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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Internal	Revenue	Service	► The or	ganization may have to use	a copy of this return to satisfy s	tate reporting	requirements	Inspection		
A Fo	r the	2009 cal	endar yea	r, or tax year beginning 01-0	1-2009 and ending 12-31-2009	9	D Fundamenida	ntification number		
_		pplicable	Please	C Name of organization Friends of the Israel Defense Fo	orces		D Employer Ide	itification number		
_	dress ch		use IRS label or	Doing Business As			13-315644! E Telephone nu			
	me cha	_	print or type. See		(212) 244-3118					
_	tial retu		Specific Instruc-	Number and street (or P O box 350 Fifth Avenue No 2011	r if mail is not delivered to street addre	ss) Room/suite	G Gross receipts \$			
_	mınate		tions.	330 Fifth Avenue No 2011						
_	ended			City or town, state or country, New York, NY 10118	and ZIP + 4					
Ар	olication	n pending		·						
				ne and address of principal o c Gershon	officer		ıs a group return			
			350 Fit	fth Avenue No 2011		απιιια	ites?	⊤Yes 🔽 No		
			New Yo	ork,NY 10118		• •	ll affiliates include			
 т Та	x-exem	npt status	▼ 501(c) (3) ◀ (insert no))(1) or	l _	o," attach a list ip exemption nur	(see instructions)		
		e: F www	•			H(c) Grou	ip exemption har	ilbei F		
						<u> </u>	1			
	n of or rt I	ganization Sumn		tion Trust Association Otl	ner ►	L Year of fo	rmation 1981 M	State of legal domicile NY		
I G	1		•	e organization's mission or r	most significant activities					
01		•			tional programs & facilities for th	ne soldiers of	the IDF & their f	amılıes		
Governance										
Ě										
5	2	Check th	nis box 🛏	_ if the organization discont	inued its operations or disposed	of more than	25% of its net a	ssets		
	3		_		dy (Part VI, line 1a)			70		
<u>8</u>	4				governing body (Part VI, line 1b)		70		
Activities &	5			nployees (Part V, line 2a)			5 6	95		
ទូ	6 7a			olunteers (estimate if necess ted business revenue from F	rart VIII, column (C), line 12 .		_	0		
		-			•	7a 7b				
	_	b Net unrelated business taxable income from Form 990-T, line 34					or Year	Current Year		
	8	Contrib	utions an	d grants (Part VIII, line 1h)			46,721,080	45,989,766		
nie	9							0		
Ravenue	10	Investr	ment incor	me (Part VIII, column (A), lı	nes 3, 4, and 7d)		1,534,680	1,051,672		
ш.	11			art VIII, column (A), lines 5			-124,731	-28,889		
	12			dd lines 8 through 11 (must	equal Part VIII, column (A), line	9	48,131,029	47,012,549		
	13				umn (A), lines 1-3)		29,313,304	33,611,646		
	14	Benefit	s paid to d	or for members (Part IX, colu	ımn (A), lıne 4)			0		
ø	15	Salarıe 10)	s, other co	ompensation, employee bene	efits (Part IX, column (A), lines 5	5 –	4,682,466	5,056,261		
Expenses	16a	•	uonal fund	Iraising fees (Part IX, colum	n (A), line 11e)		517,000	575,000		
¥ ⊕	Ь			enses (Part IX, column (D), line 2!						
Ш	17				1a-11d, 11f-24f)		5,147,662	5,314,100		
	18	Total e	xpenses ,	Add lines 13–17 (must equa	al Part IX, column (A), line 25)		39,660,432	44,557,007		
	19	Revenu	e less exp	penses Subtract line 18 fror	n line 12		8,470,597	2,455,542		
\$ \$ \$ \$ \$ \$							g of Current Year	End of Year		
Net Assets or Fund Balances	20	Totala	ssets (Pai	rt X, line 16)			97,924,553	107,751,660		
AAB B	21			Part X, line 26)			27,350,788	36,243,670		
25	22		•	id balances Subtract line 21			70,573,765	71,507,990		
Pa	rt II	Signa	ature Bl	ock		•	•			
					ned this return, including accompanying of preparer (other than officer) is base					
Sign		****	** ture of office	<u> </u>		2010- Date	11-11			
Here	E], *				Date				
			ik Gershon I or print nam	National Director ne and title						
		Preparer's			Date	Check If	Preparer's identify	/ing number		
Paid		signature		ERICK H ROTHMAN		self- empolyed •	(see instructions)			
	arer's						EIN ▶			
Use										
		NEW YORK, NY 10017						Phone no (212) 867-4000		
May '	the IR	S discus:	s this retu	·	bove? (see instructions)			▼ Yes		

Part III Statement of Program Service Accomplishments

4	Briefly	descri	he the	organizatio	n's	mission

FIDF initiates and helps support a wide range of social, educational, cultural and recreational programs and facilities for the young men and women soldiers of Israel FIDF also provides support for the families of fallen soldiers FIDF's national office and New York regional offices are located in New York City Additional regional offices are located in Chicago, Los Angeles, San Diego, San Francisco, Miami, Boca Raton, Detroit, Boston, Atlanta and Baltimore

2	Did the organization undertake a the prior Form 990 or 990-EZ?	ny significant program serv	ices during the year wh	ich were not listed on	┌─ Yes ┌─ No
	If "Yes," describe these new serv	ices on Schedule O			
3	Did the organization cease conduservices?		_	ıcts, any program	┌ Yes ┌ No
	If "Yes," describe these changes	on Schedule O			
4	Describe the exempt purpose act Section 501(c)(3) and 501(c)(4) allocations to others, the total ex	organizations and section	4947(a)(1) trusts are	required to report the am	
4a	(Code) (Exper	nses \$ 11,883,155 II	ncluding grants of \$	11,383,484) (Revenue \$)
	Educational and Scholarship Programs personal nature of the program enable unit and a disadvantaged socioeconom hours of community service every year their environment. The FIDF Young SO (IDF) throughout their studies. It helps ensuring an excellent education, the pischolarships for the 2009-2010 academ seminars, workshops, discussion group their assimilation process, provide enrices sponsored approximately \$1.1 million of	is the sponsors to directly see the ic background that would preven reduring the full term of the scholar those students coming from an icogram is also aimed at promoting year of college or university step, and field trips strengthen the Jachment opportunities to soldiers were seen to be soldiers with the soldiers with the soldiers were seen to soldiers with the soldiers with the soldiers were seen to be soldiers with the soldiers with the soldiers were seen to be soldiers with the soldiers with the soldiers were seen to be soldiers with the soldiers with the soldiers were seen the soldiers with the soldiers with the soldiers were soldiers with the soldiers with the soldiers with the soldiers were soldiers.	impact of their donations or t them from pursuing higher arship. The efforts of the stu- dents who study in a high-so inderprivileged socioeconom g leadership and social respo udy representing nearly \$10 ewish and National identity of	n soldiers lives To be eligible, education Each scholarship redents are aimed at helping the chool or boarding-school affilia ic background by sponsoring the soldiership assistant of IDF commanders and soldier for the scholarship assistant of IDF commanders and soldiership assistant for IDF commandership assistant for IDF comma	soldiers must come from a combat ecipient is required to complete 130 eir communities and improving ted with Israel Defense Forces uition scholarships. In addition to as able to fund close to 2,500 ice. Educational programs utilizing irs, assist new immigrant soldiers in
4b	(Code) (Exper	nses \$ 10,060,089 II	ncluding grants of \$	8,241,693) (Revenue \$)
	Wellbeing and Recreational Programs - subsidies, basic furniture and home api assistance to over 5,600 soldiers and s Soldiers Program enables FIDF to act also sponsors flights for lone combat so flights for approximately 85 soldiers at activities such as workshops, shows, estates for children of fallen soldiers whapproximately 250 such families, inclus \$700,000. The Spirit Program provides centers which are fully equipped with lesuch programs for a total of over 19,00 equipment, entertainment appliances, activities, and unit celebrations of holid year-long recreational activities and exapproximately \$880,000	pliances, holiday gift packages, for ponsored Chanukah Friendship vos a second family for the more the loldiers, enabling them to visit lovo a cost of \$100,000. The Legacy local cost of \$100,000 is the Legacy local cost of \$100,000 is the Legacy local cost of the experience of summer than the experience of the experien	ood vouchers, and other assi- puchers for approximately 9, ann 5,000 soldiers who have ed ones in their home counti- Program enables families of lar Israeli artists, sports activer cramp in the U.S. with Ama approximately 130 children active-duty combat units. Since active-duty combat units. Since active fullion Special gradies sors events honoring outstand disproximately \$1.2 millions.	Istance to their families. During, 000 soldiers at a combined como immediate family in Israe ry during their period of service fallen soldiers to enjoy recreativities, and more. The programe rican children of similar age of various ages. The cost of soldiers enjoy a week of R&R and other amenities. During 20 ants are given to selected conding soldiers, small gifts to do of such assistance. The Adop	g 2009, FIDF provided such st of over \$2 8 million The Lone during their military service FIDF e During 2009, FIDF sponsored tional vacations in Israel with also sponsors trips to the United During 2009, FIDF aided uich activities was approximately at FIDF-supported recreation 09, FIDF sponsored 37 weeks of inbat units for such items as sports evelop team spirit, entertainment t a Battalion Program provides
4c	(Code) (Exper	nses \$ 14,150,276 II	ncluding grants of \$	13,986,469) (Revenue \$)
	Construction Programs - FIDF sponsors synagogues, memorial rooms, auditorillarge wellbeing complexes FIDF also synagogues that soldiers can use every of approximately \$15 million, thirteen design and bidding stage, with a total with a total budget of approximately \$	ums, medical facilities and soldier sponsors the construction and reno where Construction activity durn additional projects were under co budget of approximately \$24 mill	s homes for soldiers through ovation of smaller projects a ng 2009 was as follows nin nstruction, with a total budg	nout Israel These facilities rand nd semi-permanent facilities, eteen construction projects we et of approximately \$15 millio	ge from individual structures to such as social clubs, and ere completed, with a total budget n, and six projects were in the
4d	Other program services (Descr	The In Schedule O)			
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	<u>-</u>			<u> </u>

Part IV	Checklist of	Required	Schedules

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	Yes			
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes			
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		Νο		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο		
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	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο		
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		No		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No		
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		No		
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes			
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,		Yes			
	Parts VI , VII , VIII , IX , or X as applicable	11	163			
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.					
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.					
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.					
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.					
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.					
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.					
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes			
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No					
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		i		
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes			
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 U S? If "Yes," complete Schedule F, Part II	15	Yes			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No		
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes			
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Form 990 (990 (2009) Statements Regarding Other IPS Filings and Tay Compliance				
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			
	1a 51			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	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)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country •IS See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

350 Fifth Avenue Suite 2011 New York, NY 10118 (212) 244-3118

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

The content of number of voting members of the governing body 1s 1s 70 70 70 70 70 70 70 7	Se	ction A. Governing Body and Management						
In a Enter the number of voting members of the governing body				Yes	No			
b Enter the number of voting members that are independent.								
b Enter the number of voting members that are independent.								
Did any officer, director, frustee, or key employees have a family relationship or a business relationship with any of their efficer, director, frustee, or key employees for a management company or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a material diversion of the organization above members of the possibility of the organization have members or stockholders? Did the organization become aware during the year of a material diversion of the organization's assets? Did the organization have members of stockholders? Does the organization have members, stockholders? Does the organization of the governing body subject to approval by members, stockholders, or other persons? Possible organization and the governing body subject to approval by members, stockholders, or other persons? Possible organization of the governing body subject to approval by members, stockholders, or other persons? Possible organization of the governing body subject to approval by members, stockholders, or other persons? Possible organization of the governing body subject to approval by members, stockholders, or other persons? Possible organization of the governing body subject to approval by members, stockholders, or other persons? Possible organization of the governing body? Possible organization of the governing body before filing the form of the governing body before filing the form of the governing body subject to conflict. Does the organization have written policies and procedures governing body before filing the form of the governing body before filing the form of the governing body before filing the form of the governing b	1a	Enter the number of voting members of the governing body 1a 70						
by the officer, director, trustee, or key employee? 3	b	Enter the number of voting members that are independent 1b 70	•					
Dut the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustess, or key employees to a management company or other person? Dut the organization make any significant changes to its organization of company or other person? Dut the organization become aware during the year of a material diversion of the organization's assets? 5 Dut the organization have members or stockholders? 6 Does the organization have members or stockholders? A Does the organization have members or stockholders? B Are any decisions of the governing body subject to approval by members, stockholders, or other persons? J Dut the organization contemporaneously document the meetings held or written actions undertaken during the year by the following T The opportunity of the following T The opportunity of the following T The opportunity of the governing body? T Section B Pellicies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Does the organization have local chapters, branches, or affiliates? Yes D The post of the governing body or the names and addresses in Schedule O Does the organization have local chapters, branches, or affiliates? P Section B Pellicies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes D Describe in Schedule O the process, if any, used by the organization to review the Form 990 Does the organization have a written conflict of interest policy? If "Mor, got chine 13" Does the organization have a written conflict of interest policy? If "Mor, got chine 13" Does the organization and consistently monitor and enforce compliance with the policy? If "Yes, describe organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? The organization in schedule O how this is done The organization have a written with selection of the following	2		,		No			
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 ws filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization have members of stockholders? 6 Did the organization have members, stockholders? 7 Did Dees the organization have members, stockholders, or other persons who may elect one or more members of the giverning body? 7 Did Did How any discisions of the governing body subject to approval by members, stockholders, or other persons? 7 Did Did How any discisions of the governing body subject to approval by members, stockholders, or other persons? 7 Did Did How any any the following 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Did How any any officer, director, trustee, or key amployee listed in Part VII, Section A, who cannot be reached at the organization smaling address? If Yes, "provide the names and addresses in Schedule O . 9 Did Did How any officer, director, trustees, or key mipoyee listed in Part VIII, Section A, who cannot be reached at the organization smaling address? If Yes, "provide the names and addresses in Schedule O . 9 Did How Internal Revenue Code.) 9 5 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 1 Provided the organization have local chapters, branches, or affiliates? 1 Provided the organization have local chapters, branches, or affiliates? 1 Provided the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 1 Provided a copy of this Form 99 O to all members of its governing by before filing the form 1 Provided the process, if any, used	3							
Miles Mil	4		. 3		No			
5 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Dot the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Each committee with authority to act on behalf of the governing body? 9 Each committee with authority to act on behalf of the governing body? 8 Each committee with authority to act on behalf of the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Does the organization have local chapters, branches, or affiliates? 10 Does the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches, or affiliates? 12 Does the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 12 Does the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 12 Does the organization have a written policies and procedures governing body before filing the form? 13 Does the organization have a written conflict of interest policy? If "No," got to line 13 14 Does the organization have a written whistleblower policy? 15 Dot the organization requalty and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 16 Does the organization have a written whistleblower policy? 17 Describe in Schedule O how this is done 18 Does the organization have a written whistleblower policy? 19 Does the organization have a written whistleblower policy? 19 Does the organization	4		4		No			
proper the organization have members, stockholders, or other persons who may elect one or more members of the governing body? A rea my decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the following as a proper part of the following any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the year by the following any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes," provide the names and addresses in Schedule O. Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code). Possible organization have local chapters, branches, or affiliates? 10a Des the organization have local chapters, branches, or affiliates? 11b Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code). 11c T'Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 11c T'Yes," does the organization have a written policies and procedures governing body before filing the form affiliate and procedures governing body before filing the form? 11c Possible organization have a written conflict of interest policy? If No," go to line 13 11c Des che organization have a written conflict of interest policy? If No," go to line 13 11d Des the organization have a written document retention and destruction policy? If Yes," describe in Schedule O how this is done 11d Des the organization have a written document retention and destruction policy? 11d Des the organization have a written document retention and destruction policy? 11d Des organizations CEO, Executive Director, or t	5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No			
governing body?	6	Does the organization have members or stockholders?	6		Νo			
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 by 10 dith or organization contemporaneously document the meetings held or written actions undertaken during the year by the following 2 h the following 3 h the governing body? 8 less committee with authority to act on behalf of the governing body? 9 less committee with authority to act on behalf of the governing body? 9 less committee with authority to act on behalf of the governing body? 9 less committee with authority to act on behalf of the governing body? 9 less committee with authority to act on behalf of the governing body? 9 less committee with authority to act on behalf of the governing body? 9 less committee with authority to act on behalf of the governing body? 9 less committee with authority to act on behalf of the governing body? 9 less committee with authority to act on behalf of the governing body? 9 less committee with a the government of the governing body before filing the form? 10 less affiliates, and branches to ensure their operations are consistent with those of the organization provided a copy of this Form 90 to all members of its governing body before filing the form? 11 less and branches to ensure their operations are consistent with those of the organization for the governing body before filing the form? 12 less and branches to ensure their operations are consistent with those of the organization for provided a copy of this Form 90 to all members of its governing body before filing the form? 12 less affinites, and branches to ensure their operations are consistent with those of the organization have a written conflict of interest policy? 11 "No," go to line 13 less and branches to conflicts? 1 less and branches to ensure their operations and enforce compliance with the policy? 1 less and 2 less the organization have a written whistleblower policy? 1 less and 2 less the organization have a written whistleblower policy? 1 less and 2 less the organization have a written whistleblowe	7a		7a		No			
year by the following a The governing body?	b		7b		Νο			
Be and committee with authority to act on behalf of the governing body?	8							
Section B, Policies (This Section B) requests information about policies not required by the Internal Section B. Policies (This Section B requests information about policies not required by the Internal Section B. Policies (This Section B requests information about policies not required by the Internal Section B. Policies (This Section B requests information about policies not required by the Internal Section B. Policies (This Section B) requests information about policies not required by the Internal Section B. Policies (This Section B) requests of the Organization have local chapters, branches, or affiliates? 10	а		8a	Yes				
section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Fig. 10a Pose the organization have local chapters, branches, or affiliates? Fig. 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Fig. 11b It Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Fig. 11c It Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Fig. 11d Poescribe in Schedule O the process, if any, used by the organization to review the Form 990 Fig. 11d Poes the organization have a written conflict of interest policy? If "No," go to line 13 Fig. 11d Poes the organization have a written conflict of interest policy? If "No," go to line 13 Fig. 11d Poes the organization have a written document and enforce compliance with the policy? If "Yes," does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," does the organization have a written document retention and destruction policy? Fig. 11d Poes the organization have a written document retention and destruction policy? Fig. 11d Poes the organization have a written document retention and destruction policy? Fig. 11d Poes the organization have a written document retention and destruction policy? Fig. 11d Poes the organization for EQ, Executive Director, or top management official Fig. 11d Poes the organization have a written document retention and destruction policy? Fig. 11d Poes the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Fig. 11d Poes the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Fig. 11d P	b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
Reviewe Code.) 10a Poes the organization have local chapters, branches, or affiliates? 10b Poes the organization have local chapters, branches, or affiliates? 10c If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11c If as the organization provided a copy of this Form 990 to all members of its governing body before filing the form affiliates, and branches to ensure their operations are consistent with those of the organization? 11b Poescribe in Schedule O the process, if any, used by the organization to review the Form 990. 11c Poescribe in Schedule O the process, if any, used by the organization to review the Form 990. 11d Poes the organization have a written conflict of interest policy? If "No," go to line 13 11d Poes the organization have a written whistleblower policy? If "No," go to line 13 11d Poes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 11d Poes the organization have a written whistleblower policy? 11d Poes the organization have a written whistleblower policy? 11d Poes the organization have a written whistleblower policy? 11d Poes the organization have a written whistleblower policy? 11d Poes the organization have a written whistleblower policy? 11d Poes the organization have a written whistleblower policy? 11d Poes the organization have a written whistleblower policy? 11d Poes the organization have a written whistleblower policy? 11d Poes the organization have a written whistleblower policy? 11d Poes the organization have a written whistleblower policy? 11d Poes the organization have a written whistleblower policy. 11d Poes the organization have a written whistleblower policy. 11d Poes the organization have a written whistleblower policy. 11d Poes the organization have a written whistleblower policy. 11d Poes the organization have a written whistleblower polic	9				No			
Note	Se							
10a Yes 15 15 Yes 16 16 Yes 17 Yes 18 Yes 18 Yes 18 Yes 18 Yes 19 Yes 10 Yes 11 Yes 12 Yes 13 Yes 14 Yes 15 Yes 16 Yes 17 Yes 18 Yes 19 Yes 10 Yes 11 Yes 12 Yes 13 Yes 14 Yes 15 Yes 16 Yes 17 Yes 18 Yes 19 Yes		· · · · · · · · · · · · · · · · · · ·						
the billing and branches to ensure their operations are consistent with those of the organization?		•		Yes	No			
the billing and branches to ensure their operations are consistent with those of the organization?	10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes				
11		If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10h	Yes				
11A Pase	11							
12a				Yes				
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," alze yes describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 The organization's CEO, Executive Director, or top management official 15 The organization's CEO, Executive Director, or top management official 15 The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Tif "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? 17 List the States with which a copy of this Form 990 is required to be filed▶NY, IL, CA, MA, FL, MI, OH 18 Section 6.104 requires an organization to make its Form 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 Town website Thorther's website Town organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table	11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	b		12b	Yes				
13 13 14 15 15 16 17 17 18 19 19 19 19 19 19 19	c		12c	Yes				
14 Does the organization have a written document retention and destruction policy?	13			1 00	N o			
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official					No			
The organization's CEO, Executive Director, or top management official		Did the process for determining compensation of the following persons include a review and approval by						
the Other officers or key employees of the organization				.,				
If "Yes" to line a or b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			-					
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Ь		15b	Yes				
taxable entity during the year?		If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
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?	16a		165		No			
Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed NY, IL, CA, MA, FL, MI, OH 18 Section 6104 requires an organization to make its Form 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 Own website. Another's website. ✓ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	104		110			
List the States with which a copy of this Form 990 is required to be filed NY, IL, CA, MA, FL, MI, OH Section 6104 requires an organization to make its Form 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 Own website Another's website ✓ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			16b					
List the States with which a copy of this Form 990 is required to be filed NY, IL, CA, MA, FL, MI, OH Section 6104 requires an organization to make its Form 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 Own website Another's website ✓ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table	Se	ction C. Disclosure						
Section 6104 requires an organization to make its Form 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 Own website. Another's website. Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table								
(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.								
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table		(3)s only) available for public inspection. Indicate how you make these available. Check all that apply						
	19							
State the name, physical address, and telephone number of the person who possesses the books and records of the organization					_			
Jonathan Bernstein	20		ie orga	ınızatıoı	า ▶			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) e Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations				
See add'l data										

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Mahan & Nash Public Relations 4640 Admiralty Way- Suite 406 Marina del Ray, CA 90292	professional fundraising	455,000
Dani Molad 1881 OHiggins Buenos Aries AR	professional fundraising	120,000
Refael Avıram 26 Golda Meır Yehud IS	professional fundraising	101,307
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►3) who received more than	

Form 990 (2009)

Form 99								Page 9
Part V	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ut	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	Ь		es 1b					
ts, aπ	c	Fundraising eve		10,800,135				
<u> </u>	d	Related organiz Government grants	rations 1d					
Sign Sim	e	_		35,189,631				
ž F	f	sımılar amounts no	ot included above					
きませ	g	Noncash contri 3! lines 1a-1f \$ _	butions included in 92,979					
S E	h	Total. Add lines	s 1a-1f	▶	45,989,766			
				Business Code				
enti	2a							
Program Serwce Revenue	ь							
	С							
Ser.	d							
Ē	e							
Ď	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen	. F	638,370			638,370
	4		ar amounts) stment of tax-exempt bond		038,370			038,370
	5			· · · ·				
		,,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)	🕨				
	_	C	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	31,534,186					
	ь	Less cost or other basis and	31,120,884					
		sales expenses	442.202					
	c d	Gain or (loss)	413,302		413,302			413,302
	8a	Gross income f						.129,552
Other Revenue		events (not inc \$10,800	luding <u>,135</u> s reported on line 1c)	2,324,095				
her E	ь	Less direct ex	penses b	2,532,041				
δ	С	Net income or ((loss) from fundraising	events 🟲	-207,946			-207,946
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a	422.020				
	ь	Less direct ex	penses b	432,929 253,872				
	С		(loss) from gamıng actı		179,057			179,057
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	С		(loss) from sales of inve	entory 🗠				
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	c	A.II						
	d e	All other revenue Total. Add lines	ue					
	12		See Instructions .	· · · · •				
	_ 	iotai ievellue.	Sectionactions :	[47,012,549	0	0	1,022,783

Part IX Statement of Functional Expenses

Do no	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U S See Part IV, line 21	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
7b, 8b 1	, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations		Program service	Management and	
2			·	general expenses	expenses
		50,000	50,000		
3	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	33,561,646	33,561,646		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	535,308	115,607	223,797	195,904
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	3,734,935	480,311	791,697	2,462,927
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	75,197	9,353	16,769	49,075
9	Other employee benefits	397,718	53,516	91,653	252,549
10	Payroll taxes	313,103	43,487	79,756	189,860
11	Fees for services (non-employees)				
а	Management				
ь	Legal	15,440		15,440	
c	Accounting	45,497		45,497	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	575,000			575,000
f	Investment management fees				
g	Other	736,365	151,952	69,304	515,109
12	Advertising and promotion	150,900	6,049	200	144,651
13	Office expenses	2,001,403	839,294	23,615	1,138,494
14	Information technology	20,009		43	19,966
15	Royalties				
16	Occupancy	692,738		4,326	688,412
17	Travel	1,238,896	779,098	8,489	451,309
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	101,320		39,434	61,886
23	Insurance	60,974	3,197	57,777	
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	Professional Fundraisin	191,000			191,000
b	miscellaneous	59,558	10	3,166	56,382
c					· · ·
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	44,557,007	36,093,520	1,470,963	6,992,524
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				· · ·

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,500,220	1	6,134
	2	Savings and temporary cash investments			21,582,566	2	21,949,738
	3	Pledges and grants receivable, net			32,255,006	3	35,405,863
	4	Accounts receivable, net			71,886	4	48,700
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of					
		Schedule L				5	7,800
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			120,203	9	138,596
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	1,018,633			
	ь	Less accumulated depreciation	10b	609,279	154,351	10c	409,354
	11	Investments—publicly traded securities			8,935,933	11	11,077,479
	12	Investments—other securities See Part IV, line 11			19,303,182	12	20,070,758
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			14,001,206	15	18,637,238
	16	Total assets. Add lines 1 through 15 (must equal line 34)			97,924,553	16	107,751,660
	17	Accounts payable and accrued expenses .			738,462	17	533,703
	18	Grants payable			11,125,354	18	15,552,512
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
jes	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		ē		22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			15,486,972	25	20,157,455
	26	Total liabilities. Add lines 17 through 25			27,350,788	26	36,243,670
Sá		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e li	ines 27			
3		through 29, and lines 33 and 34.			23,023,068	27	20,708,145
ଜାନ	27	Unrestricted net assets	45,337,765				
<u> </u>	28	'			48,431,913		
Fund Balance	29	Permanently restricted net assets	d a	uniot o	2,212,932	29	2,367,932
		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	a com	ipiete			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
45.5	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net /	33	Total net assets or fund balances	-		70,573,765	33	71,507,990
Ž	34	Total liabilities and net assets/fund balances			97,924,553	34	107,751,660
ı ——		The state of the s			3.,52.,500	- 7-	

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. See separate instructions.

Public Charity Status and Public Support

Inspection

Employer identification number

Name of the organization Friends of the Israel Defense Forces

13-3156445

Pa	rt I	Reas	Reason for Public Charity Status (All organizations must complete this part.) See instructions								
The c	rganı			foundation because							
1	Γ	A churc	h, conventio	on of churches, or as	sociation of d	churches se	ction 170(b)((1)(A)(i).			
2	\sqcap	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedul	e E)				
3	Γ	A hospi	tal or a coop	perative hospital serv	vice organiza	ition describ	ed in section	170(b)(1)(A	۸)(iii).		
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	ospital descr	ıbed ın secti	on 170(b)(1)	(A)(iii). Ente	rthe
5	Γ	_	-	rated for the benefit	=	or university	owned or ope	erated by a g	governmental	unit describ	_ ed ın
6	\sqcap	A feder	al, state, or	local government or	governmenta	ıl unıt descri	bed in sectio i	n 170(b)(1)((A)(v).		
7	굣	describ	ed ın	t normally receives a		part of its si	upport from a	government	al unit or fror	n the genera	public
8	\vdash	A comn	nunity trust	described in section	170(b)(1)(A)(vi) (Comp	olete Part II)				
9 10 11 e f g	L	receipts its supple acquire An orgation or	s from activity ort from group of the organization organization organization organization from different from the following section of the following the following the following the following mily members of the following from the following mily members or the following from the	t normally receives ties related to its ex ss investment incom anization after June 3 anized and operated y supported organiza bes the type of supported organiza to be Type II x, I certify that the con managers and other ecceived a written decommanagers and other ectly or indirectly con governing body of the r of a person describ ed entity of a person	empt function ne and unrela 30, 1975 Se exclusively to exclusively to tions describ orting organiz c	ns—subject for the beneficed in section and control or more publication and grown the IRS and any gift or alone or toged organizative?	to certain excest taxable incomplete lines. Functionally lied directly on that it is a Tyr contribution gether with person?	ceptions, and ome (less semplete Part in see section 50 for section for section integrated for indirectly distribution for section for sectio	d (2) no more ction 511 tall III) 09(a)(4). ons of, or to of (2) See in 11 h d by one or mons described II or Type III	than 331/3% x) from busin carry out the section 509(Type II re disqualifie in section 5	purposes of a)(3). Check I - Other d persons D9(a)(1) or organization,
h		Provide	the followin	g information about t	he supported	d organizatio	n(s)				
(i) Name o supporte organizat		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes No		(v) Did you notify the organization in col (i) of your support? Yes No		(vi) Is the organizat col (i) organizat the U	e ıon ın anızed	(vii) A mount of support?
									<u> </u>	1	
									1		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Part II

_	(Complete only if yo	ou checked the	DOX OII IIIIC 3, 1	, or o or rait i	••/		
	ection A. Public Support endar year (or fiscal year beginning					Т	
Care	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	31,992,33	9 46,407,954	59,379,554	46,721,080	45,989,766	230,490,693
	include any "unusual						
2	grants ") Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without						
	charge						
4	Total. Add lines 1 through 3	31,992,33	9 46,407,954	59,379,554	46,721,080	45,989,766	230,490,693
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						164 217
	supported organization) included						164,217
	on line 1 that exceeds 2% of the amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5						230,326,476
	from line 4						230,320,470
	ection B. Total Support	T					
Cak	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	A mounts from line 4	31,992,339	1,142,729	59,379,554	46,721,080	45,989,766	230,490,693
8	Gross income from interest,	,,	=,= -=, -==	,,	,,.	, ,	
Ū	dividends, payments received on						
	securities loans, rents, royalties	364,535	1,142,729	2,017,035	1,564,821	638,370	5,727,490
	and income from similar						
_	sources						
9	Net income from unrelated business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss	2,037,520	1,582,053	1,995,217	3,299,164	2,757,024	11,670,978
	from the sale of capital						
11	Total support (Add lines 7						
LT	through 10)						247,889,161
12	Gross receipts from related activit	ıes, etc (See ıns	tructions)	•	•	12	
13	First Five Years If the Form 990 is	for the organizat	ıon's fırst, second	. third, fourth, or f	ifth tax vear as a !		ızatıon.
	check this box and stop here	J	,	, ,	,	()()	▶ ┌ ′
	ection C. Computation of Pul					 	
14	Public Support Percentage for 200	•		11 column (f))		14	92 920 %
15	Public Support Percentage for 200	8 Schedule A, Pa	art II, line 14			15	93 510 %
16a	33 1/3% support test—2009. If the				ine 14 is 33 1/3%	or more, check	
	and stop here. The organization qu	•			a and line 1 F is 3	27 1/20/	▶ ▼
D	33 1/3% support test—2008. If the box and stop here. The organizatio				a, and line 15 is 3	5 1/3% of more	, check this
17a	10%-facts-and-circumstances test			-	ne 13, 16a. or 16b	and line 14	FI
	is 10% or more, and if the organiza	-					
	in Part IV how the organization me						rted
_	organization						► □
Ь	10%-facts-and-circumstances test						
	15 is 10% or more, and if the orga Explain in Part IV how the organiza						v
	supported organization	action meets tile	iacts and circuitist	ances test file	organization quali	ilies as a pablici	y ▶□
18	Private Foundation If the organization	tion did not checl	k a box on line 13,	16a, 16b, 17a oi	r 17b, check this l	box and see	
	instructions		- ,	, ,	,		▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Expl	ana	tion	
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Schedule A, Part II, Line 10, Explanation of Other Income Miscellaneous Gross Receipts from special events Gaming

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493316000040

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

Frie	nds of the Israel Defense Forces			1.	2156445
Da	rt I Organizations Maintaining Donor	· Advised Funds or C	ther Similar F		or Accounts Complete if
·	organizations maintaining bollor organization answered "Yes" to Form		Milei Sillillai F	ullus	of Accounts. Complete in
		(a) Donor adv	ısed funds		(b) Funds and other accounts
	Total number at end of year				
2	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
;	Did the organization inform all donors and donor a	dvicors in writing that the	accote hold in dor	or advi	usad
	funds are the organization's property, subject to t	the organization's exclusiv	e legal control?		Г Yes Г∣
•	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the				
	conferring impermissible private benefit	to if the every strong	answered IIVesII t	. Form	· · ·
	rt II Conservation Easements. Comple			0 F011	ii 990, Part IV, line 7.
•	Purpose(s) of conservation easements held by th	· —			
	Preservation of land for public use (e.g., recre	eation or pleasure)			d historic structure
	<u>-</u>	'	Treservation of a	certifie	a mistoric structure
	Preservation of open space				
	Complete lines 2a-2d if the organization held a q easement on the last day of the tax year	ualified conservation cont	ribution in the form	ofaco	onservation
	easement on the last day of the tax year				Held at the End of the Year
а	Total number of conservation easements			2a	neid at the fild of the Year
a b	Total acreage restricted by conservation easeme	inte		2b	
	Number of conservation easements on a certified		d in (a)		
с			u III (a)	2c	
d	Number of conservation easements included in (c	:) acquired aπer 8/1//06		2d	
}	Number of conservation easements modified, trai	nsferred, released, extingu	ııshed, or termınate	ed by th	ne organization during
	the taxable year 🛌				
	Number of states where property subject to cons	ervation easement is loca	ted ►		
;	Does the organization have a written policy regar enforcement of the conservation easements it ho		ng, inspection, han	dling of	f violations, and Yes [
,	Staff and volunteer hours devoted to monitoring,	inspecting and enforcing c	onservation easen	nents d	uring the year 🗠
	A mount of expenses incurred in monitoring, inspe	ecting, and enforcing cons	ervation easement	s durin	a the vear ► \$
}	Does each conservation easement reported on li				, <u></u>
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	to E(a) above satisfy the f	equirements of sec		Г Yes Г∣
)	In Part XIV, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the orga			
ar	t III Organizations Maintaining Collec			or Ot	her Similar Assets.
	Complete if the organization answere				
.a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to its	ield for public exhibition, e	ducation or resear	ch ın fu	
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held provide the following amounts relating to these ite	for public exhibition, educ			•
	(i) Revenues included in Form 990, Part VIII, lin	ne 1			► \$
	(ii) Assets included in Form 990, Part X				▶ \$
2	If the organization received or held works of art, he following amounts required to be reported under S			or finan	icial gain, provide the

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easu	res, or O	<u>the</u>	<u>r Simila</u>	r Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	lowing th	iat are	a significa	int u	se of its c	ollection	ו	
а	Public exhibition		d	\sqcap	Loan o	rexch	ange progr	ams				
Ь	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v further	the o	rganization	's ex	empt puri	ose in		
•	Part XIV	one de la capita			,		· gamzation	0 0%	ompt par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5	During the year, did the organization solicit of								ıılar	_		_
D	assets to be sold to raise funds rather than t								" t- F-		Yes	∏ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	u Y	es to ro	יווו אשנ	',	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets r	not		Yes	Гио
ь	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ana ta	able					,		,
D	ir res, explain the arrangement in rait XIV	7 and complete the	IOIIOW	ning to	арте		Г			A mou	ınt	
c	Beginning balance						-	1c		7,,,,,,		
d	Additions during the year							1d				
e	- · · · · · · · · · · · · · · · · · · ·											
f	Jistibations during the year											
									Yes	┌ No		
2a	-	· · ·	21/							'	res) NO
	If "Yes," explain the arrangement in Part XIV				ad "Vac	" to E	000	Dar	+ T\/ line	10		
Ρđ	rt V Endowment Funds. Complete	(a)Current Year)Prior			o Years Back		Three Years)Four Y	ears Back
1a	Beginning of year balance	2,212,932			2,072,932	(=)		1	,	(-	,	
ь	Contributions	155,000			140,000							
c	Investment earnings or losses	28,128			95,133							
d	Grants or scholarships											
e	Other expenditures for facilities	28,128			95,133							
	and programs											
f	Administrative expenses											
g	End of year balance	2,367,932		2	2,212,932							
2	Provide the estimated percentage of the year	r end balance held a	is									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 100 000 % %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	thata	are held	and a	dministere	d for	the			
	organization by									- (:)	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		No No
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio				 Jula R?	•		•		3b	<u> </u>	100
4	Describe in Part XIV the intended uses of th	•				• •		•				L
	t VI Investments—Land, Buildings					0. Pa	rt X. line	10.				
					a) Cost or		(b)Cost or o		(c) Accur	nulated		
	Description of investment				sis (ınvestr		basis (oth		depreci		(a) Bo	ook value
1a	Land											
b	Buildings											
c	Leasehold improvements						83	,743		47,233		36,510
d	Equipment						230	,066		213,204		16,862
e	Other	<u></u>	•				704	,824		348,842		355,982
	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	nn (B)), line	10(c).)		<u> </u>					409,354
									Sched	dule D (I	orm 9	90) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	<u> </u>
(a) Description of security or category	(b) Book value	(c) Metho	d of valuation
(including name of security)	(D)DOOK Talue	Cost or end-o	f-year market value
Financial derivatives			
Closely-held equity interests Other			
A uction rate securities	20,070,758		F
	, ,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	20,070,758		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
	, ,	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
security deposits			64,598
Foreign currency forward contracts			18,572,640
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		18,637,238
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	₹=¥ · · · · · · · · · · · · · · · · · · ·		
accrued payroll and related expenses	11,903		
annuity payable	1,513,879		
Foreign currency forward contracts payable	18,631,673		
I			

Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	47,012,549
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	44,557,007
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,455,542
4	Net unrealized gains (losses) on investments	4	111,786
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,633,103
9	Total adjustments (net) Add lines 4 - 8	9	-1,521,317
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	934,225
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	48,656,389
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,643,840
3	Subtract line 2e from line 1	3	47,012,549
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	47,012,549
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial	1	44,869,334
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	312,327
3	Subtract line 2e from line 1	3	44,557,007
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	44,557,007

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, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation				
· ·		to help support Friends of the Israel Defense Forces program services				
Part XI, Line 8 - Other Adjustments		actuarial change in annuity obligation -62582 unrealized gain on foreign currency forward contracts 107435 unrealized gain on foreign exchange 407298 unrealized gain on Auction Rate Securities 767576 Bad Debt Loss -2852830				
Part XII, Line 2d - Other Adjustments		actuarial change in annuity obligation -62582 Unrealized gain on auction rate securities 767576 Unrealized gain on foreign currency forward contract 107435 UNrealized gain on foreign exchange 407298				

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DLN: 93493316000040

OMB No 1545-0047

2009

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Totals .

Statement of Activities Outside the United States

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

	ne of the organization	_				Employer ide	ntification number
Friei	nds of the Israel Defense I	-orces				13-315644	5
Pā	General Infor "Yes" to Form S			de the United States	s. Complete	e if the organ	nization answered
1				ecords to substantiate	the amount	of the grant	s or
	_	_		assistance, and the se		_	
	the grants or assistan	ce?					. 🔽 Yes 🗌 No
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf add	ditional 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)	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures for region
Mido	ile East and North Africa	1	1	Program services	Broad range and program members of Defense For	s for the Israel	52,939
Sout	th America	1	1	fundraising			163,898
mıdo	lle East and North Africa			grants to recipients located in region			29,644,342
mıdo	lle East and North Africa	1	1	fundraising			52,939

29,914,118

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		mıddle east and north afrıca	general support	1,102,486	wire transfer			
		mıddle east and north afrıca	general support	119,000) wire transfer			
		mıddle east and north afrıca	general support	300,000) wire transfer			
		middle east and north africa	general support	27,656,201	. wire transfer			

Part III 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. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Outside the U S PROGRAMS ARE MADE PURSUANT TO A CONTRACE MEMORANDUM WHICH DELINEATES THE INTENDE THE FUNDS BY THE GRANTEE AND THE TIMETABLE GRANT PAYMENTS FUNDS ARE DISBURSED ON A DISCIPLINED AND CONTROLLED BASIS AND ONL RECEIPT OF A TRANSFER REQUISITION FROM TH GRANTEE ACCOMPANIED BY SUPPORTING DOCUMENTATION OF THE EXPENSES TO BE PAID DOCUMENTATION INCLUDES INVOICES, CONSTE PROGRESS REPORTS, PHOTOS AND/OR VIDEOS A SIMILAR EVIDENCE, DEPENDING ON THE MATTEF FIDF STAFF REVIEWS THE DOCUMENTATION PRO AND, WHEN SATIFIED WITH ITS COMPLETENESS, AUTHORIZES RELEASE OF THE FUNDS FUNDS SO RELEASED MUST BE USED BY THE GRANTEE ONLY SPECIFIED PURPOSE AND NOT FOR ANY OTHER P FIDF MAINTIANS DETAILED RECORDS OF WHAT I' PAID FOR AND THE BALANCE OF ITS COMMITTME REMAINING TO BE PAID AT ANY POINT IN TIME (ARE REQUIRED TO PROVIDE REPORTS OF THE US FUNDS IN ADDITION, FIDF PERSON BLL AND ITS I BASED REPRESENTATIVES PERIODICALLY VISIT AND PROGRESS FOR A FIRST HAND		ovide the information required	ın Part I, line 2, and any addıtıonal information.
THE FUNDS BY THE GRANTEE AND THE TIMETABL GRANT PAYMENTS FUNDS ARE DISBURSED ON A DISCIPLINED AND CONTROLLED BASIS AND ONL RECEIPT OF A TRANSFER REQUISITION FROM TH GRANTEE ACCOMPANIED BY SUPPORTING DOCUMENTATION OF THE EXPENSES TO BE PAID DOCUMENTATION INCLUDES INVOICES, CONSTF PROGRESS REPORTS, PHOTOS AND/OR VIDEOS A SIMILAR EVIDENCE, DEPENDING ON THE MATTEF FIDF STAFF REVIEWS THE DOCUMENTATION PRO AND, WHEN SATIFIED WITH ITS COMPLETENESS, AUTHORIZES RELEASE OF THE FUNDS FUNDS SO RELEASED MUST BE USED BY THE GRANTEE ONLY SPECIFIED PURPOSE AND NOT FOR ANY OTHER P FIDF MAINTIANS DETAILED RECORDS OF WHAT I' PAID FOR AND THE BALANCE OF ITS COMMITTME REMAINING TO BE PAID AT ANY POINT IN TIME OF ARE REQUIRED TO PROVIDE REPORTS OF THE US FUNDS IN ADDITION, FIDF PERSONELL AND ITS I BASED REPRESENTATIVES PERIODICALLY VISIT AND PROGRAMS IN PROGRESS FOR A FIRST HAND ASSESSMENT THAT THE FUNDS ARE BEING USED	Identifier rocedure for Monitoring Grants		Explanation Schedule F, Part I, Line 2 GRANTS FOR PROJECTS AND PROGRAMS ARE MADE PURSUANT TO A CONTRACT OR
AND, WHEN SATIFIED WITH ITS COMPLETENESS, AUTHORIZES RELEASE OF THE FUNDS FUNDS SO RELEASED MUST BE USED BY THE GRANTEE ONLY SPECIFIED PURPOSE AND NOT FOR ANY OTHER P FIDF MAINTIANS DETAILED RECORDS OF WHAT I' PAID FOR AND THE BALANCE OF ITS COMMITTME REMAINING TO BE PAID AT ANY POINT IN TIME OF ARE REQUIRED TO PROVIDE REPORTS OF THE US FUNDS IN ADDITION, FIDF PERSONELL AND ITS I BASED REPRESENTATIVES PERIODICALLY VISIT AND PROGRAMS IN PROGRESS FOR A FIRST HAND ASSESSMENT THAT THE FUNDS ARE BEING USED			DOCUMENTATION OF THE EXPENSES TO BE PAID SUCH DOCUMENTATION INCLUDES INVOICES, CONSTRUCTION PROGRESS REPORTS, PHOTOS AND/OR VIDEOS AND SIMILAR EVIDENCE, DEPENDING ON THE MATTER AT HAND
			AND, WHEN SATIFIED WITH ITS COMPLETENESS, AUTHORIZES RELEASE OF THE FUNDS FUNDS SO RELEASED MUST BE USED BY THE GRANTEE ONLY FOR THE SPECIFIED PURPOSE AND NOT FOR ANY OTHER PURPOSE FIDF MAINTIANS DETAILED RECORDS OF WHAT IT HAS PAID FOR AND THE BALANCE OF ITS COMMITTMENT REMAINING TO BE PAID AT ANY POINT IN TIME GRANTEES ARE REQUIRED TO PROVIDE REPORTS OF THE USE OF THE FUNDS IN ADDITION, FIDF PERSONELL AND ITS ISRAEL BASED REPRESENTATIVES PERIODICALLY VISIT PROJECTS AND PROGRAMS IN PROGRESS FOR A FIRST HAND ASSESSMENT THAT THE FUNDS ARE BEING USED AS

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DLN: 93493316000040

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

Name of the organization Friends of the Israel Defense	Forces						Employer iden	tification number			
							13-3156445				
	Activities. Comple lers are not require					to Form	n 990, Part IV,	line 17.			
1 Indicate whether the or	ganızatıon raısed fund	s through	any of the	follov	ving activities. Ch	eck all th	hat apply				
a 🔽 Mail solicitations			e	Solicitation of non-government grants							
b 🔽 Internet and e-mail	solicitations		f	Г	Solicitation of gov	of government grants					
c Phone solicitations			g	굣	Special fundraisin	g events	S				
d 🔽 In-person solicitation	ons										
b If "Yes," list the ten hig to be compensated at le (i) Name of individual or entity (fundraiser)	•		Form 99 Did er have dy or	0-EZ (iv)	-	(v) Ar		(vi) A mount paid to (or retained by)			
, ,		contribu	utions?		,		col (i)	organization			
	222222	Yes	No								
MAHAN & NASH PUBLIC RELATIONS	PROFESSIONAL FUNDRAISING		No		9,077,711		455,000	8,475,609			
Doni Molad	prO FESSIO NA L FUNDRAISING		No		136,831		120,000	-27,067			
Total					9,214,542		575,000	8,448,542			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

CA,FL,GA,IL,MD,MA,MI,NY

licensing

3

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					or r	eport	ed
			(a) Event #1 New York Dinner (event type)	(b) Event #2 Southern Florida Dinner (event type)	(c) O ther Events 42 (total number)		col (al Ever (a) thr (c))	
IKLE	1	Gross receipts	3,838,005	1,243,981	8,042,244		1	.3,124	1,230
Revenue	2	Less Charitable contributions	3,419,405	1,068,981	6,311,749		1	.0,800	0,135
<u> </u>	3	Gross income (line 1 minus line 2)	418,600	175,000	1,730,495			2,324	4,095
	4	Cash prizes							
9 (V	5	Non-cash prizes							
Direct Expenses	6	Rent/facility costs	20,930	5,000	49,525			7 5	5,455
<u>8</u>	7	Food and beverages	418,027	227,348	1,065,434			1,710	0,809
Fect	8	Entertainment		94,759	36,312			131	1,071
Δ	9	Other direct expenses .	9,846		604,860			614	4,706
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌			2,532	2,041
	11	Net income summary Combine III							7,946
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted n	nore	than	<u> </u>
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		col (al gam (a) thr (c))	
	1	Gross revenue			432,929			432	2,929
penses	2	Cash prizes							
盃		Non-cash prizes Rent/facility costs			18,125			18	3,125
Drea					235,747	235,747			
Δ	5	Other direct expenses	_	_	·				
	6	Volunteer labor	Yes	∇ Yes% No	✓ Yes				
	7	Direct expense summary Add lines	s 2 through 5 in column (d)					3,872
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line 7					9,057
9	Ente	er the state(s) in which the organiza	ition operates gaming act	tivities CA, FL, MI, N	Υ	Г		Yes	No
а	Is t	he organization licensed to operate		<u> </u>		.	9a	Yes	
b		No," Explain							
10a b		e any of the organization's gaming l	licenses revoked, suspen	ded or terminated during	the tax year?	<u></u>	L0a		No
11 12	Is t	s the organization operate gaming a	ry or trustee of a trust or	a member of a partnersh	ıp or other entity		11		No
	тоrm	ned to administer charitable gaming	<u> </u>		Schedule G (Form 9		12 990-l	 EZ) 20	N o 09

								Yes	No
13	Indicate the p	ercentage of gaming ac	tivity operated in						
а	The organizati	on's facility			13a				
Ь						100 000 %	_		
14	Enter the nam	e and address of the pe	rson who prepares the o	rganızatıon's gamıng/spe	cial even	its books and records			
	Name 🟲	Jonathan Bernstein							
		350 5th Avenue- Suit	e 2011						
	_	New York, NY 10118							
152	Does the orga	nization have a contra	et with a third party from	whom the organization re	TAIVAS A	a muna			
LJa	_		• •		_		4		NI -
b	If "Vac " antai	the amount of gaming	revenue received by the	organization 🟲 \$		and the	15a		Νo
_			y the third party 🟲 \$			and the			
c	_	name and address							
	11 163, 6116	name and address							
	Name 🟲								
	_								
	Address 🟲								
	_						-		
16	Gaming manag	ger information							
	Name 🟲								
	Gaming manag	ger compensation 🟲 💲							
	Description of	services provided 🟲							
	_		_	_					
	Director/o	fficer	Employee	Independe	nt contra	ictor			
L7	Mandatory dis	trıbutıons							
а	·		ate law to make charitah	le distributions from the g	amına nı	roceeds to			
-							17a		No
ь	Enter the amo	unt of distributions rea	uired under state law dis	tributed to other exempt	organizat	tions or spent	1,4		NO
_			ivities during the tax yea		J	,			

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

OMB No 1545-0047

DLN: 93493316000040

Department of the Treasury Internal Devenue Service

EDUCATION INC ROCKVILLE CENTER new york, NY 11570

Name of the organization						Employer identific	cation number
Friends of the Israel Defense Fo	orces					13-3156445	
Part I General Inform	nation on Grants	and Assistance					
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants	or assistance?		·	· -	•	✓ Yes
Form 990, Part I	V, line 21 for any	o Governments and recipient that received 0) if additional space	d more than \$5,000.	Check this box if n	o one recipient recei	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Israel Emergency Alliance- Stand With UsPO Box 341069 Los Angeles, CA 90034	010566033	501(c)(3)	25,000				general support
ALEXANDER MUSS INSTITUTE FOR ISRAEL	590173782	501(c)(3)	25,000				general support

Enter total number of section 501(c)(3) and government organizati	ons
---	-----

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Cuppiciii		mo pare to provide the information required in rarely line 2, and any other daditional information
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 GRANTS FOR PROJECTS AND PROGRAMS ARE MADE PURSUANT TO A CONTRACT OR MEMORANDUM WHICH DELINEATES THE INTENDED USE OF THE FUNDS BY THE GRANTEE AND THE TIMETABLE OF GRANT PAYMENTS FUNDS ARE DISBURSED ON A VERY DISCIPLINED AND CONTROLLED BASIS AND ONLY UPON RECEIPT OF A TRANSFER REQUISITION FROM THE GRANTEE ACCOMPANIED BY SUPPORTING DOCUMENTATION OF THE EXPENSES TO BE PAID SUCH DOCUMENTATION INCLUDES INVOICES, PHOTOS AND/OR VIDEOS, REPORTS OF PROGRAM SERVICES RENDERED AND SIMILAR EVIDENCE, DEPENDING ON THE MATTER AT HAND FIDF STAFF REVIEWS THE DOCUMENTATION PROVIDED AND, WHEN SATIFIED WITH ITS COMPLETENESS, AUTHORIZES RELEASE OF THE FUNDS FUNDS SO RELEASED MUST BE USED BY THE GRANTEE ONLY FOR THE SPECIFIED PURPOSE AND NOT FOR ANY OTHER PURPOSE FIDF MAINTIANS DETAILED RECORDS OF WHAT IT HAS PAID FOR AND THE BALANCE OF ITS COMMITTMENT REMAINING TO BE PAID AT ANY POINT IN TIME SITE VISITS ARE UNDERTAKEN WHEN DEEMED NECESSSARY IN THE CIRCUMSTANCES

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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DLN: 93493316000040

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

lame	of	t he	org	anizat	ion
riends	of	the I	srael	Defens	e Force

Employer identification number

13-3156445

Pa	rt I Questions Regarding Compensation)	<u> </u>			
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgreimbursement orprovision of all the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		y			
	Compensation committee	고	• •			
	Independent compensation consultant	고	·			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VII	I, Section A, line $1 extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control p	paymen	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ine 1a,	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ine 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do			7		No
8	Were any amounts reported in Form 990, Part VII, posubject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

			. ,		· · ·			
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Yıtzhak Gershon	(I) (II)	192,340 0	0	131,972 0	9,483 0	21,573 0	355,368 0	0
Jonathan Bernstein	(I) (II)	150,329 0	5,000 0		4,906 0		179,938 0	0
A dina Torchman	(I) (II)	134,072 0	0	0	4,410 0		162,049 0	0
Rueven Meir	(I) (II)	130,574 0	5,000 0		4,071 0	11,256 0	150,901	0
Yehiel Gozal	(I) (II)	0	40,000		7,979 0		297,734 0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
		Housing allowance is provided for the National Director. This was treated as a taxable benefit. Tax indemnification and gross up of payments is provided for the National Director. This was treated as a non-taxable benefit.
	· '	Yehiel Gozal receives severance in exchange for maintaining an advisory position of Special Advisor to the Chairman. In 2009 he recieved \$266,744 which included a bonus of \$40,000

Schedule J (Form 990) 2009

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DLN: 93493316000040

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	the organization the Israel Defense Forces						mployer ı	dentifica	ation numb	oer
Thenas of	the Islaci Belefise Forces					1	3-31564	45		
Part I	Excess Benefit Tr	•	` , ` ,			_				
	Complete if the organiz	zation answered "Y	'es" on Form 990, P	art IV, line 25a o	r 25b, c	r Form	990-EZ,	Part V , I		
1	(a) Name of dı	squalified person		(b) Desci	ription o	of trans	action			orrected
									Yes	. No
2 Ente	er the amount of tax ımp	osed on the organ	ızatıon managers or	disqualified perso	ns duri	na the v	ear unde	r		
	tion 4958						🕨	• \$ <u> </u>		
3 Ente	er the amount of tax, ıf a	ny, on line 2, abov	e, reimbursed by the	e organization .			🕨	- \$		
	.									
Part II	Loans to and/o Complete if the orga			Part IV June 26	or Form		= 7 Dart \	/ line 29	25	
	Complete if the orga	mzation answered	res on rollinggo	, Part IV, line 20,	OI FOIII	11 990-1	(f)) d	
		(b) Loan to			(e) I	Ιn	A ppro		(g) Wri	tten
(a) Nam	e of interested person ar	nd or from the organization?	(c)O riginal principal amount	(d)Balance due	defau	ılt?	by boa	rd or	agreem	ent?
	purpose	organization.	principal amount				commit	tee?		
		To From			Yes	No	Yes	No	Yes	No
Yıtzhak G										
personal	Deposit on rental of	Х	7,800	7,800		Νο	Yes		Yes	
personar	restaemee	^	,,000	,,000		110	105		103	
Total .			▶ ¢	7,800	l		1		I	
Part III	Grants or Assist	 ance Renefitti	na Interested D	·						
rait III	Complete if the or				. line 2	7.				
		/h	Relationship betwe							
(;	a) Name of interested pe	erson	and the org	•		(c) A n	nount of g	rant or t	ype of ass	ıstance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Employer identification number Name of the organization Friends of the Israel Defense Forces 13-3156445

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of do reven	etermı	nıng	
	Art-Works of art	аррисавіе		1 g				
	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
-	Intellectual property							
9	Securities—Publicly traded .	х	32	392 979	selling price			
_	Securities—Closely held stock .				у р			
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29		I	
30a	During the year, did the organiza						Yes	No
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	t acceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	Number of contributors consists of the number of contributions
Third Party Use	Part I, Line 32b	Securities are sold through licensed stock brokerage firms

Schedule M (Form 990) 2009

OMB No 1545-0047

2000

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Supplemental Information to Form 990

Name of the organization Friends of the Israel Defense Forces **Employer identification number**

13-3156445

Form 990, Part VI, Section B, Iine 11 Form 990, Part VI, Section B, Iine 12c Form 990, Part VI, Section B, Iine 15 Form 990, Part VI, Section C,		Each officer, director, member of the Board of directors, member of regional chapter boards of directors, and employee of FIDF shall annually sign a statement which affirms that such person has received a copy of the Conflict of Interests guideline, has read and understands the policy, has agreed to comply with the policy, and understands that FIDF is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax exempt purposes. In the event of a disclosure of a conflict, the interested Person shall leave the Board or committee meeting in which the conflict is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists. If the Board or a committee has reasonable cause to believe that a member of the Board, committee, officer, a member of regional chapter boards of directors or employee of FIDF has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis of such belief and afford the person an opportunity to explain the alleged failure to disclose if, after hearing the response of the person and making such further investigation as may be warranted in the circumstances, the Executive Committee of the Board determined that the person has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action as is needed in the circumstances, including removal from office or the Board.
Form 990, Part VI, Section B, line 12c Form 990, Part VI, Section B, line 15 Form 990, Part VI,		employee of FIDF shall annually sign a statement which affirms that such person has received a copy of the Conflict of Interests guideline, has read and understands the policy, has agreed to comply with the policy, and understands that FIDF is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax exempt purposes. In the event of a disclosure of a conflict, the Interested Person shall leave the Board or committee meeting in which the conflict is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists. If the Board or a committee has reasonable cause to believe that a member of the Board, committee, officer, a member of regional chapter boards of directors or employee of FIDF has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis of such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the response of the person and making such further investigation as may be warranted in the circumstances, the Executive Committee of the Board determined that the person has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action as is needed in the circumstances, including removal from office or the Board.
Part VI, Section B, line 15 Form 990, Part VI,		the compensation committee of the board determines compensation for all officers and all employees whose
Part VI,		proposed salary would be \$50,000 per annum or greater. The committee last met in February 2010
line 19		the organization's governing documents, conflict of interest policy, and financial statements are made available to the public upon written request
Form 990, Part xı, Line 2c		Process has not changed from prior year
·	Explanation of Fundraising Payments	Of the 602,102 paid to Mahan & Nash, 455,000 was for consulting fees directly related to their fundraising activities, 38,000 was paid for the sub-letting of office space and 109,102 was paid for travel and other administrative expenses. Of the 163,898 paid to Dani Molad, 120,000 was for consulting fees directly related to his fundraising activities and 43,898 was paid for travel and administrative expenses.
′	Whistleblow er Policy	In 2010 the organization adopted a w ritten w histleblow er policy
Part vi, re Section B de	document etention and destruction policy	In 2010 the organization adopted a written document retention and destruction policy

Software ID: Software Version:

EIN: 13-3156445

Name: Friends of the Israel Defense Forces

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	1	dent C			OF	•		l I		<u> </u>
(A) Name and Title	(B) (C) Average Position (check all hours that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ARTHUR STARK CHAIRMAN & DIRECTOR	10 00	X	<u> </u>	х	<u> </u>		1	0	0	0
LARRY J HOCHBERG CHAIRMAN EMERITUS & DIRE	5 00	X		Х				0	0	0
MARVIN JOSEPHSON CHAIRMAN EMERITUS & DIRE	5 00	X		Х				0	0	0
NILY FALIC PRESIDENT & DIRECTOR	10 00	X		X				0	0	0
JULIAN JOSEPHSON VICE PRESIDENT & DIRECTO	10 00	X		Х				0	0	0
MAURICE SANDERMAN VICE PRESIDENT & DIRECTO	10 00	X		X				0	0	0
HARRY GROSS TREASURER & DIRECTOR	10 00	Χ		Х				0	0	0
STEPHEN WAYNE RUBIN SECRETARY & DIRECTOR	10 00	X		X				0	0	0
MICHAEL ADLER DIRECTOR	5 00	X						0	0	0
DANIEL ALTMAN DIRECTOR	5 00	Χ						0	0	0
HARVEY AXELROD DIRECTOR	5 00	X						0	0	0
GARY BATLER DIRECTOR	5 00	X						0	0	0
SAMMY BAR-OR DIRECTOR	5 00	X						0	0	0
JEFFREY BEYDA DIRECTOR SCOTT BLACK	5 00	Χ						0	0	0
DIRECTOR ALAN BRODY	5 00	X						0	0	0
DIRECTOR ELLIOT BROIDY	5 00	Χ						0	0	0
DIRECTOR IRWIN CHAFETZ	5 00	Χ						0	0	0
DIRECTOR RUTH LEO DAVID	5 00	X						0	0	0
DIRECTOR SIG FEIGER	5 00	Χ						0	0	0
DIRECTOR AL PAT FRANK	5 00	Х						0	0	0
DIRECTOR MARTIN E FRANKLIN	5 00							0	0	
DIRECTOR PAULA FRIEDLAND	5 00	X						0	0	
DIRECTOR MICHAEL FUX	5 00							0	0	
DIRECTOR ERIKA GLAZER	5 00	X						0	0	
DIRECTOR	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	l Independ	dent C	ont	ract	tors	5				
(A) Name and Title	(B) A verage hours per		((tion (hat a	(che			1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
PAUL GUERIN	5 00	X	•					0	0	0
DIRECTOR ELLA GUREVITCH DIRECTOR	5 00							0	0	0
SION HARARI DIRECTOR	5 00	Х						0	0	0
GARY HEIMAN DIRECTOR	5 00	Х						0	0	0
DANIEL J HYMAN DIRECTOR	5 00	Х						0	0	0
RABBI ISAAC JERET DIRECTOR	5 00	Х						0	0	0
DR MICHAEL KALISMAN DIRECTOR	5 00	X						0	0	0
JERRY KAPLAN DIRECTOR	5 00	Χ						0	0	0
DR SHMUEL KATZ DIRECTOR	5 00	X						0	0	0
SHARI ALON KAUFMAN DIRECTOR	5 00	Χ						0	0	0
ILAN KAUFTHAL DIRECTOR	5 00	Х						0	0	0
NETTA KORIN DIRECTOR	5 00	Х						0	0	0
RICHARD KWAL DIRECTOR	5 00	Х						0	0	0
JEFFREY LEFKOVITZ DIRECTOR	5 00	Х						0	0	0
AVI LERNER DIRECTOR	5 00	X						0	0	0
ISRAEL LEVY DIRECTOR	5 00	Χ						0	0	0
NATHAN LEWINGER DIRECTOR	5 00	X						0	0	0
JOHN LOWENSTEIN DIRECTOR	5 00	Х						0	0	0
DAVID MARDKHA DIRECTOR	5 00	X						0	0	0
JEFFREY MARKO WITZ DIRECTOR	5 00	X						0	0	0
GERALD MIZEL DIRECTOR	5 00	Х						0	0	0
MICHAEL NACHMAN DIRECTOR	5 00	X						0	0	0
SORAYA AND YOUNES NAZARI DIRECTOR	5 00	Х						0	0	0
ALAN PINES DIRECTOR	5 00	X						0	0	0
SHELLEY ROTH DIRECTOR	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, an	d Independ	ent C	ontrac	tors					
(A) Name and Title	(B) Average hours		(C) ition (ch that app	ly)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee <i>o</i> r director	Institutional Trustee	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
HAIM SABAN DIRECTOR	5 00	×					0	0	0
SHARAM SASSON DIRECTOR	5 00	X					0	0	0
MARK SCHNEIDER DIRECTOR	5 00	Х					0	0	0
ED SCHWARTZ DIRECTOR	5 00	X					0	0	0
BENNY SHABTAI DIRECTOR	5 00	Х					0	0	0
FELA AND DAVID SHAPELL DIRECTOR	5 00	Х					0	0	0
GARY SHIFFMAN DIRECTOR	5 00	X					0	0	0
DR ROBERT SHILLMAN DIRECTOR	5 00	Х					0	0	0
JOSEPH SIEBER DIRECTOR	5 00	X					0	0	0
RON SIMMS DIRECTOR	5 00	X					0	0	0
NORMAN SMITH DIRECTOR	5 00	X					0	0	0
ADAM TANTLEFF DIRECTOR	5 00	X					0	0	0
LEON TENENBAUM DIRECTOR	5 00	Х					0	0	0
ZEV WEISS DIRECTOR	5 00	Χ					0	0	0
MICHAEL WERNER DIRECTOR	5 00	Χ					0	0	0
PHILLIP WERTHMAN DIRECTOR	5 00	Х					0	0	0
DAVID WIENER DIRECTOR	5 00	X					0	0	0
SHAHRAM YAGHOUBZADEH DIRECTOR ROBERT ZARNEGIN	5 00	Χ					0	0	0
DIRECTOR ARIE ZWEIG	5 00	X					0	0	0
DIRECTOR Yitzhak Gershon	5 00	Х					0	0	
National Director Jonathan Bernstein	40 00		X				324,312	0	·
CFO A dina Torchman	40 00		Х				155,329	0	,
Executive Director Dina Benari	40 00				X		134,072	0	,
Executive Director Rueven Meir	40 00				X		111,489	0	,
Executive Director	40 00				Х		135,574	0	15,327

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees	, and and open										
(A) Name and Title	(B) A verage hours	Average Position (check all						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC) from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
lilach ohad director of projects and	40 00	•	•			×	•	103,760	0	11,295	
Ifat Bechor Director of Marketing	40 00					X		109,444	0	10,591	
Yehiel Gozal Former National Director	40 00						X	266,744	0	30,990	