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## Form 990-EZ

Department of the Treasury Internal Revenue Service

SCANNED AUG 0 2 2010

## Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

**Open to Public** Inspection

| 181  | A   | For th                 | e 2009 calend                           | ar year,       | or tax year beginning                   | 10/1/2008                             | , 2009,                               | and ending      | 9           | /30/20                           | 09            | , 20             |  |
|--|-----|------------------------|---|----------------|---|---------------------------------------|---------------------------------------|-----------------|-------------|----------------------------------|---------------|------------------|--|
| Terrorished   September   Program    |     |                        |   | Please         | C Name of organization                  | DE                                    |                                       |                 | D Emp       | D Employer identification number |               |                  |  |
| New other personal    |     | Address change use IRS |   |                | Alex Singer Project, Inc.               |                                       |                                       |                 | 52 1552625  |                                  |               |                  |  |
| Barak St.   Barak St.    |     | Name c                 | label of                                |                |   | treet address)                        | ddress) Room/suite E Telephone number |                 |             |                                  |               |                  |  |
| Available International Control Cont   | 닏   |                        | 1a 11 Parak Ct                          |                |   |                                       |                                       | 1               | 97226723391 |                                  |               |                  |  |
| * Section 5016/30 organizations and 49476/if1 onenexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).    Website: ➤ alexanger org  | 님   |                        |   | Specific       |   | , and ZIP + 4                         |                                       | L               | E Gro       | <del></del>                      |               |                  |  |
| Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach   Cash   Accurate Check   2 completed Schedule A (Form 990 or 980-82).   | 片   |                        |   |                | , ·                                     |                                       |                                       |                 | 1           | •                                | •             | ı                |  |
| Website:   |     |                        |   |                | <del></del>                             |                                       |                                       | C Acce          |             |                                  |               | anh 🗆 Anarual    |  |
| Website: ➤ slexsinger org   J Tax-exempt status (check only one) → [   501(c) ( 3 ) ◀ (neer no )   |     | • 5e                   | ction 501(c)(3)                         | -              |   | · · · · · · · · · · · · · · · · · · · | must attacr                           | <b>I</b>        | _           |                                  |               | asii 🗀 Acciuai   |  |
| Website: ► elexanger org   Tax-exempt status (check only one) =  |     |                        |   |                | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |                                       |                 |             |                                  |               |                  |  |
| Taxe-exempt status (check only one) -  |     | Maba                   | ita. A alove                            | unger e        | ra                                      |                                       |                                       | 1               |             |                                  | -             |                  |  |
| Form 990-EZ or Form 990-EZ or Form 990-EZ in the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990-EZ or Form 990-EZ in the organization chooses to file a return, be sure to file a complete return.  L Add lines 5b, 8b, and 7b, 10 use 9 to determine gross receipts, in \$500,000 or novel, the Form 990-EZ in \$186  Partitle  Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)  1 Contributions, grifts, grants, and similar amounts received  1 Program service revenue including government fees and contracts  1 S894  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5 Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a)  5 Less cost or other basis and sales expenses  5 Cain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Special events and activities (Subtract line 5b from line 5a)  7 Gross arevenue (not including \$ of contributions reported on line 1)  8 b Less cost of goods sold  9 Total revenue (Recismbe P   |     |                        |   |                | <del></del>                             | <b>4</b> (inport no.) ☐ 4947(a        | )(1) or                               | ı ·             |             |                                  | CHECUI        | = D (1 OIII 990, |  |
| Part      |     |                        |   |                |   |                                       | <del>~~</del> — =                     |                 |             |                                  |               |                  |  |
| Part      |     |                        |   |                |   |                                       |                                       |                 |             |                                  |               | n \$25,000 A     |  |
| Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I)  |     |                        |   |                |   | <del></del>                           |                                       |                 |             | nete te                          | turii         | 0196             |  |
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| Program service revenue including government fees and contracts   2   2842   | 20  | $\overline{}$          |   |                |   |                                       | illu Balanc                           | .es (See III    | e 1115111   | 1 1                              | 5 101 1       |                  |  |
| Membership dues and assessments    A   Investment income   A   350   |     |                        |   | -              | -                                       |                                       |                                       | •               | •           |                                  |               |                  |  |
| A   Investment income   B   Gross amount from sale of assets other than inventory   Less cost or other basis and sales expenses   Sb   Sb   Sc   Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   Sc   Special events and activates (complete applicable parts of Schedule (5) if any amount is from gaming, check here   Sc   Special events and activates (somplete applicable parts of Schedule (5) if any amount is from gaming, check here   Sc   Special events and activates (Subtract line 5b from line 6a)   Sc   Special events and solitions reported on line 1)   Less direct expenses other than fundraising expenses   Sc   Special events and activates (Subtract line 6b from line 6a)   Sc   Special events and activates (Subtract line 6b from line 6a)   Sc   Special events and activates (Subtract line 6b from line 6a)   Sc   Special events and activates (Subtract line 6b from line 6a)   Sc   Special events and activates (Subtract line 7b from line 7a)   To   Special events and activates (Subtract line 7b from line 7a)   To   Special events and similar amounts paid (attach schedule)   Special events a    |     | ſ                      | -                                       |                |   | iment fees and contract               | ts                                    |                 |             | _                                |               | 2942             |  |
| Sa Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 To 8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts pad (attach schedule) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Cocupancy, rent, utilities, and maintenance 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 219 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets on line 25, column (B) are \$1,250,000 or more, file Form 990 on instead of Form 990-EZ. 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ▶ 25 Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. 21 Carlo 1000 or more, file Form 990 on instead of Form 990-EZ. 22 Net assets or fund balances (line 27 of column (B) must agree with line activities. 23 Carlo 1000 or more, file Form 990 on instead of Form 990-EZ. 24 Net assets or fund balances (line |     | J                      |   |                |   |                                       |                                       |                 |             | <u> </u>                         |               |                  |  |
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| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7c  8 Other revenue (describe ▶ ) 8  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9 9186  10 Grants and similar amounts paid (attach schedule) 10  11 Benefits paid to or for members 11  12 Salaries, other compensation, and employee benefits 12  13 Professional fees and other payments to independent contractors 13  14 Occupancy, rent, utilities, and maintenance 14  15 Printing, publications, postage, and shipping 15 6421  16 Other expenses (describe ▶ ) 16 219  17 Total expenses. Add lines 10 through 16 ▶ 17 6640  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 29308  20 Other changes in net assets or fund balances (attach explanation) 20  18 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II ) (A) Beginning of year (B) End of year 29308 22 31854  21 Total labilities (describe ▶ ) 24  22 Cash, savings, and investments 23  23 Other assets or fund balances (line 27 of column (B) must agree with line 20 29308 27 31854  25 Total liabilities (describe ▶ ) 29308 27 31854  26 Total liabilities (describe ▶ Net assets or fund balances (line 27 of column (B) must agree with line 20 29308 27 31854  26 Form 990-EZ (2009)   |     | 7a                     | <ul> <li>Gross sale</li> </ul>          | s of inv       | entory, less returns and                | allowances                            |                                       | ļ               |             | 1036                             |               |                  |  |
| 8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9 9186  10 Grants and similar amounts paid (attach schedule) 10  11 Benefits paid to or for members 11  12 Salaries, other compensation, and employee benefits 12  13 Professional fees and other payments to independent contractors 13  14 Occupancy, rent, utilities, and maintenance 14  15 Printing, publications, postage, and shipping 15 6421  16 Other expenses (describe ▶ 16 219  17 Total expenses. Add lines 10 through 16 17 6640  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 29308  20 Other changes in net assets or fund balances (attach explanation) 19 Net assets or fund balances at end of year (Combine lines 18 through 20 20 21 31854  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II) 29308 22 31854  20 Other assets (describe ▶ 24 25 Total assets or fund balances (line 27 of column (B) must agree with line 2 ECEIV F 29308 25 31854  27 Total Ifabilities (describe ▶ 29308 25 31854  28 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10840 Form 990-EZ (2009)   |     | ļ b                    |   | _              |   |                                       |                                       | <u> </u>        |             |                                  |               |                  |  |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13   14   15   15   16   17   16   18   19   19   19   19   19   19   19   |     | 0                      | Gross prof                              | fit or (lo     | ss) from sales of invento               | ry (Subtract line 7b fron             | n line 7a)                            |                 |             |                                  |               |                  |  |
| Total expenses. Add lines 10 through 16  10 Season (deficit) for the year (Subtract line 17 from line 9)  11 Net assets or fund balances at end of year Combine lines 18 through 20  12 Cash, savings, and investments  22 Cash, savings, and investments  23 Cash Savings, and investments  24 Cash Savings, and investments  25 Other assets of fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  26 Net assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  25 Other assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  26 Net assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  27 Net assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  28 Other assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  29 Other changes in net assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  29 Other assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  29 Other assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  20 Other changes in net assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  20 Other assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  20 Other assets (Cat No 108c)  21 Other assets (Cat No 108c)  22 Other assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  23 Other assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  24 Other assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  25 Other assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  26 Other assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  25 Other assets or fund balances (line 27 of column (B) must agree with line 20 (Cat No 108c)  26 Other assets or fund b  |     | 8                      | Other reve                              | nue (de        | scribe 🕨                                |                                       |                                       |                 | )           | <del></del>                      |               | <del></del>      |  |
| 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ ) 16 219 17 Total expenses. Add lines 10 through 16   |     | 9                      | Total reve                              | nue. A         | dd lines 1, 2, 3, 4, 5c, 6c             | , 7c, and 8                           |                                       | <u> </u>        |             | 9                                |               | 9186             |  |
| 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ 16 219 17 Total expenses. Add lines 10 through 16 17 6640 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2546 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 29308 20 Other changes in net assets or fund balances (attach explanation) 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 20 21 31854  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II) (A) Beginning of year (B) End of year 29308 25 31854 23 Land and buildings 23 23 24 Other assets (describe ▶ 24 24 25 Total assets (describe ▶ 26 27 Total liabilities (describe ▶ 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21 C E No 10840 Form 990-EZ (2009)   |     | 1                      | Grants and                              | d sımıla       | r amounts paid (attach s                | chedule) .                            |                                       |                 |             | 1                                |               |                  |  |
| Professional fees and other payments to independent contractors  13  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe ▶ ) 16 219  17 Total expenses. Add lines 10 through 16  |     | 1                      | Benefits paid to or for members         |                |   |                                       |                                       |                 |             |                                  |               | <del></del>      |  |
| 16 Other expenses (describe ► ) 16 219 17 Total expenses. Add lines 10 through 16 17 6640  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2546  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 29308  20 Other changes in net assets or fund balances (attach explanation) 19 29308  21 Salance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II) (A) Beginning of year (B) End of year 29308 22 31854  22 Cash, savings, and investments 29308 22 31854  23 Land and buildings 23 24 24 25 29308 25 31854  26 Total liabilities (describe ► 29308 25 31854  27 Net assets or fund balances (line 27 of column (B) must agree with line 24 29308 27 31854  Error Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10842) Form 990-EZ (2009)  | es  | 12                     | • |                |   |                                       |                                       |                 |             | -                                |               |                  |  |
| 16 Other expenses (describe ► ) 16 219 17 Total expenses. Add lines 10 through 16 17 6640  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2546  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 29308  20 Other changes in net assets or fund balances (attach explanation) 19 29308  21 Salance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II) (A) Beginning of year (B) End of year 29308 22 31854  22 Cash, savings, and investments 29308 22 31854  23 Land and buildings 23 24 24 25 29308 25 31854  26 Total liabilities (describe ► 29308 25 31854  27 Net assets or fund balances (line 27 of column (B) must agree with line 24 29308 27 31854  Error Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10842) Form 990-EZ (2009)  | e u | 13                     |   |                |   |                                       |                                       |                 |             | -                                |               |                  |  |
| 16 Other expenses (describe ► ) 16 219 17 Total expenses. Add lines 10 through 16 17 6640  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2546  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 29308  20 Other changes in net assets or fund balances (attach explanation) 19 29308  21 Salance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II) (A) Beginning of year (B) End of year 29308 22 31854  22 Cash, savings, and investments 29308 22 31854  23 Land and buildings 23 24 24 25 29308 25 31854  26 Total liabilities (describe ► 29308 25 31854  27 Net assets or fund balances (line 27 of column (B) must agree with line 24 29308 27 31854  Error Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10842) Form 990-EZ (2009)  | ×   | 14                     |   |                |   |                                       |                                       |                 |             | -                                |               |                  |  |
| 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 Cash, savings, and investments  23 Cash, savings, and investments  24 Other assets (describe    25 Total assets  26 Total liabilities (describe    27 Net assets or fund balances (line 27 of column (B) must agree with line 21 E E V F )  28 Part II Sequence Sheets. If Total assets on line 25, column (B) must agree with line 21 E C F V F or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  28 Cat No 10640  18 Cat No 10640  29308  20 Cat No 10640  19 Q 29308  29308  20 Cat No 10640  294 Cat No 10640  290-EZ (2009)   | ш   | 13                     |   |                |   |                                       |                                       |                 | •           | -                                |               |                  |  |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II ) (A) Beginning of year (B) End of year 29308 22 31854  22 Cash, savings, and investments 29308 22 31854 23 Land and buildings 24 Other assets (describe  29308 25 31854 25 Total assets 26 Total liabilities (describe  29308 25 31854  26 Net assets or fund balances (line 27 of column (B) must agree with line 21 ECEV  29308 27 31854  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Cat No 10640 Form 990-EZ (2009)   |     | 16                     |   |                |   |                                       |                                       | )               |             |                                  |               |                  |  |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe Part II)  25 Total assets  7 Total liabilities (describe Part II)  Net assets or fund balances (line 27 of column (B) must agree with line 2 ECEVED 29308 27 31854  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Cat No 10642)  Form 990-EZ (2009)   |     | +                      |   |                |   |                                       |                                       |                 | -           |                                  |               |                  |  |
| Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II )  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ▶  25 Total assets  7 Total liabilities (describe ▶  26 Total liabilities (describe ▶  27 Net assets or fund balances (line 27 of column (B) must agree with line 2 in C   V   V   V    For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Cat No 10640  Form 990-EZ (2009)   | ţ   | 1                      |   |                |   |                                       | •                                     |                 |             | · -                              |               | 2546             |  |
| Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II )  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ▶  25 Total assets  7 Total liabilities (describe ▶  26 Total liabilities (describe ▶  27 Net assets or fund balances (line 27 of column (B) must agree with line 2 in C   V   V   V    For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Cat No 10640  Form 990-EZ (2009)   | Se  | 19                     |   |                | -                                       |                                       | column (A)                            | ) (must agre    | e with      | 12 m                             |               |                  |  |
| Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II )  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ▶  25 Total assets  7 Total liabilities (describe ▶  26 Total liabilities (describe ▶  27 Net assets or fund balances (line 27 of column (B) must agree with line 2 in C   V   V   V    For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Cat No 10640  Form 990-EZ (2009)   | Ą   |                        | end-of-yea                              | ar figure      | reported on prior year's                | s return) .                           |                                       |                 | •           | $\vdash$                         |               | 29308            |  |
| Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II )  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ▶  25 Total assets  7 Total liabilities (describe ▶  26 Total liabilities (describe ▶  27 Net assets or fund balances (line 27 of column (B) must agree with line 2 in C   V   V   V    For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Cat No 10640  Form 990-EZ (2009)   | ét  | 20                     |   | ~              |   | •                                     | ,                                     |                 |             |                                  |               |                  |  |
| (See the instructions for Part II )  (A) Beginning of year (B) End of year  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ▶  25 Total assets  27 Total liabilities (describe ▶  28 Total liabilities (describe ▶  29308 25 31854  26 Total liabilities (describe ▶  27 Net assets or fund balances (line 27 of column (B) must agree with line 21 CEV F)  29308 27 31854  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Cat No 106420 Form 990-EZ (2009)   | _   |                        | Net assets                              | or fund        | balances at end of yea                  | r Combine lines 18 thro               | ough 20                               | <del></del>     | <u> </u>    |                                  |               |                  |  |
| 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ▶ 25 Total assets 26 Total liabilities (describe ▶ 27 Net assets or fund balances (line 27 of column (B) must agree with line 21 CEV F) 29308 27 31854  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 106420 Form 990-EZ (2009)  |     | art I                  |   |                |   |                                       |                                       |                 |             |                                  |               |                  |  |
| 23 Land and buildings 24 Other assets (describe ▶ 25 Total assets 26 Total liabilities (describe ▶ 27 Net assets or fund balances (line 27 of column (B) must agree with line 2   C   V   C   D    For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Cat No 106420 Form 990-EZ (2009)  |     |                        |   |                | (See the instructions f                 | or Part II)                           |                                       | (A) B           |             |                                  |               |                  |  |
| Other assets (describe ►  25 Total assets  Cat No 10642b  Common 990-EZ (2009)   |     |                        |   |                | vestments                               |                                       |                                       | <u> </u>        |             | 29308                            |               | 31854            |  |
| Total assets  29308 25 31854  26 Total liabilities (describe ▶ 26  27 Net assets or fund balances (line 27 of column (B) must agree with line 2i CEV ► 1 29308 27 31854  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 106420 Form 990-EZ (2009)   |     |                        | and and build                           | dıngs          |   |                                       |                                       | <u> </u>        |             |                                  |               |                  |  |
| Total liabilities (describe ► 26  27 Net assets or fund balances (line 27 of column (B) must agree with line 21 CEV ► 29308 27 31854  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 106420 Form 990-EZ (2009)  |     |                        | -                                       | describ        | e▶                                      | · <del></del>                         |                                       | _, }            |             |                                  |               |                  |  |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21 CEVF) 29308 27 31854  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Cat No 108420 Form 990-EZ (2009)   |     |                        |   |                |   |                                       |                                       | ·               |             | 29308                            | $\overline{}$ | 31854            |  |
| For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Cat No 106420 Form 990-EZ (2009)   |     |                        | otal liabilitie                         | <b>s</b> (desc | ribe ▶                                  |                                       | DFA                                   | F1\             |             |                                  |               |                  |  |
| 181  | _   |                        |   |                |   |                                       |                                       | CIVEL           |             | 29308                            |               |                  |  |
|  | For | Priva                  | icy Act and Pa                          | perwor         | k Reduction Act Notice, s               |                                       |                                       | Cat No 1        | 06+6D       |                                  | Form          | 990-EZ (2009)    |  |
| IMI JUL 10 / (III) (YI   |     |                        |   |                |   | ξ <del>φ</del>                        | JUL                                   | <b>1 5</b> 2010 | K           |                                  |               |                  |  |

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|------|---|------------------------------------|------------------------------|-------------------------------------|--------|-------------------------|
| Par  | t III Statement of Program Service Accor        | mplishments (See the insti         | ructions for Part II         | <u>l.)</u>                          |        | Expenses                |
| Wha  | t is the organization's primary exempt purpose? |                                    |                              |                                     |        | uired for section       |
|      | cribe what was achieved in carrying out the o   | rganization's exempt purpo         | ses In a clear a             | nd concise                          | , .    | c)(3) and 501(c)(4)     |
|      | ner, describe the services provided, the number |                                    |                              |                                     |        | nizations and section   |
|      | program title.                                  | or persons benefited, una          | other relevant into          | imation for                         |        | (a)(1) trusts, optional |
|      | program title.                                  |                                    |                              |                                     | 10r ot | hers)                   |
| 28   |   |                                    |                              |                                     | 1      |                         |
|      |   |                                    |                              |                                     |        |                         |
|      |   |                                    |                              |                                     | 1      | 1                       |
|      | /Cranta \$                                      | at includes foreign grants, oh     | ook horo                     | . ▶ □                               | 28a    |                         |
|      | (Grants \$ ) If this amour                      | nt includes foreign grants, ch     | ieck nere .                  | <u> </u>                            | 20a    |                         |
| 29   |   |                                    |                              |                                     |        |                         |
|      |   |                                    |                              |                                     | İ      |                         |
|      |   |                                    |                              |                                     |        |                         |
|      | (Grants \$ ) If this amoun                      | nt includes foreign grants, ch     | eck here                     | . ▶ 🗆                               | 29a    |                         |
| 30   |   |                                    |                              | <del></del>                         | 1      |                         |
| 30   |   |                                    |                              |                                     |        |                         |
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|      |   |                                    |                              |                                     |        |                         |
|      | (Grants \$) If this amour                       | nt includes foreign grants, ch     | ieck here .                  | ▶ □                                 | 30a    |                         |
| 31   | Other program services (attach schedule)        |                                    |                              |                                     | 1      |                         |
|      | · · · · · · · · · · · · · · · · · · ·           | nt includes foreign grants, ch     | eck here                     | ▶ □                                 | 31a    |                         |
|      | Total program service expenses (add lines 28a   |                                    | IGUN FIGIC                   |                                     | 32     | <del></del>             |
|      |   |                                    | <del></del>                  |                                     |        |                         |
| Par  | List of Officers, Directors, Trustees, and Ke   |                                    |                              |                                     |        |                         |
|      | (a) Name and address                            | (b) Title and average              | (c) Compensation             | (d) Contributio<br>employee benefit |        | (e) Expense account and |
|      | (a) Name and address                            | hours per week devoted to position | (If not paid,<br>enter -0- ) | deferred comper                     |        | other allowances        |
| May  | Singer  |                                    | <del> </del>                 | <u>'</u> -                          |        | <del></del>             |
|      |   | Dir , President, 1                 |                              |                                     | •      | ,                       |
|      | rak St. Jerusalem 93502 ISRAEL                  |                                    | 0                            | <b> </b>                            | 0      | 0                       |
| Suza | nne Singer                                      | Ch'r of Bd of Dir, Treas,          |                              | <u> </u>                            |        |                         |
| 1 Ba | rak St. Jerusalem 93502 ISRAEL                  | Cit of bu of bit, freas,           | 0                            |                                     | 0      | 0                       |
| Dani | el A. Singer                                    |                                    |                              |                                     |        |                         |
|      | etar St , Jerusalem, ISRAEL                     | Dir and VP                         | 0                            |                                     | 0      | 0                       |
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|      | amın Sınger                                     | Dir and VP                         |                              |                                     |        | 1                       |
| 20 O | mrı St , Tel Avıv, ISRAEL                       |                                    | 0                            |                                     | 0      | 0                       |
| Saul | Singer  |                                    |                              |                                     |        |                         |
|      | ethlehem Avenue, Jerusalem, ISRAEL              | Dır, Secretary, Asst Treas         | 0                            |                                     | 0      | 0                       |
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| Part | Other Information (Note the statement requirements in the instructions for Part V.)  |                                       |                                       |                                       |  |  |
|------|--|---------------------------------------|---------------------------------------|---------------------------------------|--|--|
|      |  |                                       | Yes                                   | No                                    |  |  |
| 33   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 33                                    |                                       | 1                                     |  |  |
| 34   | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   | 34                                    |                                       | 1                                     |  |  |
| 35   | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T |                                       | * Fr.                                 | , A., A.                              |  |  |
| а    | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?   |                                       |                                       |                                       |  |  |
| b    | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35a<br>35b                            |                                       |                                       |  |  |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  | 36                                    |                                       | ✓                                     |  |  |
| 37a  | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   | 2.5                                   | . 3                                   | 3                                     |  |  |
| b    | Did the organization file Form 1120-POL for this year?   | 37b                                   |                                       | $\checkmark$                          |  |  |
| 38a  | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?                        | 38a                                   | للتخث                                 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |  |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b   |                                       | ، دامراً <sub>م</sub>                 | 70                                    |  |  |
| 39   | Section 501(c)(7) organizations Enter  | 3                                     | which .                               |                                       |  |  |
| а    | Initiation fees and capital contributions included on line 9   | Ser Series                            |                                       | الآي عاد بي<br>الآي عاد بي            |  |  |
| b    | Gross receipts, included on line 9, for public use of club facilities . 39b  | 1 3 3 1 2                             | - Taylor 18.                          | 13.54                                 |  |  |
| 40a  | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 $\blacktriangleright$ 0, section 4912 $\blacktriangleright$ 0, section 4955 $\blacktriangleright$ 0                                   | b                                     |                                       |                                       |  |  |
| b    | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified                            | تعديد                                 | 14 C 21                               |                                       |  |  |
|      | person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 40b                                   |                                       | ✓                                     |  |  |
| С    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶   | 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 | 1                                     |  |  |
| d    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization   |                                       |                                       | 36.                                   |  |  |
| е    | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e                                   |                                       |                                       |  |  |
| 41   | List the states with which a copy of this return is filed Md, Va, DC, NY   |                                       |                                       | <u>-</u> -                            |  |  |
| 42a  |  | 972267                                | 72339 <sup>-</sup>                    | 1                                     |  |  |
|      | Located at ▶ 1 Barak St Jerusalem 93502 ISRAEL ZIP + 4 ▶   | 935                                   | 502                                   |                                       |  |  |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority   |                                       |                                       |                                       |  |  |
|      | over a financial account in a foreign country (such as a bank account, securities account, or other financial  |                                       | Yes                                   | No                                    |  |  |
|      | account)?  | 42b                                   |                                       | ✓                                     |  |  |
|      | 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.  |                                       | ,<br>,,                               | , •                                   |  |  |
| С    | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶  | 42c                                   |                                       | <b>✓</b>                              |  |  |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  |                                       | . 1                                   | <b>▶</b> □                            |  |  |
|      |  |                                       |                                       |                                       |  |  |
|      |  |                                       | Yes                                   | No                                    |  |  |
| 44   | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of   | 2,11                                  | 6                                     |                                       |  |  |
|      | Form 990-EZ  | 44                                    |                                       | 1                                     |  |  |
| 45   | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If   |                                       |                                       | البات ا                               |  |  |
|      | "Yes," Form 990 must be completed instead of Form 990-EZ   | 45                                    |                                       | ✓                                     |  |  |
|      | For  | m <b>990</b>                          | )-EZ                                  | (2009)                                |  |  |

| Form 99 | 00-EZ (2009)   |  |                                      |   |                                 | Page ·   |
|---------|--|--|--------------------------------------|---|---------------------------------|----------|
| Part    | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and | section 4947(a)(1) none<br>17(a)(1) nonexempt char<br>ad 51    | exempt charitab<br>itable trusts mus | le trusts only. A<br>t answer question                                    | ll sections 46–4                | n<br>.9b |
| 46      | Did the organization engage in direct or indirect candidates for public office? If "Yes," complete \$                  |  | es on behalf of or                   | in opposition to  |                                 | s No     |
| 47      | Did the organization engage in lobbying activities   |  |                                      | • • •   | 46                              | 1        |
| 48      | Is the organization a school as described in section   |  |                                      |   | 48                              | +        |
| 49a     | Did the organization make any transfers to an ex   |  |                                      | <u> </u>  | 49a                             | 1        |
| b       | If "Yes," was the related organization a section 5   | -  | J                                    |   | 49b                             | 1        |
| 50      | Complete this table for the organization's five his employees) who each received more than \$100,6                     |  |                                      |   |                                 |          |
|         | (a) Name and address of each employee paid more than \$100,000   | (b) Title and average<br>hours per week<br>devoted to position | (c) Compensation                     | (d) Contributions to<br>employee benefit plans &<br>deferred compensation | (e) Exp<br>accour<br>other allo | nt and   |
| none    |  |  |                                      |   |                                 |          |
|         |  |  | <del> </del>                         | -   |                                 |          |
|         |  |  |                                      |   |                                 |          |
|         |  |  | <u> </u>                             |   |                                 |          |
|         |  |  |                                      |   |                                 |          |
|         |  |  | İ                                    | i   |                                 |          |
|         |  |  | <del></del>                          | <del> </del>  |                                 |          |
|         |  |  |                                      |   |                                 |          |
| f       | Total number of other employees paid over \$100  | 1.000  |                                      | <del></del>   |                                 |          |
| 51      | Complete this table for the organization's five h \$100,000 of compensation from the organization                      | n If there is none, enter "N                                   | one "                                |   |                                 |          |
|         | (a) Name and address of each independent contractor  | paid more than \$100,000                                       | <b>(b)</b> Typ                       | pe of service   | (c) Compe                       | nsation  |
| none    |  |  |                                      |   |                                 |          |
|         | · · · · · · · · · · · · · · · · · · ·  |  |                                      |   |                                 |          |
|         |  |  |                                      |   |                                 |          |
|         |  |  |                                      |   |                                 |          |
|         |  |  |                                      |   |                                 |          |
|         |  |  |                                      |   |                                 |          |
|         |  |  |                                      |   |                                 |          |
|         | ·  |  |                                      |   |                                 |          |
| d       | Total number of other independent contractors e  | ach receiving over \$100,00                                    | 00 ▶                                 |   |                                 |          |
|         | Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration    |  |                                      |   |                                 |          |
| Sign    | My   | /  |                                      | 6/29/1.   |                                 |          |
| Here    | Signature of officer   | R Poes   | ;<br>,                               | Date  |                                 |          |
|         | Type or print name and title   |  |                                      |   |                                 |          |

Check if self-employed ▶ □

EIN

Phone no ▶

Date

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

Paid Preparer's

Use Only

Preparer's identifying number (See instructions)