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Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Both control of the		For the	2009 calendar year	, or tax year beginning		, 2009	9, and endin	g				
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Website: N/A					. 🗆		П				ictions) Yes	∐ No
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2 Check this box *									<u>N PRI</u>	<u>Mary</u>	<u>PURPOSE</u> _	IS
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Sign Here Signature of officer DR HENRY BORENSON Type or print name and title Paid Preparer's signature Parer's Use Only Only Molinari Oswald, LLC Molinari Oswald, LLC 2773 Corporate Parkway Suite 100 Center Valley, PA 18034 May the IRS discuss this return with the preparer shown above? (see instructions) Millian Date Check if self employed Self employed N/A Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) N/A Phone no • (610) 871-6700 X Yes No	1	art II	Signature B	OCK								
Sign Here Signature of officer Date			Under penalties of peru	ry, I declare that I have examined lete Declaration of preparer (other	his return, including ac	companying so	chedules and st	atements, and	to the bes	t of my kno	wledge and belief,	, it is
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Preparer's signature Preparer's Molinari, CPA 11.06./6 Preparer's Signature Signature Preparer's Molinari, CPA 11.06./6 Preparer's Molinari Oswald, LLC Signature Parkway Suite 100 Signature Preparer's Identifying number Signature Preparer's Identifying n			DR HENRY	BORENSON								
Preparer's signature Francis E. Molinari, CPA // S./6 Preparer's Signature Francis E. Molinari, CPA // S./6 Preparer's Signature Francis E. Molinari, CPA // S./6 Preparer's Signature Francis E. Molinari, CPA // N/A // S./6 Preparer's Signature Francis E. Molinari, CPA // S./6 Preparer'			Type or print name	and title							-	
Preparer's signature Francis E. Molinari, CPA // S./6 mployed parer's Use Only Molinari Oswald, LLC // Signature parer's use Only Preparer's address, and ZIP + 4 Molinari Oswald, LLC // Signature power of the preparer between the preparer shown above? (see instructions) N/A Preparer's signature Francis E. Molinari, CPA // N/A Molinari Oswald, LLC // Signature parkway Suite 100 // Center Valley, PA 18034 // Phone no (610) 871-6700 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			\				Date	Che	ck if	Prep	arer's identifying i	number
Pre- parer's Use Only Signature Francis E. Molinari, CPA 1.65./6 N/A	Pa	iid	Dropovor's	i. G Und	<u>.</u>				loved P		manuchonsy	
Parer's Use Only Firm's name (or yours if self employed), address, and ZIP + 4 The preparer shown above? (see instructions) Firm's name (or yours if self employed), address, and ZIP + 4 The preparer shown above? (see instructions) Molinari Oswald, LLC 3773 Corporate Parkway Suite 100 EIN N/A			signature F	HNCIS E. Molinar	i. CPA		11.05.	. 1 '		<u> </u>	Δ	
Only yours if self employed), address, and ZIP + 4 3773 Corporate Parkway Suite 100 EIN N/A May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			Firm's name (or Mc				4. 4.7	- -		147_4		
Address, and Center Valley, PA 18034 Phone no ► (610) 871-6700			voure if colf		=	100				1 / 7		
May the IRS discuss this return with the preparer shown above? (see instructions) Phone no No No No No No No No	Oı	าเง	addrage and			100	-				071 655	
		~	ZIP + 4					Pho	ne no 🏲	(PTO)		
BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEFA0113 12/29/09 Form 990 (2009)	_				· · · · · · · · · · · · · · · · · · ·						X Yes	No

	990 (2009) AMERICAN FRIENDS OF THE OLD CITY CHEDER	20-44	0143	5	F	age 2
Par	Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:					
	THE ORGANIZATION PRIMARY PURPOSE IS TO SUPPORT EDUCATIONAL PROJECT	CTS IN	THE	OLD	CIT	Ϋ́
	OF JERUSALEM.					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
2	Did the organization undertake any significant program services during the year which were not listed on the	orior				
	Form 990 or 990-EZ?	JIIOI	$\Box$	V	Ѿ	M-
				Yes	X	No
	If 'Yes,' describe these new services on Schedule O.					
	Did the organization cease conducting, or make significant changes in how it conducts, any program services	7		Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e	xpenses S	Section	501(c	(3)	
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported	cations to	others,	the to	tal	
	expenses, and revenue, if any, for each program service reported					
					-	
4a	(Code) (Expenses \$176,800.) (R	evenue 3	\$			)
	SUPPORT FOR THE EDUCATIONAL AND RELIGIOUS WORK OF OLD CITY CHEDEF			LEM.		
	GRANTS WERE GIVEN FOR SCHOOL CONSTRUCTION, EDUCATIONAL SUPPORT AN					
					<b>-</b>	
			<b>-</b>			
			- <b>-</b> -			
			_			
4b	(Code) (Expenses \$ including grants of \$) (R	evenue :	\$			)
		<del>-</del>				
				<del></del>		
				- <b>-</b> -		
4.	(Code:) (Expenses \$ including grants of \$) (R	OVORUS	ė			`
-+ C	(Code) (Expenses $\gamma$ including grants of $\gamma$ ) (R	evenue i	<b>-</b>			,
			- <b>-</b> -			<del>-</del>
			:			
	Other program convices (Describe in Schedule O.)					
40	Other program services. (Describe in Schedule O )					
	(Expenses \$ including grants of \$ ) (Revenue \$					
4 e	Total program service expenses ► 176,800.					

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A Х 1 Is the organization required to complete Schedule B, Schedule of Contributors? Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 X Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V X 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or 11 Х Did the organization report an amount for land, buildings and equipment in Part X, line 10? 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional X 12 A 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х 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 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х 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 19 Х

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Х

20

ЗАА		Forn	n <b>990</b> (	(2009)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
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	ļ.	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		Х
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		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
t	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			•••••
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
t	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		Х
<b>25</b> a	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		Х
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	<b>24</b> a		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
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_		Х
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		Х
			Yes	No

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 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 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 0 2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Х 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? 5с 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 Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7q h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders. 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b

BAA

Form 990 (2009)

12a

12b

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

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

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

Sec	tion A. Governing Body and Management		-	
			Yes	No
1 a	a Enter the number of voting members of the governing body	4		
Ŀ	b Enter the number of voting members that are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6_		Х
7 a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		<u>x</u>
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	a The governing body?	8a	Х	
Ŀ	b Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		_x_
Sec	ction B. Policies (This Section B requests information about policies not required by the Interior	nal		
Reve	enue Code )		<del></del>	
		<u> </u>	Yes	No
	a Does the organization have local chapters, branches, or affiliates?	10 a	-	X
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	<u></u>
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O		<del>,</del>	T 17
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
	Does the organization have a written whistleblower policy?	13	ļ .	X
	Does the organization have a written document retention and destruction policy?	14	ļ	X
	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?			
	a The organization's CEO, Executive Director, or top management official	15a		X
t	b Other officers of key employees of the organization	15b	ļ	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions )			
	a 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		X
t	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?	16b		
Sec	ction C. Disclosures		L	
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply	aılable	for pu	blic
	Own website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polistatements available to the public. See Schedule O	icy, and	l fınan	cıal
	State the name, physical address, and telephone number of the person who possesses the books and records of the org HENRY BORENSON 330 SCHANTZ RD ALLENTOWN PA 18104	anızatıd	on. 	

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

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

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

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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)		(B) (c)						(D)	(F)			
Name and Title	Average	Position (check all that apply)					ly)		(E)			
ivalile and fille	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations		
DR HENRY BORENSON									-			
President	0			X				0.	0.	0.		
ELIZABETH BORENSON								-		·		
Treasurer	0			Х	<u> </u>			0.	0.	0.		
BEN ROSE										-		
Vice President	0			X				0.	0.	0.		
ELIYAHU GOLBERGER												
Secretary	0			Х				0.	0.	0.		
							,					
	_											
								-				
	<u> </u>											

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization BAA TEEA0108L 01/30/10 Form 990 (2009)

ГЯ	r Altti	Statement of Re	vellue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s	1a Fede	erated campaigns		1a					
ST		bership dues		1 b		-[			
A D		•				_			
S, G	<b>c</b> Fund	traising events		1c					
트	<b>d</b> Rela	ted organizations		1 d					
آڙي	e Govern	nment grants (contributio	ons)	1 e					
SIS						-			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All oth simila	her contributions, gifts, g ir amounts not included a	rants, and above	1f	181,540.				
E	<b>a</b> Nonca	ish contribns included in	Ins 1a-1f	\$					
ŞΨ	-	I. Add lines 1a-1f		·—	-	181,540.			
	n iota	. Add lilles Ta-11			Business Code	101, 540.			
Ž				$\vdash$	business Code	4			
X.	2a								
2	b								•
Ş							_	_	
Š									
IS I	<b>u</b>	<del>-</del> -							<del></del>
PROGRAM SERVICE REVENUE	e	<del>-</del>							
ğ	f All o	ther program servic	e revenue						
Ř	g Tota	I. Add lines 2a-2f			•	-			
	3 Inves	stment income (incli	udina divide	ends in	nterest and				
	othe	r sımılar amounts)	ading divide	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Norost aria ►	•			
	4 Incor	me from investment	of tax-exer	nnt boi	nd proceeds				<del></del> -
			or tan one.		a procedus				
	<b>5</b> Roya	ınıes	() D1		() DI		····	111	
		-	(i) Real		(ii) Personal	-			
	6a Gros	s Rents							
	<b>b</b> Less	rental expenses							
	<b>c</b> Rental	I income or (loss)							
		rental income or (los	56)		<b>•</b>				
		` [	(i) Securiti	05	(ii) Other				
		amount from sales of	(i) Securi		(ii) Other	-			
	assets	other than inventory				4			
	<b>b</b> Less	cost or other basis							
		ales expenses							
	c Gain	or (loss)			•				
		gain or (loss)			<b>•</b>	j			•
	•	s income from fund	raising eve	nts					
OTHER REVENUE	(not	including \$	-					:	
2	of co	intributions reported	i on line 1c)	).					
- E	See	Part IV, line 18		a					
핖	<b>b</b> Less	direct expenses		ь					
6		ncome or (loss) from	m fundraisii	no ever	nts Þ				•
	9a Gros	s income from gam		ľГ	113				
		Part IV, line 19 direct expenses		a b		-			
		ncome or (loss) from	m damind a	ctivitie	s <b>&gt;</b>				
	10a Gros	s sales of inventory allowances	, less retur	ns a	_				
	<b>b</b> Less	. cost of goods sold	i	ь					
	<b>c</b> Net i	ncome or (loss) from	m sales of i	nvento	ry	•			
	-	Miscellaneous Revenu			Business Code				
	11 a			$\neg \vdash$		1	·	•	
		<del>_</del>		-		<del> </del>	· ·	· · ·	<del></del>
	<u></u>				<del></del>	<del> </del>	<del></del>		
	<b>d</b> All o	ther revenue							
	e Tota	I. Add lines 11a-11d	i		•				
	12 Tota	l revenue. See instr	uctions		•	181,540.	0.	0.	0.

Part IX Statement of Functional Expenses

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

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

Do 1 6b, .	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				<del>'''' ''''' ''''''''''''''''''''''''''</del>
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	176,800.	176,800.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages			,	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	n Management				
Ŀ	Legal				
	: Accounting	1,750.		1,750.	
	Lobbying	,			<del></del>
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	Other				· · · · · · · · · · · · · · · · · · ·
-	Advertising and promotion		-		
	Office expenses				
	Information technology				
	Royalties				
	Occupancy				<del></del>
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance.				
	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.)				
	Postage and Shipping	106.		106.	
ŀ	BANK SERVICE CHARGES	27.		27.	
c					
C					
E	·				
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	178,683.	176,800.	1,883.	0.
26	Joint costs. Check here □ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form 990 (2009)

20-4401435 Page 11 **Balance Sheet** Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 6,722 1 9,579. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees. and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis 10 a Complete Part VI of Schedule D 10 b **b** Less accumulated depreciation. 10 c 11 Investments - publicly-traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related, See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 6,722. 16 Total assets. Add lines 1 through 15 (must equal line 34) 9,579 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II

	26	Total liabilities. Add lines 17 through 25	0.	26	0.
Ñ		Organizations that follow SFAS 117, check here X and complete lines			·
Ŧ		27 through 29 and lines 33 and 34.		1	
Ş	27	Unrestricted net assets	6,722.	27	9,579.
È	28	Temporarily restricted net assets		28	
Ś	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ► and complete			

lines 30 through 34. 30 Capital stock or trust principal, or current funds

of Schedule L

23

24

25

34

BAA

31 Paid-in or capital surplus, or land, building, and equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Other liabilities, Complete Part X of Schedule D

33 Total net assets or fund balances.

32 6,722. 9,579 33 6,722. Total liabilities and net assets/fund balances 9,579. Form 990 (2009)

22

23

24

25

30

31

Form <b>990</b> (2009)	AMERICAN	FRIENDS	OF	THE	OLD	CITY	CHEDER

20-4401435

Page **12** 

Total 330 (2003) THERETOTAL TREBADO OF THE OLD CITE CHEDER 20 4	401433	Г	aye 12
Part XI Financial Statements and Reporting			
		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 $[X]$ Cash $[X]$ Accrual $[X]$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt, 2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued consolidated basis, separate basis, or both.	on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	ngle 3a		Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed audit		

BAA

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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.

AMERICAN FRIENDS OF THE OLD CITY CHEDER

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

		IN J	ERUSALEM INC						20-44	401435	5		
ar	l I	Reason for Pu	blic Charity Statu	ıs (All organızatıons	must	compl	ete thi	s part	.) See	ınstruc	tions		
he c	rgai	nization is not a priv	ate foundation becaus	se it is. (For lines 1 throu	gh 11, c	heck on	ly one b	ox )				_	
1		A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	1 <b>70(b)(</b> 1	)(A)(i).					
2		A school described	ın section 170(b)(1)(A	<b>)(ii).</b> (Attach Schedule E	)								
3		A hospital or coope	rative hospital service	organization described i	n <b>sectio</b>	n 170(b)	(1)(A)(ii	i).					
4		A medical research	organization operated	d in conjunction with a ho	spital di	escribed	ın secti	ion 170(	<mark>Ъ)(1)(А)</mark>	(iii). Ente	er the hosp	tal's	
		name, city, and sta											_
5		An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit on omplete Part II)	of a college or university	owned o	or opera	ted by a	govern	mental ı	unit desc	ribed in se	ction	
6 7	$\exists$	An organization tha		povernmental unit describ substantial part of its sup int IL)					or from t	he gene	ral public d	escrib	ed
8	$\Box$			<b>70(b)(1)(A)(vi).</b> (Complete	Part II	`							
9	$\overline{X}$	An organization tha	t normally receives. (	1) more than 33-1/3 % of	its supr	ort from	contrib	utions,	member	ship fees	s, and gros	s rece	ıpts
		investment income	ed to its exempt functi and unrelated busines section 509(a)(2). (Co	ions – subject to certain ss taxable income (less s emplete Part III )	exception 5	ons, and 11 tax) t	(2) no r rom bus	more the	an 33-1/. s acquire	3 % of its ed by the	s support fr e organizati	om gr on afte	oss er
10		An organization org	janized and operated	exclusively to test for put	olic safe	ty See :	section !	509(a)(4	l).				
11		more publicly support	orted organizations de	exclusively for the beneficescribed in section 509(a) ation and complete lines	)(1) or s	ection 5	09(a)(2)	tions of . See <b>s</b> e	, or carr ection 50	y out the <b>09(a)(3).</b>	purposes Check the	of one box th	or nat
		a Type I	<b>b</b> Type II	c ☐ Type III	– Fund	tionally	integrate	ed		d $\square$	Type III-	Other	
е		By checking this bo than foundation ma 509(a)(2)	x, I certify that the org nagers and other than	ganization is not controlle n one or more publicly su	ed direct pported	ly or ind organiz	irectly b ations d	y one o escribed	r more o d in sect	lisqualificion 509(a	ed persons a)(1) or sec	other tion	
f		, , , ,	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II (	or Type	III supp	orting or	ganızatıon,		
g		Since August 17, 20	006, has the organizat	tion accepted any gift or	contribu	ıtıon froi	n any o	f the fol	lowing p	ersons?			
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the si	ontrols, either alone or to apported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
		-	ber of a person descr	• •							11 g (ii)	$\neg$	
		• •	•	described in (i) or (ii) abo	ove?						11 g (iii)		
h		• •	, ,	ne supported organization							1.9 ()		
	(i)	Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	ls the ion in col I in your erning	the organ	(i) of	(vi) l organizati (i) organiz U S	on in col	(vii) Amoun	t of Sup	port
						ment ⁷	V	N.	V	- No.			
				-	Yes	No	Yes	No	Yes	No			
											- <u>-</u>		
											···		
otal								,		,			

	edule A (Form 990 or 990-EZ) 2009 III Support Schedule for		FRIENDS OF Secribed in			20-440 nd 1 <b>70(b)</b>			⊃age <b>2</b>
500	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)		<del>.</del> .			
-	tion A. Public Support			I	<u> </u>	T			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	al
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')								
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.								-
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					-			
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support			1					
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	ıl
•	Amounts from line 4				· · · · · · · · · · · · · · · · · · ·				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				12		
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 50	l(c)(3)		<u>►</u>
Sec	tion C. Computation of Pu	blic Support	Percentage	-					
	Public support percentage for 20	•	••	e 11, column (f)			14		%_
	Public support percentage from 2					Į	15		<u>%</u>
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization.	the line 14 is 33-1.	/3 % or more	e, checl	this box	► 🗌
ł	o 33-1/3 support test — 2008. If the and stop here. The organization	organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a, ganization	and line 15 is 33-	1/3% or mor	e, chec	k this box	▶ 🗌
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	test, check this	box and stop here	. Explain in l	Part IV	how	► 🗌
	o 10%-facts-and-circumstances tea or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstances test The organiz	t test, check this tation qualifies as	box and stop here a publicly support	e. Explain in led organization	Part IV tion	how the	► □
18 BAA	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a,		s box and se chedule <b>A</b> (F			<u>►    </u> 2) 2009

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

	(Complete only if you che	cked the box on lin	e 9 of Part I)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')		24,000.	277,573.	239,155.	181,540.	722,268.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5	0.	24,000.	277,573.	239,155.	181,540.	722,268.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
_	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
0	Public support (Subtract line						700 000
Sec	7c from line 6.) tion B. Total Support	<u> </u>		L			722,268.
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(4) 2000	(-) 2000	
	Amounts from line 6	0.	24,000.	277,573.	(d) 2008 239, 155.	(e) 2009 181, 540.	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.	24,000.	211, 313.	239,133.	101, 340.	722,268.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				-		0.
С	Add lines 10a and 10b	0.	0.	Ō.	0.	0.	0.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
	Total support. (add Ins 9, 10c, 11, and 12)				<u> </u>		722,268.
	First five years. If the Form 990 organization, check this box and	stop nere.		third, fourth, or	fifth tax year as a	section 501(c)(3)	<b>▶</b> [X]
	tion C. Computation of Pu				<del></del>	<del>- ,,</del>	
	Public support percentage for 20		•	13, column (f))		15	<u>%</u>
	Public support percentage from 2			<del></del>		16	%_
	tion D. Computation of Inv				<del>_</del>		
	Investment income percentage for			•	n (f))	17	<u>%</u>
	Investment income percentage fit 33-1/3 support tests — 2009. If the				lina 15 ic mara the	18   20 33 1/3% and life	% 17 is not
	more than 33-1/3%, check this be 33-1/3 support tests — 2008. If the	ox and <b>stop here.</b> le organization did	The organization of not check a box of	jualifies as a publ n line 14 or 19a.:	icly supported org and line 16 is mor	anization e than 33-1/3%  ai	▶
	is not more than 33-1/3%, check	this box and stop	here. The organiza	ation qualifies as	a publicly support	ed organization	<b>-</b> [
_20	Private foundation. If the organiz	zation did not chec	k a box on line 14	<u>, 19a, or 19b, che</u>	ck this box and se	e instructions	▶

Schedule A	A (Forn	n 990 or	990-E	Z) 2009	AMERICAN	FRIENDS	OF	THE	OLD	CITY	CHEDE	R 20-4401435	Page <b>4</b>
Part IV	<b>Sup</b> Part	pleme	<b>ntal l</b> i e 17a	nformat or 17b;	<b>ion.</b> Comple and Part III,	te this pa line 12. I	rt to Provi	provi ide ar	de th	e expl er ad	lanation ditional	R 20-4401435 s required by Part II, information. See ins	line 10; tructions.
		•		<u> </u>		<del>_</del> <del>_</del> ,							<del></del>
									· – – <del>-</del>				
													- <del></del>
						<b>_</b>		- <b>-</b> -					
									. <b>-</b>	<b>-</b>			
						<b>-</b>	<del>-</del>				<b></b>	<del></del>	
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						<b>-</b>						. <b></b>	
												. <b></b>	
						. <del>-</del>			<b>_</b>	<b>_</b>		. <b></b>	
		<b>-</b>			- <b></b>								
						<b>-</b>							

# Schedule F (Form 990)

**Totals** 

#### Statement of Activities Outside the United States

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545 0047

Name of the organization				Employer identifi	cation number
AMERICAN FRIENDS OF				20-44014	35
Part I General Informa to Form 990, Pa	ation on Activit ert IV, line 14b.	ies Outside th	e United States. Comple	ete if the organization	on answered 'Yes
1 For grantmakers. Does the grantees' eligibility for the	ne organization mail grants or assistant	ntain records to s ce, and the select	ubstantiate the amount of the good criteria used to award the g	rants or assistance, the grants or assistance?	X Yes No
			dures for monitoring the use of	grant funds outside the	United States
3 Activities per Region. (Us	e Schedule F-1 (Fo	rm 990) if additioi	nal space is needed.)	<del>r</del>	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
ISRAEL	0	0	PROGRAM SERVICES	EDUCATION,	176,800.
				FOOD/BASIC NEEDS	
					<u> </u>
·					

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

Schedule F (Form 990) (2009)

176,800.

Page 2

Schedule F (Form 990) 2009 AMERICAN FRIENDS OF THE OLD CITY CHEDER

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

1					(a) Amount of	Mondon (A)	A Amount of		(N Mothod
(a) Name of organization	ganization	section and EIN (if applicable)	(c) Region	of grant	cash grant	of cash disbursement	non-cash assistance	non-cash assistance	of valuation (book, FMV, appraisal, other)
			ISRAEL -	EDUCATION	52, 500.	СНЕСК			N/A
			ADERET						
			ELIYAHU						
			ISRAEL -	EDUCATION	5,000.	СНЕСК			N/A
			ADERET	BUILDING					
			ELIYAHU	PROGRAM					
			ISRAEL -	FOOD /	2,850.	СНЕСК			N/A
			ADERET	BASIC					
			ELIYAHU	NEEDS					
			ISRAEL -	EDUCATION	2,000. CHECK	СНЕСК			N/A
			CENTRAL FUND						
			OF ISRAEL						
			ISRAEL -	EDUCATION	150.	150. CHECK			N/A
			DERECH						:
			HATORAH						
			ISRAEL -		3,000. CHECK	СНЕСК			N/A
-		-	-	-	-				

Schedule **F** (Form 990) 2009 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

BAA

³ Enter total number of other organizations or entities

(h) Method of valuation (book, FMV, appraisal, other) Page 3 (g) Description of non-cash assistance Schedule F (Form 990) 2009 AMERICAN FRIENDS OF THE OLD CITY CHEDER

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. (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant AMERICAN FRIENDS OF THE OLD CITY CHEDER (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2009

TEEA3503L 07/06/09

BAA

Schedule F (Form 990) 2009 AMERICAN FRIENDS OF THE OLD CITY CHEDER	20-4401433	Page 4
Part IV Supplemental Information  Complete this part to provide the information required in Part I, line 2, and any additional inform	ation	
Part I, Line 2 - Grantmakers Explanation For Grants Outside US		
AMERICAN FRINDS HAS RELATIONSHIPS WITH THE MAJOR ORGANIZATIONS	T SUPPORTS.	ITS
PRESIDENT ROUTINELY VISITS THE ORGANIZATIONS AND REVIEWS THEIR W		
	MOUV WID THE	
DISTRIBUTION OF FUNDS.		

Page 2			N/A		N/A		N/A			N/A		N/A					Schedule F-1 (Form 990) 2009
20-4401435 (Form 990). Part II.	(h) Description of non-cash assistance																Schodule F.1
(Schedule F (F	(g) Amount of non-cash assistance																
United States.	(f) Manner of cash disbursement		. снеск		35,000. CHECK		. СНЕСК			. СНЕСК		250. CHECK					
les Outside the U	(e) Amount of cash grant		250.		35,000		75,000.			800.		250					7/10
CITY CHEDER	(d) Purpose of grant		FOOD/BASIC	NEEDS	EDUCATION		EDUCATION	BUILDING	PROGRAM	FOOD/BASIC	NEEDS	EDUCATION					01/71/00 10030A TOT
OF THE OLD CITAINS	(c) Region	MEIDA YAHUDUT	ISRAEL - MEIDA	YAHUDUT	ISRAEL - NER	RACHEL UVANEHA	ISRAEL - NER	RACHEL UVANEHA		ISRAEL - NER	RACHEL UVANEHA	ISRAEL - OHEL	АVRАНАМ				
AMERICAN FRIENDS OF THE OLD ants and Other Assistance to Organ	(b) IRS code section and EIN (if applicable)																
Schedule F-1 (Form 990) 2009 AMERICAN FRIENDS OF THE OLD CITY CHEDER Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	1 (a) Name of organization																ВАА

#### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public Inspection

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.

Name of the organization AMERICAN FRIENDS OF THE OLD CITY CHEDER	Employer identification number
IN JERUSALEM INC	20-4401435
Form 990, Part VI, Line 11 - Form 990 Review Process	
A DRAFT COPY WAS PROVIDED FOR THE PRESIDENT TO REVIEW BEFORE CO	OMPLETION.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
AVAILABLE UPON REQUEST	
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Schedule O (Form	990) 2009					 	Page <b>2</b>
Name of the organization	AMERICAN IN JERUSA	FRIENDS LEM INC	OF THE	OLD CITY	CHEDER	 Employer identification no 20-4401435	umber
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