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		,	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule U			
Sac	ction B. Policies	111	<u> </u>	
<u> </u>	Alon D. Folicies		, Yas	•• .
120	Done the community of have a weether conflict of whereat a class O 15 little II are to fine 40	12a	7 025	<u> </u>
	Does the organization have a written conflict of interest policy? If "No," go to line 13			
	And officers of an above on the change and transcribe and a series and the desires are all the series that the	1.20		 -
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			 -
	rise to conflicts?	12b		
c	rise to conflicts?	12b		
	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b		
13	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy?	12b 12c 13		<u> </u>
13 14	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	12b	50.0	✓ ✓
13	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	12b 12c 13		✓ ✓
13 14 15	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	12b 12c 13 14	7, 1 2, 2, 1	✓ ✓ · · · · · · · · · · · · · · · · · ·
13 14 15	Coes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?	12b 12c 13 14	37 C	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
13 14 15	Consistence of the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: Other officers or key employees of the organization?	12b 12c 13 14		✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
13 14 15 a b	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	12b 12c 13 14	3, 1	✓ ✓ · · · · · · · · · · · · · · · · · ·
13 14 15 a b	Coes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	12b 12c 13 14 15a 15b		V V 300 V V 100 V
13 14 15 a b	Coes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14 15a 15b		V V V V V V V V V V V V V V V V V V V
13 14 15 a b	consistently and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or precedure requiring the organization to evaluate	12b 12c 13 14 15a 15b		✓ ✓ → → → → → → → → → → → → → → → → → →
13 14 15 a b	consistently and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or precedure requiring the organization to evaluate	12b 12c 13 14 15a 15b		✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
13 14 15 a b	Coes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	12b 12c 13 14 15a 15b		V V V V V V V V V V V V V V V V V V V
13 14 15 a b	Coes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	12b 12c 13 14 15a 15b		✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
13 14 15 a b 10a b	Coes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ition C. Disclosure	12b 12c 13 14 15a 15b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
13 14 15 a b 10a b	Coes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Intervious.	12b 12c 13 14 15a 15b		✓ ✓ → → → → → → → → → → → → → → → → → →
13 14 15 a b 10a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed Inew York Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c))	12b 12c 13 14 15a 15b		V V 1000
13 14 15 a b 10a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adepted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Inew York Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) available for public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a	enly)	V V V V V V V V V V V V V V V V V V V
13 14 15 a b 10a b Sec 17 18	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed ▶new York Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) available for public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a	enly)	V V V V V V V V V V V V V V V V V V V
13 14 15 a b 10a b Sec 17 18	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶new York Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	12b 12c 13 14 15a 15b 16a	only)	V V 100 V V 100 V

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

✓ Check this box if the organization did not c (A)	(B)	Τ			C)			(D)	(E)	(F)
Name and little	Average	Posit	ton (that a	DD(V)	Reportable	Reportab le	Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated		compensation from the organization (W-2/1099-MISC)	compensation from related Graph marriages (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Hadassah K Marcus president	25							0	o	
Arthur Marcus	25							0	0	
Vice President	2.5			1	<u> </u>	L				
Jay Marcus Vice President	40	<u> </u>						o	0	
ii amar marcus		-		•		 	\vdash			
Vice President	2			✓				0	0	
Morris Stillman Treasurer	1/4			/				O	0	(
Irwin Pecman	U			•				Ú	U	
•										
										-
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										-
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				- 						
				1						

12	Section A. Umicers, Directors, In	istees, Key	Emt	DIOY	ees	, an	a Hig	nes	t Compensate	a Employee:	s (continued)	
	(A) Name and title	(B) Average	Posit	on f		C) kali	that ap	ntvi	(ID) Reportable	(E) Reportable	(F) Estima	itad
		hours per week		Institutional trustee		_	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation related from related organization (W-2/1099-MI	on amoun d others is compens	t of er ation the ation eted
								Ī				
		-	1						-			
					-					· <u>-</u> -		
1b	Totai						. •	•	0		0	0
2	Total number of individuals (including those organization ▶ 0	ın 1a) who	rece	ive	d m	ore	than	\$10	0,000 in repor	table compe	nsation from	the
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci							/e e ,	or highest co	ompensated	Yes 3	No ✓
4	For any individual listed on line 1a, is the su the organization and related organizations guardividual.											1
5	Did any person listed on line 1a receive of services rendered to the organization? If "Yes	r accrue c	ompe ete Sc	ensa ched	atior dule	fro	om ar	ny u c <i>h p</i>	nrelated organ	nization for	5	√
Sec	tion B. Independent Contractors										<u> </u>	
1	Complete this table for your five highest concompensation from the organization.	npensated	ındep	oen	deni	t co	ntract	tors	that received	more than \$	100,000 of	
	N Name and business adde	3 5						1	(B) Description of ser	, wa	(C) Compensation	
ινa	NIB											
2	Total number of independent contractors (in	cliding the	nsė in	1)	wh) re	CélAéi	d m	ore than \$100		The Control of the	
	compensation from the organization ▶									15	,	

Part VII		II Statement of Re	evenue			<u> </u>		1	
17				The state of the s	(A) lotal revenue	(B) Fleiated or exempt	(C) Unrelated business	(D) Revenue excluded from tax	
	,				Ž.	function revenue	revenue	under sections 512, 513, or 514	
99.8			1a	car octions to the	A Sail Bell Line		一九九二九五 五		
S, grants	1	Federated campaigns				15 11 1 1 1 1 2 2 2 2			
5 2		Membership dues			والمناطقة المناطقة والمناطقة	والم ومعالمة المساور	عادر عماد بالمادي	بريد مهيد مايد	
Contributions, gifts, and other similar an	•	Fundraising events .							
g g	(Related organizations	1d		Tive issee to a red	十分表示。这样		性型:"生工 "	
ons,	6	Government grants (conti	ributions).		十二二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	是海洲是	A STATE OF THE STA	14.15.15.15.15.15.15.15.15.15.15.15.15.15.	
, # F	1	All other contributions, gifts,	grants,			1.74	The state of the	Taring to the same	
ributic other		and similar amounts not inclu	uded above 11	12,067,755	The state of the s			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Safe	9	Noncash contributions includ	ed in lines 1a-1f \$	44,029	37-16- 1400-21		从点类等的 的		
ठ ह	+	Total. Add lines 1a-1f		<u> </u>		几世份核信性公	在最后的		
2				Business Code	January of the National Control	E Sept Marie			
Service Revenue	2a)			1		1	1	
Ž	b			1			1	1	
8		·							
Σ]								
	9			-	 	 	 		
<u> </u>	9	Aii other program servi		ļ	 	 	 	 	
Program	:				1 0	117 (2) 1,30. 1	8-3-4	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u> </u>	<u> 9</u>	Total. Add lines 2a-2f		<u></u>	<u> </u>		24 / 2 / Will 27	J-4 1 - 13 - 13	
	3	investment income (inc	cluding dividend	s, interest, and	24270	04070		į	
	1	other similar amounts)			91076	91076			
	4	Income from investment of	of tax exempt bon	id proceeds 🗁				<u> </u>	
	5	Royalties	 	<u> </u>					
			(i) Real	(ii) Personal	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	سو المداملية على المراجة المارية المراجة المراجة المراجة المراجة المراجة المراجة المراجة المراجة المراجة المرا			
	6a	Gross Rents	L	L	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		1、生产类量		
		Less: rental expenses					14 - 17 0 14 - 17 1		
		Rental income or (loss)		1					
		Net rental income or flo	oss) , , ,	•	0				
]	Out to a supplementation and an extension of	(i) Securities	(II) Uther	1 - 17 - 0 461	10 0 2 2 44 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-1-7-1 3-6-7	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	/a	Gross amount from sales of assets other than inventory	.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				性於可以 公園	
	l			 	一种是一种企业			Martini ad	
	р	Less cost or other basis		ĺ		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	新 马拉尼亚	
	ĺ	and sales expenses .			· 京 · 司 · 李 · 刘		\$ 1. Land		
		Gain or (loss)		<u> </u>		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		* * * * * * * * * * * * * * * * * * *	
	a	Net gain or (loss)		<u>-</u>	<u> </u>				
3	l ea	Gross income from	fundraising	ļ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Hevenue	i	events (not including \$							
9	}	of contributions reported		'	は数アル数分		Allan Control	क्षा कि अपने हैं।	
<u>.</u>	İ	See Part IV, line 18	а				- 3-55° - 10° 53° 5		
Other C		Less: direct expenses	b		والمستناء المستناء	نه ندومونود عمود	Lensey-Carle Je	ica intriduction of the	
5	Ü	iviet income or (1055) fro	சா பொப்வ ன ் ச	verilo 🕨	0				
	Q ₂	Gross income from gami	ing activities			1 3 1 m (1 to 1 to		7	
	74	See Part IV, me 19							
	ь		b					41 TT	
		Net income or (loss) fro		ties . ►	C				
		Gross sales of inve				1887 T. 12 1 1 1	33, 40, 40, 50		
	ıva	returns and allowances		'		8.金线各门	- 3° 4° 1−° ∦	- 4년 개발	
	h	Less: cost of goods sol	a i d b				BALLE BAR	なんし ひちゅう	
Ì		Net income or (loss) from		nv 🕨	, i		•	1	
1		Miscellaneous Reve		Business Code	7 12 7 E (E				
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ļ	11a								
	b								
)	C				}				
1	á	Aii oliner revenue							
ĺ	е	Total. Add lines 11a-11	d						
ļ	12	Total Revenue. Add kno	cc 1h, 2g, 3, 4.	5, 6d, 7d, 8c.	!		1		
		9c, 10c, and 11e		<u> </u>	13,058,831	91076			

Part IX Statement of Functional Expenses

Secti	on 501(c	:)(3) and	501 <i>[</i> 6	c)(4) organiza	itions n	nust	comblet	e all co	วหาศาคร.		
_					_				- 1	1 (0)	

	o not include amounts reported on lines 6b, p, 8b, 9b, and 10b of Part VIII.	(A) Tulal expenses	(B)	(C)	(D)
	· · · · · · · · · · · · · · · · · · ·		CAPOTAGES		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			The state of the s	
•	Grants and other assistance to individuals in			Sale and the	· 等点 第二篇
2	the U.S. See Part IV, line 22				And the second
3	Grants and other assistance to governments, organizations, and individuals outside the			The state of the state of the	The second of th
	U.S. See Part IV, lines 15 and 16	12,765,819	12,765,819		
4	Benefits paid to or for members			REAL PARKET	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				· ··- ··- · ·
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payrolf taxes				
11	Fees for convices (non employees):				
	Management				
	l egal				
С	Accounting				
đ	Lobbying		STATES		
8	Professional fundraising services. See Part IV, line 17		######################################	D3.5 1 7 373, 374 NAZU	
, T	Investment management fees	444		444	
g	Other				
12 i3	Office expenses				
14	Information technology				
15	Poyalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	insurance			6 X	A 3
24	Other expenses ltemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a b					
С					
d					
0					
25	All other expenses	12,766,263	12,765,819	411	
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (5) joint costs from a combined educational campaign and fundraising solicitation		_	_	

Fe	rt X	Balance Sheet	.,	,	
			(A) Beginning of year		(<u>en)</u> End of year
	1	Cash—non-interest-bearing .	1,349,509	1	287,665
	2	Savings and temporary cash investments	1,813,935	2	3,097,222
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L .		5	
	6	Receivables from other disqualified persons (as defined under section	בינו בינות ב	<u>-</u>	To be hard to the week of
		4958(ເຊັນ)) and persons described in section 4958(cata)(B). Complete	Par emineration	(-0):	Server Application of the server of the serv
		Part II of Schedule L		6	
ø	7	Notes and leans receivable, net	53 000	7	124.125
Asse	8	Inventones for sale or use		8	<u> </u>
ď	9	Prepaid expenses and deferred charges		9	A CONTRACTOR CONTRACTO
	10a	Land, buildings, and equipment: cost basis 10a	"特别"。"特别"	. j	Annes ve intil
	b	Less: accumulated depreciation. Complete	[1] 中代1300 和130日中代1	324.	上的"多"的"""一"。
		Part VI of Schedule D		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other secunties. See Part IV, line 11		iż	ļ
	13	Investments—program-related. See Part IV, line 11		13	
ļ	14	intangibile assets		14	
	15	Other assets. See Part IV, line 11	2 246 444	15	2 500 042
	16		3,216.444		3,509,012
	17	Accounts payable and accrued expenses		17	
]	18	Grants payable	l. 1	19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
tie	21	Escrow account liability. Complete Part IV of Schedule D	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		9 4 3 mile 3 mile 4
Liabilities	22	Payables to current and former officers, directors, trustees, key	Control of the second		国。伊尔特里拉
Ē		employees, highest compensated employees, and disqualified	CAST TEST DAY DESCRIPTION	22	Partie to Argument of the Control of the Grand of the Control of t
		persons. Complete Part II of Schedule L		23	
ĺ	23	Secured murigages and notes payable to unrelated timed parties		24	
	24	Unsecured notes and loans payable		25	
i	25 26	Total liabilities. Add lines 17 through 25	0	26	0
\dashv				į	1003 4 4 4 1000 100 13
ő		complete lines 27 through 29, and lines 33 and 34.			
Bulance	27	Unrestricted net assets	A STANDARD CONTRACTOR CONTRACTOR	27	Man Service of Man Process
3	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
틧	20	Organizations that do not follow SFAS 117, check here ▶ □		:: 🏣	
Net Assets or Fund		and complete lines 30 through 34.	- The state of the	د جست اد	
2	30	Capital stock or trust principal, or current funds		30	
29	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
&	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u></u>	33	Total net assets or fund balances	3,216,444	33	3,509,012
~	34	Total liabilities and net assets/fund balances	3,216,444	34	3,509,012
Pa	t XI	Financial Statements and Reporting			
					Yes No
1	Acco	ounting method used to prepare the Form 990: 🗹 Cash 🔝 L. Accrual			3
		the organization's financial statements compiled or reviewed by an ind			
b		the organization's financial statements audited by an independent according			. ŽĎ √
c		es" to lines 2a or 2b, does the organization have a committee that assumes		ght o	4
•		udii, review, or compilation of its financial statements and selection of an in			
За	As a	result of a federal award, was the organization required to undergo an a	audit or audits as set	forth	
	the S				. 3a 🗸
b		es," did the organization undergo the required audit or audits?	<u> </u>	_•	. 3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

20**08**Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

	_	Fund of Isra							13 ;		7997999
Pa	Ü	Reason	n for Public C	harity Status (All o	rganızat	ions mu	st comp	lete this	part.) (s	see instru	uctions)
The	org	anızation ıs r	ot a private fou	ndation because it is.	. (Please	check on	ily one o	rganızatic	n.)		
1	\Box	A church, c	onvention of ch	urches, or association	n of churc	ches desc	cribed in	section	170(b)(1)	(A)(i).	
2		A school de	scnbed in <mark>sect</mark> i	i <mark>on 170(b)(1)(A)(ii).</mark> (A	ttach Sch	nedule E))				
3		A hospital o	or a cooperative	hospital service orga	nization (described	ın sectı	on 17ù(b)(1)(A)(iii)	. (Attach	Schedule H.)
4			esearch organiz ame city, and s	ation operated in cor	njunction	with a ho	ospital di	escribed	ın sectio	n 170(b)(1)(A)(iii). Enter t
5			tion operated for (b)(1)(A)(iv). (Co	or the benefit of a colle complete Part II.)	ege or un	iversity o	wned or	operated	by a go	vernmenta	al unit described
6		A federal, st	tate, or local go	vernment or governm	ental unit	describe	ed in sec	tion 170(b)(1)(A)(/).	
7	Z	-		ly receives a substant (1)(A)(vi). (Complete	•	fits supp	ort from	a governr	nental ur	it or from	the general pub
8				d in section 170(b)(1		Complete	Part II.)				
y		An organization receipts from support from	tion that normall n activities relat n gross investri	y receives: (1) more the do its exempt function in the income and unrent income and unrent after June 30, 1975	nan 331/39 ctions—si elated bu	% of its su ubject to isiness ta	ipport fro certain e ixable in	xception: come (les	s, and (2) ss sectio	no more	than 331/3 % of
10		-	-	ınd operated exclusiv	-	-					
11		purposes of	one or more pu	and operated exclusion iblicly supported orga at describes the type	nizations	describe	d in sect	uon 509(a)(1) or se	ction 509	(a)(2). See section
		a 🗌 Type		_	с 🗆 Тур						Type III-Other
е		By checking persons other	this box, I cer	tify that the organiza	tion is no	ot contro	lled direc	ctly or inc	directly b	y one or	more disqualitie
f			zation received , check this box	a written determinat	ion from	the IRS	that it is	a Type	I, Type I	l, or Type	Ill supporting
g		-	st 17, 2006, has	the organization acco	epted any	y gift or c	ontributi	on from a	any of the	9	
				r indirectly controls, oning body of the sup				th persor	ns descri	bed ın (ii)	Yes No.
		(iii) A 35% c	ontrolled entity	erson described in (i) of a person described	d in (i) or						i (y(ii) 11g(iii)
h			, <u> </u>	ation about the organ			r				
(i) N		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	you notify nization in of your port?	organiza (1) organi	Is the tion in col. ized in the S.?	(vii) Amount of support
			·	,	Yes	No	Yes	No	Yes	No	
	-		<u> </u>								
		-									
			·								
			<u> </u>								
					•		-			_	
Total			- 1			. ~	ء رو،				

Pa	Support Schedule for Organic Complete only if you check					and 1/U(b)(1)(A)(VI)
Sec	tion A. Public Support				·		
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,938,4/2	8,264,711	9,384,830	12,141,410	12,967,755	46,697,178
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1-3	3,938,472	8,264,711	9,384,830	12,141,410	12,967,755	46,697,178
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount				The second secon		12,165,000
6	shown on line 11, column (f) Public support, Subtract line 5 from line 4.	5 7		125		(1 m) = 1 m = 1	34,532,178
	tion B. Total Support	1		1 2 1 2 1	<u></u>		01,002,110
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	3,938,472	8,264,711	9,384,830	12,141,410	12,967,755	46,697,178
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,898	26,654	63,775	127,166	91,076	317,569
9	Net income from unrelated business activities, whether or not the business is regularly carried on				·		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .			1	, , ,		47,014,747
12	Gross receipts from related activities, etc.	(see instructio	កន)			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	те	· · · · · · · · · · · · · · · · · · ·		or fifth tax ye	ear as a section	501(c)(3)
	tion C. Computation of Public Su						73 %
14	Public support percentage for 2008 (line			, column (f))		14	73 % 84 %
15	Public support percentage from 2007 Sci					15	
16a	33½ % support test—2008. If the organicand stop here. The organization qualifies	as a publicly s	upported organ	iization			▶ ☑
	33½ % support test - 2007. If the organization quality and stop here. The organization quality	ililies as a publi	cly supported c	rganization .			. ► 🗆
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the organization meets the organization meets the organization meets and if the organization meets the organization meets the organization meets and if the organization meets the organization meets the organization meets and if the organization meets the organization meets the organization meets the organization meets and organization meets the organization meets the organization meets and organization meets the organization meets the organization meets and organization meets and organization meets the organization meets and organization meets and organization meets and organization meets and organization meets and organization meets and organization meets and organization meets and organ	acts and-circum	nstances" test, :	check this bex :	and stop here.	Explain in Part!	V how the
b 18	10%-facts-and-circumstances test – 2007 more, and if the organization meets the "forganization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did	acts-and-circums	stances" test, c organization qua	heck this box a lifies as a public	nd stop here. I ly supported org	Explain in Part l' ganization	V how the

	rt III Support Schedule for Orga (Complete only if you check				a)(2)		
· Sec	ction A. Public Support						•
С	alendar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5				ļ	-	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	3,312,121	As many	7			
Sec	tion B. Total Support	<u> </u>		<u> </u>		, h.,	· · · · · · · · · · · · · · · · · · ·
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				,		
13	Total support. (Add lines 9, 10c, 11, and 12)				hantse == == 1		
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourth	-	ear as a section	n 501(c)(3)
Sec	tion C. Computation of Public Su		~~		· · · · · · · · · · · · · · · · · · ·		
15 16	Public support percentage for 2008 (lin					15	%
Sec	tion D. Computation of Investmen						
17 18	Investment income percentage for 2000 Investment income percentage from 20	•	-	-	olumn (t)) .	17	% %
16a	33% % support tests-2008. If the orga	anization did no	of check the be	ox on line 14, a		nore than 33%	%, and line
b	17 is not more than 33%%, check this b 33%% support tests—2007. If the organ	ization did not d	heck a box on	line 14 or line	19a. and line 1	6 is more than 3	331/s %, and _
00	line 18 is not more than 33% %, check this	-	_				nization ► 🗆

Totals

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Nam	e of the organization					inployer identification number
Cei	ntral Fund of Israel					13 2992985
Pa	rt I General Informa "Yes" to Form 990			e the United States.	. Complete if the or	ganization answered
1		the organization	n maintain red e grants or as	sistance, and the selec	ction criteria used to	
2	For grantmakers. Describe United States.	be in Part IV th	e organization	's procedures for monit	toring the use of gra	ant funds outside the
3	Activities per Region. (Use	e Schedule F-1	(Form 990) ıf	additional space is nee	ded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (c a program service, describe specific type service(s) in region	expenditures in region
mic	ddle east	0	0	grants		12,765,819
		-				
		,				
		-				

Page 2

Schedule F (Form 990) 2008

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement check 17,460 check 35,000 check 10,000 check 58,675 check 7,000 check 48,212 check 47,918 check 34,150 check 20,514 check 5,550 check 36,300 check 6,000 check 211,760 check 64,374 check 102,850 check 30,000 (e) Amount of cash grant (d) Purpose of grant medical air youth pgn poor fund poor fund gnrl sppt gnrl sppt schl sppt youth aid spec edu spec edu gen sppt gen sppt gen sppt gen sppt gen sppt security (c) Region middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east (b) IRS code section and EIN (if applicable) (a) Name of organization

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter က

Enter total number of other organizations or entities

N

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2008

Part III Grants ar

Occ Concording (1) additional space		(c) Number of		(e) Manner of	(f) Amount of	(g) Description	(h) Method of
(מ) ואָרם טו קומוני טו מאַניו אַני	Loifeau (n)	recipients	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
free Ioan - shelter	middle east	-	2000	check			
free Ioan -supplies	middle east	-	2000	check			
free loan -shelter	middle east	1	10000	check			
free loan - shelter	middle east	1	10000	check			
free Ioan -shelter	middle east	1	10000	check			
free loan-shelter	middle east	1	15000	check			
						Schedule F (Schedule F (Form 990) 2008

Page	4
raye	_

Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.
schedule F	part 1 line 2
directors c	onvene on a semi annual basis to review & evaluate how the donations are spent
schedule F	part 1 line 3 col f
as the cha	rity is all volunteer there are no expenditures other than the grants themselves which are all by checks
	······
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(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II) (f) Manner of cash disbursement 12,850 check 16,500 check 15,000 check 22,600 check 15,180 check 57,719 check 19,800 check 10,000 check 66,481 check 32,127 check 16,596 check 6,300 check 100,000 check 58,631 check 6,600 check 6,000 check 83,640 check 5,000 check 15,000 check (e) Amount of cash grant (d) Purpose of grant poor fund refugee aid poor fund aid society food kitchi gen sppt gen sppt gen sppt gen sppt gen sppt gen sppt gen sppt gen sppt gen sppt gen sppt gen sppt gen sppt spec ed security (c) Region middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

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Schedule	

Part II	Continuation of Grants and Other Assistance	od Other Accietar		the Heat	Ctoton (Cobodi	, , , , , , , , , , , , , , , , , , ,	1 1 0		Page Z
	Continuation of Grants at	Id Offier Assistar	ice or entitles Outside the United States. (Schedule F (Form 990),	the United	States. (Schedu	e r (rorm 9	90), Part II)		
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			middle east	gen suppt	50,000	check			
			middle east	pe seds	72,500	check	3		
			middle east	poor fund	18,600	check			
			middle east	poor fund	7,780	check			
			middle east	poor fund	18,000	check			
]			middle east	kids at ris	11,750	check			
			middle east	gen suppt	25,000	check			
			middle east	environme	16,500	check			
			middle east	legal aid	45,480	check			
			middle east	gen suppt	5,000	check			
			middle east	gen suppt	34,110	check			
			middle east	gen suppt	32,500	check			,
			middle east	gen suppt	10,512	check			
			middle east	gen suppt	6,800	check			
			middle east	pe oeds	37,024	check			
			middle east	gen suppt	6,000	check			
			middle east	sch const	30,887	check			
			middle east	kids at rist	154,338	check			
			middle east	gen suppt	5,000	check			

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Part	Continuation of Grants and Other Assistance	d Other Assistar	ice or Entities Outside the United States. (Schedule F (Form 990),	the United	States. (Schedul	e F (Form 9	Part II)		
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			middle east	gen spprt	6,300	check			:
			middle east	gen spprt	8,500	check			
			middle east	refugee aid	17,940	check			
			middle east	poor fund		check			
			middle east	poor fund	17,000	check			
			middle east	gen spprt	21,918	check			
			middle east	poor fund	10,000	check			
			middle east	gen spprt	155,000	check			;
			middle east	gen spprt	11,205	check			
			middle east	gen spprt	45,000	check			:
			middle east	gen spprt	2,000	check			
			middle east	gen spprt	10,000	check			
			middle east	gen spprt	5,300	check			
			middle east	poor fund	10,000	check			
			middle east	gen spprt	402,000	check			
			middle east	poor fund	26,830	check			
			middle east	gen spprt	57,031	check			
			middle east	gen spprt	119,947	check			
			middle east	gen spprt	76,600	check			
								Schedule F-1 (I	Schedule F-1 (Form 990) 2008

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	Continu	Continuation of Grants and Other Assistance	nd Other Assistar	nce or Entities Outside the United	the United	States. (Schedule F (Form 990)	e F (Form 9	90), Part II)		Page 7
gen suppt 5,000 check gen suppt 10,000 check med build 452,247 check gen suppt 31,525 check gen suppt 45,640 check gen suppt 45,640 check gen suppt 45,640 check gen suppt 19,069 check gen suppt 74,000 check gen suppt 10,000 check	organiz	zation	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
gen suppt 5,000 check med build 452,247 check gen suppt 31,525 check gen suppt 433,000 check gen suppt 43,640 check gen suppt 45,640 check gen suppt 19,069 check gen suppt 15,000 check gen suppt 74,000 check gen suppt 74,000 check gen suppt 18,000 check gen suppt 18,000 check gen suppt 10,000 check gen suppt 10,000 check gen suppt 10,000 check gen suppt 10,000 check				middle east	trauma aid	21,480	check			:
gen suppt 10,000 check gen suppt 31,525 check gen suppt 43,000 check gen suppt 43,640 check gen suppt 45,640 check gen suppt 19,069 check gen suppt 15,000 check gen suppt 74,000 check gen suppt 70,000 check gen suppt 10,000 check gen suppt 700,000 check gen suppt 10,000 check				middle east	gen suppt	5,000				
med build 452,247 check gen suppt 31,525 check gen suppt 433,000 check gen suppt 45,640 check gen suppt 19,069 check gen suppt 15,000 check gen suppt 74,000 check gen suppt 74,000 check gen suppt 74,000 check gen suppt 74,000 check gen suppt 18,000 check gen suppt 10,000 check				middle east	gen suppt	10,000	check			
gen suppt 31,525 check women aic 433,000 check gen suppt 45,640 check gen suppt 19,069 check gen suppt 15,000 check gen suppt 74,000 check gen suppt 74,000 check gen suppt 74,000 check gen suppt 18,000 check gen suppt 18,000 check gen suppt 18,000 check gen suppt 10,000 check medcl aid 702,028 check				middle east	med build	452,247	check			
women aic 433,000 check gen suppt 45,640 check gen suppt 348,100 check gen suppt 19,069 check gen suppt 15,000 check gen suppt 74,000 check gen suppt 74,000 check gen suppt 18,000 check gen suppt 10,000 check				middle east	gen suppt	31,525				
gen suppt 45,640 check gen suppt 19,069 check poor fund 5,252 check gen suppt 15,000 check gen suppt 74,000 check gen suppt 74,000 check gen suppt 74,000 check gen suppt 74,000 check gen suppt 18,000 check gen suppt 10,000 check gen suppt 10,000 check gen suppt 10,000 check gen suppt 10,000 check				middle east	women aic	433,000	check			
gen suppt 348,100 check gen suppt 19,069 check gen suppt 15,000 check gen suppt 74,000 check gen suppt 74,000 check gen suppt 18,000 check gen suppt 18,000 check gen suppt 10,000 check gen suppt 10,000 check medcl aid 702,028 check medcl aid 702,028 check medcl aid 11,500 check		37		middle east	gen suppt	45,640	check			
gen suppt 19,069 check gen suppt 15,000 check aid to pool 50,000 check gen suppt 74,000 check aid to poo 86,955 check gen suppt 18,000 check gen suppt 10,000 check medcl aid 702,028 check medcl aid 11,500 check	1			middle east	gen suppt	348,100	check			
poor fund 5,252 check gen suppt 15,000 check gen suppt 74,000 check spec edu 30,000 check gen suppt 18,000 check gen suppt 10,000 check medcl aid 702,028 check medcl aid 11,500 check	i			middle east	gen suppt	19,069	check			
gen suppt 15,000 check aid to pool 50,000 check spec edu 30,000 check aid to poo 86,955 check gen suppt 18,000 check gen suppt 10,000 check medcl aid 702,028 check medcl aid 11,500 check				middle east	poor fund	5,252	check			
aid to pool 50,000 check gen suppt 74,000 check aid to poo 86,955 check gen suppt 18,000 check gen suppt 10,000 check medcl aid 702,028 check medcl aid 11,500 check	I			middle east	gen suppt	15,000	check			
gen suppt 74,000 check spec edu 30,000 check aid to poo 86,955 check gen suppt 18,000 check medcl aid 702,028 check medcl aid 11,500 check	ı			middle east	aid to poor	50,000	check			
spec edu 30,000 check aid to poo 86,955 check gen suppt 18,000 check medcl aid 702,028 check medcl aid 71,500 check	ľ			middle east	gen suppt	74,000	check			
aid to poo 86,955 check gen suppt 18,000 check medcl aid 702,028 check medcl aid 11,500 check	}			middle east	spec edu	30,000	check			}
gen suppt 18,000 check gen suppt 10,000 check medcl aid 702,028 check medcl aid 11,500 check				middle east	aid to poo	86,955	check			
gen suppt 10,000 check medcl aid 702,028 check medcl aid 11,500 check	ļ			middle east	gen suppt	18,000	check			
medcl aid 702,028 check medcl aid 11,500 check				middle east	gen suppt	10,000	check			
medcl aid 11,500 check	J			middle east	medcl aid	702,028	check			
Schedule F-1 (Form 990) 2008	ľ			middle east	medcl aid	11,500	check			=
									Schedule F-1 (F	orm 990) 2008

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Form 990)	
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Part II	Part II Continuation of Grants and Other Assistance	nd Other Assistar	ice or Entities Outside the United States. (Schedule F (Form 990).	the United	States. (Schedu	e F (Form 99	90). Part II)] }	Page Z
-	(a) Name of organization	(b) IRS code section and EiN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			middle east	gen suppt	25,000	check			
			middle east	legal aid	25,400	check			
			middle east	gen suppt	13,500	check			
			middle east	gen suppt	33,000	check			: :
			middle east	gen suppt	25,000	check			
			middle east	gen suppt	10,000	check			
			middle east	scholarshi	6,000	check			
			middle east	gen suppt	17,000	check			
			middle east	refugee aid	305,000	check			
			middle east	refugee aik	000'09	check			
			middle east	refugee aic	20,000	check			
			middle east	gen suppt	30,000	check			
			middle east	refugee aik	19,000	check			
			middle east	aid to poor	70,182	check			
			middle east	gen suppt	7,672	check			
			middle east	youth aid	174,954	check			
			middle east	poor fund	5056	check			
			middle east	gen suppt	18000	check			
.			middle east	gen suppt	89,200	check			
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(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II) (f) Manner of cash disbursement 5,798 check 10,000 check 42,197 check 10,900 check 50,000 check 61,000 check 30,000 check 14,504 check 52,830 check check 64,040 check 8,000 check 7,500 check 22,412 | check 90,040 check 7,100 check 300,687 check 32,330 check 10,000 (e) Amount of cash grant (d) Purpose of grant alzheimers gen suppt gen suppt gen suppt poor fund gen suppt gen suppt gen suppt youth edu gen suppt gen suppt gen suppt poor fund gen suppt gen suppt med fund spec ed spec ed (c) Region middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F-1 (Form 990) 2008 Part II

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middle east

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Schedule F-1 Part II	Schedule F-1 (Form 990) 2008 Part II Continuation of Grants and Other Assistance	d Other Assistar	ice or Entities Outside the United		States. (Schedule F (Form	e F (Form 9	990), Part II)		Page 2
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			middle east	refugee aic	575,066	check			
			middle east	gen spprt	5,000	check			
			middle east	psych aid	154,304	check			
			middle east	gen spprt	10,000	check			
			middle east	gen spprt	69,279	check			
			middle east	sch cnstr	28,450	check			
			middle east	psych aid	20,000	check			
			middle east	sch cnstr	169,125	check			
			middle east	gen spprt	11,500	check			
			middle east	aid to poor	21,250	check			
			middle east	gen spprt	88,189	check			
			middle east	food kitch	11,860	check			
			middle east	npe qnd	102,000	check			
	j		middle east	pe seds	61,360	check			
			middle east	gen spprt	18,000	check			
			middle east	gen spprt	10,000	check			
			middle east	gen spprt	169,835	check	:		
			middle east	gen spprt	59,200	check			
			middle east	gen spprt	8,000	check			

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(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II) (f) Manner of cash disbursement check 30,295 check 87,466 check 116,650 check 75,000 check 16,000 check 6,000 check 498,476 check 45,900 check 62,678 check 22,235 check 8,160 check 6,000 check 10,000 check 50,000 check 5,000 check 35,701 check 5,000 check 5,000 check 8,800 (e) Amount of cash grant (d) Purpose of grant refugee aic aid to poor gen suppt gen suppt gen suppt gen suppt gen suppt gen suppt gen suppt gen suppt gen suppt gen suppt gen suppt gen suppt gen suppt gen suppt gen suppt gen suppt legal aid (c) Region middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

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Page 2	(i) Method of valuation (book, FMV, appraisal, other)																			
	(h) Description of non-cash assistance																			
90), Part II)																				
le F (Form 9	(f) Manner of cash disbursement	check	7,500 check																	
States. (Schedul	(e) Amount of cash grant	29,000	20,000	114,001	11,810	18,000	10,000	10,000	39,640	14,109	5,400	40,485	100,000	250,295	182,500	55,000	5,000	5,000	220,000	7,500
the United	(d) Purpose of grant	aid to poor	gen suppt	gen suppt	gen suppt	gen suppt	soup kitch	soup kitch	soup kitch	gen suppt										
ce or Entities Outside the United States. (Schedule F (Form 990)		middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east
and Other Assistance	(b) IRS code section and EIN (if applicable)																			
Schedule F-1 (Form 990) 2008 Part II Continuation of Grants an	(a) Name of organization																			
Schedule F-1	-																_			Ì

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(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II) (f) Manner of cash disbursement check 40,323 check 6,300 check 13,000 | check 12,000 check 151,845 check 15,000 check 38,132 check 25,660 check 28,500 check 38,901 check 32,637 check 65,360 check 100,000 check 10,000 check 56,600 check 5,000 check 14,500 check 40,000 check 104,067 (e) Amount of cash grant (d) Purpose of grant gen suppt psych aid (c) Region middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

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- T	(a) Name of organization and EIN (if applicable)	(b) IRS code section and EIN (if applicable)	(ce or Entitles Outside	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation
)		dispursement	assistance	assistance	appraisal, other)
			middle east	gen spprt	15,400	check			
			middle east	legal aid	55,578	check			
			middle east	cancer aid	10,100	check			
			:						
			:						
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								Schedule F-1	Schedule F-1 (Form 990) 2008

SCHEDULE C (Form 990)

Supplemental Information to Form 990

Open t

Open to Public Inspection

OMB No. 1515 0017

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

Central Fund of Israel

Employer Identification number
13 2992985

990 part III line 4d
category 4
support of religious institutions. Grants in this category are primarily for the support, maintenance and the
contruction of synagogues . total expenses -223932 total grants - 223932
category 5 security programs - with security in Israel an everpresent an ongoing problem , this includes any and all help
to secure the safety of the civilian population total expenses -382510 total grants - 382510
category 6 medical services includes support for clinics and hospitals - aid to the blind & diabled - postpartum
depression - medical aid and therapy , in addition to construction & improvments to medical facilities
total expenses - 1 259 283 total grants -1,259 283
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990 part V1 line 2
2 board members are married to each other and 2 others are their children
990 part VI line 10
copies of the 990 are made for the different board members. There is no review process, by the board
990 part V1 line 11
Hadassah K Marcus 207 west 86th St. New York NY 10024
Jay Marcus - 13 Hagoel St - Efrat Israel
Itamar Marcus - 20 Hagoel St - Efrat Israel
Morris Stillman - 225 Maple street , Englewood NJ
Irwin Pecman - 219 Beach ST Belle Harbor NY
990 par VI line 19
upon request - financial & other documents, are e- mailed or they are directed to public websites which maintain them