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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)

QMB No. 1545-0047 2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For t	he 2008 calen	dar year,	or tax year be	ginning Ju	1 1	, 2008, an	d ending	Ju:	n 30		, 2009	}	
В	Check	if applicable:		C Name of org	janization					D Employ	yer ide	ntification N	lumber	
	ПА	ddress change	Please use IRS label	AMERICAN	FRIENDS	OF ISRAEL	ELWYN			23-	256	4116		
	N	ame change	or print or type. See			x if mail is not delivered		Room/su	ute	E Telephi	one nu	mber		
	l lr	nitial return	See specific	c/o Shel	don Bern	ick, PO Box	828284			(21	5)	830-03	04	
	1	ermination	Instruc- tions.	City, town or		2011, 10 2011	State ZIP	code + 4			<u> </u>			
	Ħ	mended return		Philadel	nhia		PA 1	9182		G Green	acainti	s \$ 876	5.108	
	⊨≺	pplication pending		and address of prii			ER I.		H(a) Is th	is a group retur			Yes	X No
	ں ^	ppication penoing	ł .	•	•	84 Philadelp	. h. l D. 2.1	i.		all affiliates inc			Yes	No
	Tax	c-exempt statu						527		o," attach a list.			— ····	٠
<u>+</u>						.) 4947(a)	(1) or 1:					_		
"		bsite: ► ww					I			p exemption n				
K		e of organization.	X Corpora	ation Trust	Association	Other ►	L Year	of Formation	on: 19	87 IVI S	State o	l legal domi	ile PA	
Fe	T	Summa				alanikaani aatuut								
	1	Briefly descri	be the org	janization's m	ission or most	significant activiti	es: CRAIRT	Y FOR TH	E KENIY	LLY DISABLE	D AND	PHYSICAL	LY HAND	ICAPPED.
Ş														
Activities & Governance														
ķ	2	Check this ha		if the erganize		ued its operations			thon 2		_		· ·	
ဗွိ	3	Number of vo	ting mem	hers of the go	vernina hody ((Part VI, line 1a)	or disposed	or more	man z	576 OI IIS A:	3	117		
ಹ	4	Number of in	dependen	t votina memb	ers of the gov	erning body (Part	VI. line 1b)			· · · · · · · · · · · · · · · · · · ·	1 4	17		
ī.	5	Total number	of emplo	yees (Part V.	line 2a)						5	0		•
÷.	6	Total number	of volunte	eers (estimate	if necessary)						6	11		
ĕ						VIII, line 12, colum					7ε			0.
	b	Net unrelated	business	taxable incon	ne from Form	990-T, line 34			<u></u> .		7 t	0		
									1	Prior Year		Cu	rrent Ye	ar
	8	Contributions	and grant	ts (Part VIII, li	ne 1h)					813,2	66.			412.
Revenue	9													
eVe	10					4, and 7d)				371,7	89.		278,	034.
ã	11	Other revenue	e (Part VII	II, column (A),	lines 5, 6d, 8	Sc, 9c, 10c, and 11	e)							
	12	Total revenue	- add lir	nes 8 through	11 (must equa	il Part VIII, column	(A), line 12)		1,185,0	55.		728,	446.
	13	Grants and si	mılar amo	ounts paid (Pa	rt IX, column	(A), lines 1-3)				1,225,6	44.		530,	503.
	14	Benefits paid	to or for r	nembers (Par	t IX, column (/	A), line 4)								
_	15	Salaries, other	r compen	sation, emplo	yee benefits (f	Part IX, column (A), lines 5-10)			0.			
36.	16a					line 11e)		-		80,8	98.			
Expenses		Total fundrais							18 7 9	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7. 55. 19.1	27.00
ă												1		
						d, 11f-24f)				112,6				274.
						X, column (A), line				1,419,2				777.
	19	Revenue less	expenses	. Subtract line	: 18 from line	<u> 12</u>			1	-234,1			<u>-9,</u>	331.
500					[DECE		_	Beg	inning of Y	ear	En	d of Yea	ar
Nat Assets Fund Balanc	20	Total assets (•		neuel	.V. C		<u> </u>	7,197,4	02.	6	<u>,646,</u>	809.
45	21	Total liabilities	(Part X,	line 26)		Z		ပ္က∤	ļ			ļ		
		Net assets or	fund bala	nces. Subtrac	l line 21 from	ine 20 MAY. J. B	2010	<u> 31</u>	<u> </u>	7,197,4	02.	6	<u>,646,</u>	809.
Pa	<u>it </u>	🕟 Signatu	<u>ire Bloc</u>	:k		쓰	~ [e	h						
	,'-j	Under penalties	of perjury	geclare that I have	e examined this re	eturn, including accompa	nying schedules llormation of wh	and state	ments, an	d to the best o	f my kı	nowledge an	d belief, it	ıs
		irue, correct, ai	na complete.	A A	parer (other trail)		liorniation by wit	prepare	ernasan	y knowleage.				
Sig	n ≃⊚	 	// h	elle f Se	mil			'됩		5-//	1-/	υ <u></u>		
Hei	rė̃	Signature	of officer	,					C	ale				
	لیے	→	Sheldo	n Beni	ick, Ti	Chewer								
	3	Type or pri	nt namé and	title.	/ / _									
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Pai	d님	Preparer's	/	112	manon		5.	-11-1	o li	self- employed	\Box			
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par		Firm's name (o	, O'Co	nnell &	Company									
Use Onl		yours if self- employed),	▶ Ste			gton Lane	·· ···································	-		EIN ►				
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Mav	the IF				er shown abov	re? (see instruction						X Y		No
	_					see the separate i		,		TEEA0101	04/2		orm 990	
			-		,							• •		\ <i></i> /

	rtillia Statement of Program Service Accomplishments (see instructions)	23-2304110	Page 2
1	()		
	CHAIRTY FOR THE MENTALLY DISABLED AND PHYSICALLY HANDICAPPED		
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior	
	Form 990 or 990-EZ?	Yes	X No
	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?	Yes	X No
_	If 'Yes,' describe these changes on Schedule O.		EE)
Λ	Describe the exempt purpose achievements for each of the organization's three largest program services by ex	manage Cootion EAT	(0)(3)
_	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc	ations to others, the	total
	expenses, and revenue, if any, for each program service reported.		
An	a (Code:) (Expenses \$ 629,791. including grants of \$ 530,503.) (Reve	6 27	10 034 \
	Cooks 2 (Capelises 3 029,791. including grants of 5 330,503.) (new	situe \$	0,034.)
	Grants awarded to assist and fund programs that service		
	the mentally disabled and physically handicapped.		
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4b	(Code:) (Expenses \$ including grants of \$) (Reve	∍nue \$)
	~		
4 c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
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	~~= = = = = = = = = = = = = = = = = = =		
4d	Other program services. (Describe in Schedule O.)		
	A second)
	Total program service expenses ► \$ 629,791. (Must equal Part IX, Line 25, column (B).)		
<u> </u>	The state of the s	······································	

23-2564116

Form 990 (2008) AMERICAN FRIENDS OF ISRAEL ELWYN

Part 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		х
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		
6		6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8		8		х
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		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
	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		х
12		12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		x
	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		x
i	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b	х	
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	x	
	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		
17		17		x
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		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	• • • • • • • • • • • • • • • • • • • •	20		<u> </u>
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		<u>x</u> _
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		<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		<u>x</u> _
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		x
Ŀ	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		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
ŧ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		
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 tax year? If 'Yes,' complete Schedule L, Part II	26		х_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
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Form 990 (2008)

Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 1.00 415 A 28a X b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV 28b X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II 32 x 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 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 X 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 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI...... 37

TECA0104 12/18/08

Part V. (Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter ·0· if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 2a 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 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 32 Х 3Ь 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)? Δa x b 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 and Financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5 c 6a Did the organization solicit any contributions that were not tax deductible? X 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b Buch Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c X d if 'Yes,' indicate the number of Forms 8282 filed during the year i jir. e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 X 7 q h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ... 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 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 X Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a X b Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь x 10 Section 501(c)(7) organizations. Enter-b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b

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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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Form 990 (2008)

Form 990 (2008) AMERICAN FRIENDS OF ISRAEL ELWYN

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

Section A. Governing Body and Management

a Enter the number of voting members of the governing body 1 a 17 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employees to a management ompany or other person? 2 Did any officer, director, trustee, or key employees to a management ompany or other person? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization ocntemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization have local chapters, branches, or affiliates? 5 Did Deserties of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 9 Did Deserties of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 10 Was a copy of the Form 990 provided to the organization such provides the organization must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is ther	processes, or changes in Schedule O. See instructions. 1 a Enter the number of voting members of the governing body b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee? Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's ass 6. Does the organization have members or stockholders? Ta Does the organization have members, stockholders, or other persons who may elect one or more magoverning body? b Are any decisions of the governing body subject to approval by members, stockholders, or other pe 8. Did the organization contemporaneously document the meetings held or written actions undertaken the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All o describe in Schedule O the process, if any, the organization uses to review the Form 990. It is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If 'Yes,' provide the harmes and addresses in Schedule O. Schedule O how this is done. Describe the organization have a written whistleblower policy? Does the organization hav	17 17 hip with any other he direct supervision hets? hembers of the sons? during the year by	2 3 4 5 6 7 8 8 8 8 8 8 8 8 8 8	x x x x
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b 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?	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org status with respect to such arrangements?	16	` "	01.5
Section C. Disclosures	Section C. Disclosures	uate its participation		
17 List the states with which a copy of this Form 990 is required to be filed Pennsylvania	17 List the states with which a copy of this Form 990 is required to be filed Pennsylvania	uate its participation		
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 inspection. Indicate how you make these available. Check all that apply.	uate its participation		
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19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial	19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, c statements available to the public.	uate its participation anization's exempt	le for pu	olic
State the its available to the public.	20 State the name, physical address, and telephone number of the person who possesses the books ar EHL CONSULTING 2300 Computer Ave. Building p- Willow Grove PA	uate its participation anization's exempt 16 T (501(c)(3)s only) availab	·	

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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) or 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

(A)	(B)			•	c)			(D)	(E)	(F)		
Name and Title	Average hours		Т.,			hat app	-	Reportable compensation from	Reportable compensation from	Estimated amount of other		
	per week	andividi al trustee dr director	institutionel taistae	Offices	key empkyee	High est compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
DAVID REINER, ESQ SECRETARY/TREASURER	0.00	х		х				0.	0.	0		
JON B. SINGER DIRECTOR	0.00	x						0.	0.	0		
MORRIS WILLNER CHAIRMAN EMERITUS	0.00	х		х				0.	0.			
SHELDON BERNICK, DDS DIRECTOR	0.00	х						0.	0.	0		
GEORGE RUBIN DIRECTOR	0.00							0.	0.	0		
ABRAHAM WOLF CHAIRMAN	0.00			х				0.	0.			
ALAN WECHSLER SENIOR VICE CHAIRMAN	0.00	х		х				0.	0.	0		
CHARLIE HAMMERMAN DIRECTOR	0.00	x						0.	0.	0		
MOREY ROSENBLOOM ESQ VICE CHAIRMAN	0.00	x		x				0.	0.	0		
STUART_RUDOLER_ESQ	0.00	x		x				0.	0.	0		
FRANKLIN RIESENBERGER DIRECTOR	0.00	x						0.	0.	0		
RUTH NATHANSON DIRECTOR	0.00	x						0.	0.	0		
EVELYN SOLOMON DIRECTOR	0.00	x						0.	0.	0		
INA SINGER DIRECTOR	0.00	x						0.	0.	0 .		
BRADFORD C. SHUSMAN DIRECTOR	0.00	х						0.	0.			
AMY ERLBAUM DIRECTOR	0.00	х			\rfloor			0.	0.	0.		
ARNOLD N WAGNER DIRECTOR	0.00	х						0.	0.	0.		

Part VII Section A. Officers, Directors, Trus	tees, k	⟨ey	Em	plq	oye	es,	an	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B) Average	Posi	tion (-	C)	het s	undud	(D)	(E)	(F)
Name and Title	hours per week			Officer		employee	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	•									
	<u> </u>									
									····	
1b Total			nore	tha	an \$,000	0 . in reportable com	0. npensation from the	O.
3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such inc	r trustee	e, ke	y en	nplo	yee	, or	high	est compensated	employee	7 7 X X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	ortable o	omp	ens	atio 'Yes	n ai	nd o	ther	compensation fro	m h	4 X
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sche	mpensa	tion :	from	an'	v ur	rela	ted.	organization for se	ervices	5 X
Section B. Independent Contractors										<u> </u>
 Complete this table for your five highest compensated compensation from the organization. 	d indepe	nde	nt co	ontra	acto	rs th	nat r	eceived more thar	\$100,000 of	
(A) Name and business address								Description o	f Services	(C) Compensation
							\exists			
2 Total number of independent contractors (including the	nose in 1) wh	o re	ceiv	/ed	mor	e tha	an \$100,000 in		

L	200	V	III Statement of R	evenue	8 'UN 12 VIII	50555 - 3 Sun Av - 2 Setter				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
24	'	1 a	Federated campaigns .		1 a			《《新教》的	85.36.66.20.86	14 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS		b	Membership dues		1 b					
άŠ	1		Fundraising events		1 c					
F A			Related organizations .		1 d					
₫₫			Government grants (contribute		1 e					
SS S	ĺ		-	-					国际的国际区域	"不是我们的"不是我们的"。 "不是我们的"我们","我们们"
Ę₩		f	All other contributions, gifts, similar amounts not included	grants, and					4 14 6 14 6 18	The State of the
2 5 2 5	l				<u> 1</u> f	450,412.		1. 14 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1 12 30 m
25			Noncash contribus included in					155 333 3	The state of	
2 4	L	<u>h</u>	Total. Add lines 1a-1f			<u></u> ▶	450,412.		[2012] [2] [2]	1. 18. 18. 18. 18. 18. 18. 18. 18. 18. 1
Ę					L	Business Code	28 Note 2018	17 3 6 6 F	Sand Company State &	1. 12. 12. 12. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
Š	2	2 a			L				1	<u> </u>
2	ļ	b								
ã		¢								
É		d					1	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
25		A							 	
Ž	1	ī	All other program service				 		<u> </u>	
ĕ							·	1. 30 / 10 25 / 3 to 35 (V	24030-30-1-1-1-1-1-1-1-1-1-1-1	12865 (55524) 28 6 7 5 7
	-		Total. Add lines 2a-2f .					41.51 41.81.433	Butter B. Hickory	\$267724444
	3	3	Investment income (incl	luding divi	dends,	interest and			1	
	Ι,		other similar amounts)				207,996.	207,996.	0.	0.
	4	-	Income from investment						ļ	
	5	j	Royalties							
				(i) Re	al	(ii) Personal				经验的编数
	€	àa	Gross Rents				1493 100			· 第一个是一个
		b	Less: rental expenses							
		c	Rental income or (loss)				Land Control of the Section of the S			Section of the second
			Net rental income or (lo	ss)					1	
	_		` 1	(i) Secu		(II) Other	200000000000000000000000000000000000000	38.00 10 10 10 10 10 10 10 10 10 10 10 10 1	200-2007/00/00/00/00/00/00	1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *
	/	a	Gross amount from sales of assets other than inventory.		700.			2018/19/2015		
			<i>'</i>	21/	700.					
			Less: cost or other basis	2.48					SALAN TOTAL	
			and sales expenses		662.				建设的设置设置	Sales Contraction of the Contrac
- 1			Gain or (loss)		038.	 	1.5 127.13	19 35 35 18 18 18 18 18 18 18 18 18 18 18 18 18	1822 14 5 15 1 15 1	現代できない。
]		d	Net gain or (loss)		• • • • •	<u></u>	70,038.	70,038.	0.	0.
	8	a	Gross income from fund	raising ev	ents		24.00 . 12 . 12 . 14 . 15 . 16 . 17 . 18 . 1			
X.C.E			(not including . \$			ļ			医成功衰裂炎炎药	
2			of contributions reported	on line 1	c)					2000年的 教育。
2			See Part IV, line 18		а					
OTHER REVE		b	Less: direct expenses .		b				1. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
°		C	Net income or (loss) from	n fundrais	ing eve	ents			, ,	, ,
- 1			•		-		AND THE RESERVE OF THE PARTY OF	28 NOW 184	20 M C 10 C	\$436686786786757 TV
	9	a	Gross income from gami See Part IV, line 19	ing activiti	es.				张江东 李安王	
- 1			Less: direct expenses							
			Net income or (loss) from					25 4 2 10 10 3 1 18 12	* * * * * * * * * * * * * * * * * * * *	15 15 15 15 15 15 15 15 15 15 15 15 15 1
Ì					1		2290 Con 2003	Butterno Winderson	F14517038 86	Section Control of the Control of th
	10	a !	Gross sales of inventory, and allowances	, less retu	rns		では、自然の表現に			经验的证据的
									经产产的	
ľ			Less: cost of goods sold				Mill in the Elither	They madell hours from		2. 20.38 . 20.142
}		Ç	Net income or (loss) from		invent		रेप्यूर हुन्नु, कार्ट दक्ष करना	or work from the control of the cont		
ŀ			Miscellaneous Revenu	e		Business Code		250,200,200,200	様なというかってい	atel the death Link The
	11:	a _						· · · · · · · · · · · · · · · · · · ·		
1	I	p ~								
	(c _								
	•	d /	All other revenue	,						
	(e 1	Total. Add lines 11a-11d			, >	i.	P. 18 (18 (18 (18 (18 (18 (18 (18 (18 (18	THE STATE OF THE S	March 18 19 19 19 19 19 19 19 19 19 19 19 19 19
- [.			otal Revenue. Add lines			· · · · · · · · · · · · · · · · · · ·			17	<u> </u>
	. =	_ 1	Oc, and 11e	, iii, 2g, 3	, 4, 3 , 	ou, /u, 8c, 9c, 	728,446.	278,034.	٥.	0.

Part IX . Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				Party State Control
2				138 18 18 18 18 18 18 18 18 18 18 18 18 18	Some Same of the Section
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	530,503.	530,503.		
4 5	Benefits paid to or for members			Calling The Control	
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	Payroll taxes			1	
11	Fees for services (non-employees)				
	a Management				
	Legal			······	
	Accounting		0.	8,250.	0.
	Lobbying			3,234	<u>_</u> .
	Prof fundraising svcs. See Part IV, In 17		707 - 148 75 March 1987	CONCORVINGENCES	· · · · · · · · · · · · · · · · · · ·
	Investment management fees		60,773.		0.
	J Other		007	· · · · · · · · · · · · · · · · · · ·	
	Advertising and promotion		0.	612.	0.
13	Office expenses	937.	937.	0.	0.
14	Information technology		337.	· · · · · ·	<u>v.</u>
15	Royalties				
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				
	Insurance	36,328.	36,328.	0.	0.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	BANK FEES	7,229.	0.	7,229.	0.
b	Fundraising Fees	91,895.	0.	91,895.	0.
С	MEETINGS/OTHER	1,250.	1,250.	0.	0.
d					
е					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	737,777.	629,791.	107,986.	0.
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					F 000 (0000)

			(A) Beginning of year		End	(B) of yea	ır
	1	Cash - non-interest-bearing	. 276,556.	1		L29,	392
	2	Savings and temporary cash investments		2			
	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 4958(f)(1))	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	135	1. 15/21 24	1.1.2	
۸		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .		6			
A S E	7	Notes and loans receivable, net		7			
Ē	8	Inventories for sale or use		8			
Ś	9	Prepaid expenses and deferred charges		9			
	10 a	Land, buildings, and equipment cost basis 10a	1 1/2/2 1/2 1/2/2/2	1.50	18.50	4.5	Section 1
		Less: accumulated depreciation. Complete Part VI of	The first of the same	3%	1000	د وگذاری از در	10 No.
		Schedule D		100			
	11	Investments – publicly-traded securities	6,920,846.	+		17,	417
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments – program-related. See Part IV, line 11		13			
	14	Intangible assets		14	·		
	15	Other assets. See Part IV, line 11		15	ļ		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16			000
	17				0,0	46,	809
	18	Accounts payable and accrued expenses		17			
		Grants payable		18	 		
L	19	Deferred revenue		19			
Ā	20	Tax-exempt bond liabilities		20	 		
B	21	Escrow account liability. Complete Part IV of Schedule D		21	N 1 11 1		
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II				74-45. 34-45.	
Ē	^-	of Schedule L		22			
5	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
4	26	Total liabilities. Add lines 17 through 25	0.	26			0.
NE I		Organizations that follow SFAS 117, check here X and complete lines				多数	
_ [07	27 through 29 and lines 33 and 34.	2774,4444 14 82.10 2 22.1	24.45			
ASSET	27	Unrestricted net assets	18,822.			85,	
	28	Temporarily restricted net assets	7,178,580.		6,8	32,3	362.
S Q R	29	Permanently restricted net assets	30.00	29			
- 1		Organizations that do not follow SFAS 117, check here ▶ and complete		in and		ξ' . Υν Σ' . Υν	
OZC		lines 30 through 34.	38 6 30 10 6 10	1 3	C1 25/32	1,000	, ,
	30	Capital stock or trust principal, or current funds		30			
뮍	31	Paid-in or capital surplus, or land, building, and equipment fund		31			
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds $\ldots \ldots \ldots$		32			
BALAZOES	33	Total net assets or fund balances	7,197,402.	33	6,6	46,8	309.
\$	34	Total liabilities and net assets/fund balances.	7,197,402.	34		46,8	
Pai	t XI	Financial Statements and Reporting				-	
	_					Yes	No
1	Acc	ounting method used to prepare the Form 990: X Cash Accrual	Other		1 ()	15.5	3 1 5
2 a	Wer	e the organization's financial statements compiled or reviewed by an independent ac			2a		x
		e the organization's financial statements audited by an independent accountant?				х	
•	revi	es' to 2a or 2b, does the organization have a committee that assumes responsibility ew, or compilation of its financial statements and selection of an independent accour	ntant?	• • • • •	2c	x	
3 a	As a Aud	a result of a federal award, was the organization required to undergo an audit or audit Act and OMB Circular A-133?	its as set forth in the Sir	ngle	3a		x_
b	If 'Y	es,' did the organization undergo the required audit or audits?	<u>.,, ,,,, ,,,</u> ,,,,	<u>.</u>	Зь		
BAA						990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

2008 No. 1545-0047

Open to Public

Name of the organization Employer Identification number AMERICAN FRIENDS OF ISRAEL ELWYN 23-2564116 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 exempt 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 organization after X June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c | Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (ii) EIN (v) Did you notify the organization in col. (i) of your support? (vi) is the organization in col (i) organized in the U.S? (vii) Amount of Support rganization in col. (i) listed in your coverning Yes No No Yes Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total If the company of the contributions and membership feas received. (b) and the contributions and membership feas received. (b) and the contributions and membership feas received. (c) and the contributions are contributed to the contributions and the contributions are contributed and the contributions by each person (other than a governmental order than a governm	ra	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)													
beginning in) = (ii) 2 to 1 (iii) 2 to 1 (ii	Sec		ed the dex errinie	0,7,0,00,70,7	,										
2 Tax revenues leved for the organization's benefit and either paid to it or expended either paid to it organization by a governmental unit without charge. Do not expended either paid to it without charge to not expended either paid to it is expended either paid to expended either	Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total							
2 Tax revenues leved for the organization's benefit and either paid to it or expended either paid to it organization by a governmental unit without charge. Do not expended either paid to it without charge to not expended either paid to it is expended either paid to expended either	1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')													
facilities furnished to the organization by a governmental unit without charge. Do not include generally furnished to the public without charge of the public without charge of the public without charge. 4 Total, Add lines 1.3 5 The portion of total contributions by each person (other than a governmental contributions) in the contribution of the person (other than a governmental contributions) in the contribution of the person of the business or than a governmental contribution of the person of the business in the person of the public support beginning in) and the person of the public support beginning in a governmental contribution of the person of the public support beginning in a governmental contribution of the person of the public support beginning in a governmental contribution of the person of the public support beginning in a governmental contribution of the person of the public support beginning in a governmental contribution of the person of the public support beginning in a governmental contribution of the person of the public support beginning in a governmental contribution of the person of the public support percentage for 2000 (tine 6, column () divided by line 11, column (f)		Tax revenues levied for the organization's benefit and either paid to it or expended													
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line in that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest. 7 Amounts from line 4 8 Gross income from interest, dividently support subtract line 5 from line 4 8 Gross income from interest, dividently support subtract line 5 from line 4 8 Gross income from interest, dividently support subtract line 5 from line 4 8 Gross income from interest, dividently support subtract line 5 from line 4 8 Gross income from interest, dividently support subtract line 5 from line 4 8 Gross income from interest, dividently subtract line 5 from line 4 10 Other income from uncertainty in line 1 from line 4 from l	3	facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to													
contributions by each person (other than a governmental unit or publicly supported with a governmental unit or publicly supported with a governmental unit or publicly support support subtract line 5 (other mounts) and the property of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 (other mounts) and the property of the subtract line 5 (other mounts) and the property of the subtract line 5 (other mounts) and the property of the subtract line 5 (other mounts) and the property of the subtract line 5 (other mounts) and the property of the subtract line 5 (other mounts) and the property of the subtract line 5 (other mounts) and the subtract line 5 (ot	4	Total. Add lines 1.3													
Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) A mounts from line 4 Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total heginning in) National strong line 4 Cases income from interest, devidents, payments received on securities loans, rents, received on securities loans, rents, revalties and income form similar sources. Net income form uncleated business is regularly carried on 10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.). Total support. Add lines 7 through 10 from 200 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 16 33-1/3 support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 15 % 16 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 wor more, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test. The organization qualifies as a public	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount													
Section B. Total Support Calendar year (or fiscal year beginning in) >	6	Public support. Subtract line 5													
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans; rents of one securities coans; rents of one securities coans; rents of one securities of the segularly carried on surface and income form similar sources. 9 Net income form unrelated business activities, whether or not the business is regularly carried on. 10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 throu	Sec	Section B. Total Support Calendar year (or fiscal year (a) 2006 (b) 2007 (c) 2008 (c) 2008 (c) 2008													
8 Gross income from interest, dividends, payments received on securities loans, rents, royallies and income form similar sources. 9 Net income form unrelated business activities, whether or not the business is regularly carried on. 10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f). 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. 16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies in Part IV how the organization meets the 'facts-and-circumstances' test. The organization upalifies in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies in Part IV how the organization meets the 'facts-and-circumstances' test. The organization part IV how the organization meets the 'facts-and-circumstances' test. The organization upalifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 0r 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	Calendar year (or fiscal year beginning in) • (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total														
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through 10	10	carried on													
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Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)		organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	► ∏							
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17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	b	33-1/3 support test - 2007. If the	organization did i	not check a box or	n line 13, or 16a,	and line 15 is 33-	1/3% or more, chec	k this box							
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	b	or more, and if the organization n	neets the 'facts-an	id-circumstances'	test, check this be	ox and stop here.	Explain in Part IV	how the							
		Private foundation. If the organiz	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,										

Schedule A (Form 990 or 990-EZ) 2008 AMERICAN FRIENDS OF ISRAEL BLWYN

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	Red tile box on in	ne 9 of Part I.)				· · ·	
	ndar year (or fiscal yr beginning in)>	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	377,290.						2,445,811.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	377,230.	220,130.	370,043.	013,200.	430,		2,773,011.
4	not an unrelated trade or business under section 513							· · · · · · · · · · · · · · · · · · ·
	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							
-	Total. Add lines 1-5	377,290.	228,198.	576,645.	813,266.	450,4	112.	2,445,811.
t	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.)			10.20分词的10.00	医圆头线检查	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		2,445,811.
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) 🟲 📗	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
-	Amounts from line 6	377,290.	228,198.	576,645.	813,266.	450,4		2,445,811.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	186,374.	257,943.	276,182.	385,542.	207,9	790.	1,314,037.
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	186,374.	257,943.	276,182.	385,542.	207,9	96.	1,314,037.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (add ins 9, 10c, 11, and 12.)	280 CARO	S. 8' (8 7 3 7 3 7 5	2.158.241.25	スタング かんりん		<u>.</u> 5	3,759,848.
14	First five years. If the Form 990 is organization, check this box and s			d, third, fourth, or	fifth tax year as a	section 50	(c)(3)	
	tion C. Computation of Pub							
	Public support percentage for 200						15	65.05%
	Public support percentage from 20						16	66.21%
	tion D. Computation of Inve							
	Investment income percentage for	•		-		,	17	34.95%
	Investment income percentage fro						18	33.79%
	33-1/3 support tests – 2008. If the more than 33-1/3%, check this bo							
	33-1/3 support tests — 2007. If the is not more than 33-1/3%, check t							
20	Private foundation. If the organiza	ation did not chec	k a box o <u>n line 14</u>	i, 19a, or 19b, che	eck this box and si	ee instructio	ns	<u> </u>

Schedule	A (F	orm 9	90 or 9	990-E	z) 2008	3 A	MER:	CAN	FRI	END	S QI	7 19	RAEL	EL	WYN		23-	2564	116	F	Page 4
Schedule Part IV	Si	ipple art II	e <mark>me</mark> n , line	ital li 17a	iform or 17	atio	n. Co Part	mple	te th	is pa 2. Pi	rt to ovid	prove an	vide th	e exer	xplanational	on req	uired l	oy Par . (see	t II, lin instruc	e 10; ctions)	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer Identification number** AMERICAN FRIENDS OF ISRAEL ELWYN 23-2564116 Partic Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) ... Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? . Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a if the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: **b** Assets included in Form 990, Part X

		ENDS OF ISRAEL		23-250	
Part III Organizations Maintai	ning Coll	ections of Art, His	torical Treasures,	or Other Similar As	sets (continued)
3 Using the organization's accession that apply):	n and other i	records, check any of th	ne following that are a	significant use of its collection	ction items (check all
a Public exhibition		d Loar	or exchange program	s	
b Scholarly research		e Othe			
c Preservation for future genera	itions		* ***********************************	······································	
4 Provide a description of the organ Part XIV		lections and explain how	w they further the organ	nization's exempt purpose	in .
5 During the year, did the organizat assets to be sold to raise funds ra	ther than to	be maintained as part	of the organization's co	ollection?	Yes No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Ar an amoun	rangements Comp t on Form 990, Pa	olete if organization rt X, line 21.	n answered 'Yes' to	Form 990, Part
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodia	n, or other intermediary	for contributions or ot	her assets not	Yes No
b If 'Yes,' explain the arrangement is	n Part XIV a	nd complete the followi	ng table:		
					Amount
c Beginning balance		• • • • • • • • • • • • • • • • • • • •		1c	
d Additions during the year				1d	
e Distributions during the year					
f Ending balance				1f	
2a Did the organization include an an				·····	Yes No
b if 'Yes,' explain the arrangement is		550, 1 4.0 7.1, 11.10 2.11			
Part V Endowment Funds Cor		rganization answe	red 'Yes' to Form	990 Part IV line 10	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Current				
1 a Beginning of year balance					
b Contributions		12.12.25			
J .		0. 54.75.75		19 19 19 19 19 19 19 19 19 19 19 19 19 1	
c Investment earnings or losses		<u> </u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
d Grants or scholarships					1 6 5 5 1 126 5 15 15 15 15 15
e Other expenditures for facilities and programs		San Comment			
f Administrative expenses		1440 X 100	7 61 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	AND COLOR CORRECTION	1777, 1576 X 87 1878 S
g End of year balance		S. 346 . 27 M.	1384 DE 6185563	深层 落品 程序性 被推广	10000000000000000000000000000000000000
2 Provide the estimated percentage					
a Board designated or quasi-endown	-	8			
b Permanent endowment ▶		 			
c Term endowment ►					
3a Are there endowment funds not in organization by:		ion of the organization t	that are held and admi	nistered for the	Ly. Lu.
(i) unrelated organizations					Yes No
(ii) related organizations				••• • •• •• ••	3a(i)
• • •					. 3a(ii)
b If 'Yes' to 3a(ii), are the related org		· ·			. 3b
4 Describe in Part XIV the intended in				V 11 10	······
Part VI Investments—Land, Bu	<u>liaings, a</u>				
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		<u> </u>	00010 (00101)	智信的"一个的情况"	
b Buildings				7,77	
c Leasehold improvements				 	
d Equipment	,			-	
				 	
e Other		000 0 4 4		<u> </u>	
otal. Add lines 1a-1e (Column (d) should	a equal Fori	n 990, Part X, column ((B), line 10(c).)		
BAA				Sched	dule D (Form 990) 200

Schedule D (Form 990) 2008 AMERICAN FRIENDS	OF ISRAEL ELWY	N 23-2564116 Page
Part VII Investments-Other Securities See Fo	· · · · · · · · · · · · · · · · · · ·	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990 Part X, col (B) line 12.) ▶		1756年1866年1878年1878年1878年1878年1878年1878年187
Part VIII Investments-Program Related (See I	orm 990 Part X	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	<u> </u>	
	<u> </u>	
		and the file of which the second of the reading of the reading of
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13) Part IX Other Assets (See Form 990, Part X,	Una 15)	the good of the state of the second of the second of the second of the
(a) De	scription	(b) Book value
		
· · · · · · · · · · · · · · · · · · ·		
Total. Column (b) Total (should equal Form 990, Part X, col.	(B), line 15)	· · · · · · · · · · · · · · · · ·
Part X Other Liabilities (See Form 990, Part 2	X, line 25)	
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
		图1. 使用的原理的1. 第二次系统的19.50mm
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	-	
<u> </u>		
File Col. (1) Table to be a sense from 200 Barry (200 Barry)		
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)		Les al al segue al sale 14 Con trainer segue to the trainer of
n Part XIV, provide the text of the footnote to the organization boositions under FIN 48.	n's financial statements	s that reports the organization's liability for uncertain tax

	3-2564116	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)		728,446.
2 Total expenses (Form 990, Part IX, column (A), line 25)		737,777.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		-9,331.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net). Add lines 4-8		
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-9,331.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R		
1 Total revenue, gains, and other support per audited financial statements		126,411.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Teda T	
a Net unrealized gains on investments		
b Donated services and use of facilities	1331	
	- (33)	
c Recoveries of prior year grants	100	
d Other (Describe in Part XIV) 2d	-1 '	543 060
e Add lines 2a through 2d, ,		-541,262.
3 Subtract line 2e from line 1	3	667,673.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	12.3	
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)	1422	
c Add lines 4a and 4b		60,773.
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		728,446.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
1 Total expenses and losses per audited financial statements	1	677,004.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Section 1	
a Donated services and use of facilities	[8:3]	
b Prior year adjustments		
c Losses reported on Form 990, Part IX, line 25	300	
d Other (Describe in Part XIV) 2d	[र्र्ड्	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	677,004.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	90%	
a investments expenses not included on Form 990, Part VIII, line 7b	800	
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	60,773.
5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)		737,777.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		

TEEA3304 12/23/08

Schedule D (Form 990) 2008

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Schedule D (Form 990) 2008 AMERICAN FRIENDS OF ISRAEL BLWYN Part XIV Supplemental Information (continued)	23-2564116	Page 5
Part XIV Supplemental Information (continued)		
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

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.

Name	of the organization					Employer identif	lication number	
AME	RICAN FRIENDS OF	ISRAEL ELW	YN			23-25641	.16	
Par	t l General Informa	tion on Activiti	es Outside th	e United States. Complet	e if the			d 'Yes'
	to Form 990, Par	t IV, line 14b.		······································				
1	For grantmakers. Does the grantees' eligibility for the	e organization mai grants or assistan	ntain records to s ce, and the select	ubstantiate the amount of the gion criteria used to award the gi	rants or as	ssistance, the ssistance?	X Yes	No
2	For grantmakers. Describe	e in Part IV the org	anization's proce	dures for monitoring the use of	grant fund	s outside the l	United States	i.
3	Activities per Region. (Use	Schedule F-1 (Fo	rm 990) if addition	nal space is needed.)				
	(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)	(d) is service speci	ivity listed in a program e, describe fic type of (s) in region	(f) To expendit regi	ures in
								
								
								···········

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (2008)

Page 2

Schedule F (Form 990) 2008 AMERICAN FRIENDS OF ISRAEL ELWYN

PARTIL 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.

٦.	(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	Education	530.503	Wite Transfer	C	a / a	7
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		では、一般などのでは、							
No. of the second									
2 Enter to equivale	Enter total number of organizations that are recognized as charrties equivalency letter	that are recognized as ch	harities by the foreig	n country or for	which the grantee	or counsel has pro	by the foreign country or for which the grantee or counsel has provided a section 501(c)(3)	(6)(3)	1
	Enter total number of other organizations or entities	is or entities						A	0
ВАА								Schedule F	Schedule F (Form 990) 2008

Page 3

Schedule F (Form 990) 2008 AMERICAN FRIENDS OF ISRAEL ELWYN

Partill 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method . of valuation (book, FMV, appraisal, other)
		The state of the s					
						Schedule F	Schedule F (Form 990) 2008

Schedule F (Form 990) 2008	AMERICAN FRIENDS OF ISRAEL ELWYN	23-2564116	Page 4
Part IV Supplemental			
Complete this par	t to provide the information required in Part I, line 2, and any other additional	al information.	
Pt_I_Line_2	American Friends of Israel Elwyn shares board n	nembers with Israel	Elwyn.
	Each year, members of the board of directors	for American	
	Friends of Israel Elwyn visit Israel and make	it a point to	
	visit projects supported by American Friends	of Israel Elwyn	
	grants.		
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
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			·

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

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	Employer Identification number
AMERICAN FRIENDS OF ISRAEL ELWYN	23-2564116
Pt VI-B, Line 15 Because there is no paid employees, there is no	
policy for determining such salaries	
Pt VI-C, Line 19 Form 1023 and 990 are available upon request.	
Pt VI-A, Line 10 Form 990 is provided to the board of directors	
electronically. Once approved, it is signed by	an officer
of the board.	
~~~	

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

AMERICAN FRIENDS OF ISRAEL ELWYN

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

. E

Open to Public Inspection

Employer identification number

23-2564116

OMB No. 1545-0047

2008

Schedule R (Form 990) (2008) (F)
Direct controlling
entity (F)
Direct controlling
entity n/a (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets n/a (D) Exempt Code section (D) Total income TEEA5001 12/23/08 n/a (C)
Legal domicrie (state or foreign country) (C) Legal domicile (state or foreign country) IS BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity Education Part II. Identification of Related Tax-Exempt Organizations (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Part 1. Identification of Disregarded Entities 20 Henrietta Szold St., Jerusalem, Israel Klwyn Inc. n/a

Schedule R (Form 990) 2008 AMERICAN FRIENDS OF ISRAEL ELWYN

Part III. Identification of Related Organizations Taxable as a Partnership

or la	2	]
(J) deneral or managing partner?	Kes Kes	
Code V-UBI amount in Box 20 of Schedule K-10	(con mor)	
Dispro tiona allocati	Ves No	
(G) Share of end-of-year assets		
(F) (G) Share of total income Share of end-of-year assets		
Predominant income (related, investment, unrelated)		
(C) (D) Legal Direct domicile controlling entity (state or foreign country)		
(C) Legal domicile (state or foreign		
(B) Primary Activity		
(A) Name, address, and EIN of related organization		

	(G) Share of end-of-y assets	
	ty Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country)  (G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
	(E) Type of entity (C corp, S corp, or trust)	
ust	(D) Direct controlling entity	
poration or Tr	(C) Legal domicile (state or foreign country)	
zations Taxable as a Corporation or Trust	Primary Activity Legal domicile (State or foreign concountry)	
Part IV Identification of Related Organizations T	(A) Name, address, and EIN of related organization	

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Activity Legal domicile Direct Type of entity (C corp., S corp., country)  (G)  (G)  (H)  (G)  (H)  (C corp., S corp., corp.)	(G) Share of end-of-year assets	(H) Percentage ownership
ВАА		TEEA5002 12/23/08	223708			Schedule R (Form 990) (2008)	990) (2008)

Schedule R (Form 990) (2008)

Page 3

23-2564116

Schedule R (Form 990) 2008 AMERICAN FRIENDS OF ISRAEL BLWYN

23-2564116

# Part W. Unrelated Organizations Taxable as a Partnership

Schedule R (Form 990) 2008 AMERICAN FRIENDS OF ISRAEL BLWYN

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(Φ)	9	Tipo an annual man	n pointies silps.					
Name, address, and EIN of entity	Primary activity	(C) Legal Domicile (State or Foreign	Are all partners section	(E) Share of end-of-year assets	(F) Dispropor- tionate	Code V-UBI amount	General or	ral or
	· · · · · · · · · · · · · · · · · · ·	Country)	501(c)(3) organizations?		allocations?	Schedule K-1 Form (1065)	part	Jer?
			Yes No		Yes No		Yes	2
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Form 8868	(Rev 4-2008) AMERICAN FRIENDS OF ISRAEL ELWYN	23-2564116 Page 2		
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this box		
Note. Only	complete Part II if you have already been granted an automatic 3-month exter	nsion on a previously filed Form 8868.		
• If you a	are filling for an Automatic 3-Month Extension, complete only Part I (on page 1			
Part II	Additional (Not Automatic) 3-Month Extension of Time. You	must file original and one copy.		
	Name of Exempt Organization	Employer identification number		
Type or				
print	AMERICAN FRIENDS OF ISRAEL ELWYN	23-2564116		
Eda by tha	Number, street, and room or suite number. If a P O. box, see instructions.	For IRS use only		
File by the extended due date for				
filing the return. See	c/o Sheldon Bernick, PO Box 828284			
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	Philadelphia PA 19182	The state of the s		
Check type	e of return to be filed (File a separate application for each return):			
X Form 9	90	Form 1041-A Form 6069		
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 8870		
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227		
STOP! Do	not complete Part II if you were not already granted an automatic 3-month ext	ension on a previously filed Form 8868.		
• The bo	oks are in care of ► EHL CONSULTING			
Telephone No. ► (215) 830 - 0304 FAX No. ►				
● If the organization does not have an office or place of business in the United States, check this box				
<ul><li>If this is</li></ul>	s for a Group Return, enter the organization's four digit Group Exemption Numb	per (GEN) If this is for the		
whole grou	p, check this box $\dots$ $ hildsymbol{arphi}$ . If it is for part of the group, check this box $ hildsymbol{arphi}$ $\Box$	and attach a list with the names and EINs of all		
members ti	ne extension is for.			
4   request an additional 3-month extension of time until May 17, 20 10.				
5 For calendar year, or other tax year beginning Jul 1, 20 08 , and ending Jun 30, 20 09 .				
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period				
7 State in detail why you need the extension				
Additional time is needed in order to obtain the information necessary to file a complete and accurate return.				
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentat	ive tax, less any		
nonre	fundable credits. See instructions	8a \$ 0.		
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable creents made. Include any prior year overpayment allowed as a credit and any an	edits and estimated tax		
paymı with F	ents made. Include any prior year overpayment allowed as a credit and any an orm 8868	nount paid previously 8bs 0.		
	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or,			
with F	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	ystem). See instrs 8c \$ 0.		
	Signature and Verification	1		
Under penalties	s of perjury, I declare that I have examined this form, including accompanying schedules and statements implete, and that I am authorized to grepare this form.	s, and to the best of my knowledge and belief, it is true.		
correct, and cor		ر اساء		
Signature -	Welle Remarkite - Manager	Date > 2/5/20		
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BAA	FIFZ0502 04/16/08	Form 8868 (Rev 4-2008)		