

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Department of the Treasury

inization may have to use a convent this return to eatisfy state reporting requirements

Open to Public Inspection

	nai Reven						C (O 03C 2	copy or una		usiy state repu		uli cilicilo	1			
		2009 calend	dar year,	or tax y	ear beg	jinning			, 200	9, and endi	ng	D		<u>, </u>		
В		applicable	Please use	·				T110	D /** '-					fication Numbe	ır	
	Addi	ress change	IRS label or print					, INC. 1		COCITE TX	C	<u> </u>	49812			
	Nam	ne change	or type. See					1EHUDA D #1600	SINA	GOGUE IN	L	E Telepho				
	Initia	al return	specific Instruc-			33156		D #1000				(30	5) 6	70-1984		
	Termination tions. Amended return G Gross															
													eceipts \$; <u> </u>		62.
	Арр	lication pending			•	ipal officer					1	this a group retur		liates?	Yes	X No
			SAME A	AS C	ABOVE	2					1 ''	re all affiliates inc 'No,' attach a list			Yes	No
ı	Tax-e	exempt statu	s X 501	(c) (3)	✓ (insert)	no)	4947(a)(1) or	527] "	No, bladi d iist	(500 1115	a 3 0 ao 113)		
J	Webs	site: ► N/	Α					_		_	H(c) G	roup exemption n	ımber 🟲			
K	Form o	of organization	Corpora	ation	Trust	Associa	tion	Other ►		L Year of Forma	ation	M :	State of le	egal domicile		
Pa	rt I	Summa	ary													
	1 E	Briefly descri	be the org	ganızatı	on's mi	ssion or n	nost sig	nıfıcant actı	vities:	SEE SCH	DULE	Ξ "Ο"				
Ð	_	 .														
auc	_															
Ë	_		<u>-</u>							. .						
Activities & Governance		Check this box $\vdash \Box$ if the organization discontinued its operations or disposed of more than 25% of its Number of voting members of the governing body (Part VI, line 1a)														_
æ										163			3			6
69		Number of in		-			govern	ing body (P	art VI, II	ne ID)			5			0
ξ		Fotal number Fotal number					an/)						6			$\frac{0}{0}$
Act	6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12												7a			62.
		Net unrelated											7b			0.
										70		Prior Year		Curren	ıt Yea	
	8 (Contributions	and oran	nts (Par	t VIII. In	ne 1h)	ω			IRS-OSC		210,2	250.	- Ourici		
Jue		Program serv					978	DEC 06	2010	1%						
Revenue		nvestment in					3, 4,-a	nd-7d)		기렸						62.
æ		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 23 (116)														
										<u>-tine-12)</u>		210,2	250.			62.
	13 (Grants and si	ımılar am	ounts p	aid (Pai	rt IX, colu	mn (A),	lines 1-3)				191,0	00.		<u> 27,5</u>	500.
	14 E	Benefits paid	to or for	membe	rs (Par	t IX, colur	nn (A),	line 4)								
m	15 9	Salaries, othe	er compei	nsation,	employ	yee benef	its (Par	t IX, columr	n (A), lin	es 5-10)						
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)														
per	ьт	Fotal fundraising expenses (Part IX, column (D), line 25) ►											, , , ,		2.6	- ,. ,
ũ	17 (otal fundraising expenses (Part IX, column (D), line 25) P Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)										961.			
	1	Total expens							line 25)		191,961					322.
	1	Revenue less				-		coluinii (A),	, iiiie 20)		ļ	18,2				260.
_ <u></u>	13 1	veveriue less	CAPCIISC	3 Oubt	act iiiie	5 10 HOIII	III C 12									
* E	20 1	Fotal assets	/Dort V I	no 16)							_ <u></u>	eginning of \		End o	14,6	
AB	1	rotal liabilitie	•	•	5)						-	33/.	0.		17,	0.
Not Assets or Fund Balancos	-		- •		•	4 l.ma 21 4		- 20			-	44,			14,6	
	22	Vet assets or	ure Blo	-	Subtrac	t iiile ZT i	TOTT THE	: 20				. 44,.	703.		14,(545.
F,C	21 (1)	 			45-4-1-5		.					and to the best		udadaa aad ba		
		true, correct, a	nd complete	Declare	ion of pre	e examined t parer (other i	nis return, than office	r) is based on a	mpanying s all informat	ion of which pre	atements parer has	, and to the best any knowledge) J	owieuge and be	iiei, ii i:	5
Sig	n	IN V	100	K.	an A	25						15/1/20	ha			
He	ere	Signature	of officer									Date	/ · · ·			
		► MILE	S BUND	FD							PR	ESIDENT				
			rint name an									BOIDENI				
_		<u> </u>								Date		Check if	Pr	eparer's identifee instructions)	ying nu	mber
Pa	id	1_										self- employed		ee manachons)		
Pr		Preparer's signature	>										\square_{P}	0014685	4	
	rer's	Firm's name (or BINSTOCK, RUBIN, ADLER, ALDECOA & ELLZEY, PA														
Us		yours if self-				LAND B						⊟ _{EIN} ► 2	20-41	83255		
Or	ııy	employed), address, and ZIP + 4	MIA			156-78		1000				Phone no	100		1984	<u></u>
<u></u>					_			(see instri	ictions)			1	_ , ,	X Yes		No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009

TEEA0113L 12/29/09

Forn	↑ 990 (2009) HELPING ISRAEL FUND, INC. F/K/A	20-49	8126	8		Page 2
Pai	t III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission					
-	CEE COURDINE O					
	PEF SCHEDOFF O					
		-				
		- -				
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
	Form 990 or 990-EZ? .			Yes	X	No
	If 'Yes,' describe these new services on Schedule O		_			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	/ices?	\Box	Yes	X	No
-	If 'Yes,' describe these changes on Schedule O.		لــا			
1		hu avnan		Sactio	n 501	(0)(3)
-	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	d allocation	ns to	others	the	total
	expenses, and revenue, if any, for each program service reported				,	
	Beneral Control to					
4 8	(Code (Code (Expenses \$ 17,000.) Including grants of \$ 17,000.) (Re)
	GRANT TO ASSIST IN THE FINANCIAL SUPPORT OF UNDER-PRIVILEGED IMMIG				TATI	E
	OF ISRAEL AND FOR OTHER NEEDY INDIVIDUALS, INCLUDING BATTERED WOME	<u> </u>				
				- - -		
				:		
41	(Code:) (Expenses \$10,250. including grants of \$) (Re	evenue \$	·)
	SEE SCHEDULE O					
	- (C-1)	^	,			
40	: (Code Stephenses \$ 250. including grants of \$ 250.) (Recommendation of the perfect of the perf	evenue \$	·—)
	GRANT FOR THE DONATION OF RELIGIOUS ARTICLES TO A SYNAGOGUE IN ISR	<u> 457. – – </u>				
				. – –		
			_			
40	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ► 27,500.				-	
	Total program del rice expenses - 21/000.					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
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		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
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 L	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		13.20	<i>`\$</i> }\$.
•	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	\$6.62.44	5 (//(`	×
	the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X	<u>(3)</u>	1,160	, ~ 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	12		<u>x</u>
12	AWas the organization included in consolidated, independent audited financial statement for the tax vear? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X	,	15 11	
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	. *	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		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	-	х
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		Х
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		X
20	5 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	20		X

Form 990 (2009) HELPING ISRAEL FUND, INC. F/K/A

Part IV Checklist of Required Schedules (continued)

			162	NO
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		<u>x</u> _
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
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
24 a	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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
ŀ	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		<u> </u>
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		X
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
28	instructions for applicable filing thresholds, conditions, and exceptions):			
ä	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ŀ	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
(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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		X
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		X
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		<u>X</u>
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
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		X
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		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X
ВДД		Form	990	(2009)

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns. Enter -0- if not applicable.			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 2a 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)	. [- í
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	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		<u>X</u>
b If 'Yes,' enter the name of the foreign country ►		1	
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		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	-	Х
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		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
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?	 7a		Х
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		Х
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?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		X
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.			
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			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders 11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		L
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2009)

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.

Section A. Governing Body and Management

			Yes	No							
1:	a Enter the number of voting members of the governing body										
	b Enter the number of voting members that are independent										
Z	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		X							
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		Х							
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		<u>X</u>							
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х							
governing body? b Are any 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										
	a The governing body?	8a	X								
	b Each committee with authority to act on behalf of the governing body?	8b	X								
		الاه	^								
	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 Q	9		X							
	ction B. Policies This Section B requests information about policies not required by the Internal										
Rev	enue Code.)										
			Yes	No							
	a Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>							
	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?	10ь									
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X							
11.	A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O										
12	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									
•	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									
13	Does the organization have a written whistleblower policy?	13		X							
14	Does the organization have a written document retention and destruction policy?	14		X							
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?										
	a The organization's CEO, Executive Director, or top management official	15a		X							
	b Other officers of key employees of the organization	15b		X							
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)										
16	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	-	Х							
	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									
	ction C. Disclosures										
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) as inspection. Indicate how you make these available. Check all that apply	/ailabl	e for p	oublic							
	Own website			_							
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest pol statements available to the public.			ncial							
20		anızatı	ion:								
	LESLIE ADLER 9100 S DADELAND BLVD, STE #1600 MIAMI FL 33156 (305) 670-1984										

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

Check this box if the organization did not compensate any current officer, director, or trustee. (A) (B) (c) (D) **(E)** (F) Average hours (check all that apply) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from Estimated Name and Title amount of other compensation per week Individual nstitutiona lighest the organization (W-2/1099-MISC) from the employee organization and related compensated organizations trustee ALIDA BUNDER DIRECTOR 5 0. 0. 0. MILES BUNDER DIRECTOR 5 0 0. 0. LEON BLANKROT 0. DIRECTOR 30 0. 0 MILES BUNDER PRESIDENT 5 0 0 0. LEON BLANKROT VICE PRESIDENT 30 0. 0 0. ALIDA BUNDER SECRETARY 0. 5 0 0.

Part VII Section A. Officers, Directors, Trus										
(A) Name and Title	(B) Average	Position (check all that apply)					(vlgg	(D) Reportable	(E) Reportable	(F) Estimated
Name and Tide	hours per week			Officer		Highest compensated employee		reportable compensation from the organization (W-2/1099-MISC)	Reputation compensation fror related organization (W-2/1099-MISC)	n amount of other
					_					
	_									
								0		2
1 b Total	4 4 - 41 -		_ 1					0.		0.
2 Total number of individuals (including but not limited from the organization ► 0	a to tho	se II	stec	abe	ove	wn	o re	ceived more than	\$100,000 in rep	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii 4 For any individual listed on line 1a, is the sum of re 	<i>ndıvıdua</i> portable	l cor	ī. npe	nsal	tion	and	oth	er compensation	from	Yes No
the organization and related organizations greater the individual	han \$15	0,00	0?	lf 'Y	'es'	com	plet	e Schedule J for :	such	4 X
Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	ompens nedule J	atioi <i>I for</i>	n fro	m a h pe	any erso	unre n	late	d organization foi	services	5 X
Complete this table for your five highest compensation from the organization	ed ınde	pend	dent	cor	ntrac	tors	tha	t received more t	nan \$100,000 of	
(A) Name and business addres	s							(B) Description (of Services	(C) Compensation
	-				· ·					
					-	_				
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	nose	list	ed a	above) who receiv	ed more than	

//	Statement of Revenue	,	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
		,		revenue	revenue	512, 513, or 514
TS S	1 a Federated campaigns.	1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues	1b				
S, G	c Fundraising events	1c				
AR,	d Related organizations.	1d				
IN.	e Government grants (contributions)	1e				
ER S	f All other contributions, gifts, grants, and		,			
쯢	f All other contributions, gifts, grants, and similar amounts not included above	1f				
EŠ	g Noncash contribns included in lns 1a-1f	\$	*, * *			, î
<u>۲۵</u>	h Total. Add lines 1a-1f	<u> </u>				
N		Business Code	´			
Ę,	2a					
CE R	b					
Z.	<u></u>					
N SE	d					
RAI	f All other program service revenue					-
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f					
 -	3 Investment income (including divid	tends interest and				
	other similar amounts)	terius, interest and ▶	62.		62.	
	4 Income from investment of tax-exe	empt bond proceeds				
	5 Royalties	•				
	(i) Rea	ıl (ıı) Personal				
	6a Gross Rents				4	
	b Less: rental expenses					
	c Rental income or (loss)		on the or manager to		FT 2 VEV .	
	d Net rental income or (loss)	<u> </u>				
	7a Gross amount from sales of (i) Securi	ties (ii) Other				
	assets other than inventory					
	b Less: cost or other basis			-		
	and sales expenses					
	c Gain or (loss) d Net gain or (loss)	<u> </u>				
					-	
핗	8a Gross income from fundraising even (not including \$	ents				
OTHER REVENUE	of contributions reported on line 1	c).				
- RE	See Part IV, line 18	a				
THE	b Less direct expenses	b				
Ò	c Net income or (loss) from fundrais	sing events				
	9a Gross income from gaming activities See Part IV, line 19	es		-		
		а				
	b Less direct expenses	b				
	c Net income or (loss) from gaming					
	10a Gross sales of inventory, less retu and allowances	rns				
	b Less: cost of goods soldc Net income or (loss) from sales of	b	***************************************		*	,
	Miscellaneous Revenue	Business Code		-	. <u></u>	
	11 a		-		• • •	,
	b	ı				
	c					
	d All other revenue .					
	e Total. Add lines 11a-11d	•				
	12 Total revenue. See instructions		62.	0.	62.	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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		•		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			1. 165	16. 1 16. 1
3		27,500.	27,500.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7
4			<u> </u>	1.87	111
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)				
	Management				
t	Legal .				
(: Accounting	2,500.		2,500.	
	Lobbying				
•	Prof fundraising svcs See Part IV, In 17			*	
	Investment management fees	· · · · · · · · · · · · · · · · · · ·			
-) Other				
	Advertising and promotion				
13	Office expenses.				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings			· · · · · · · · · · · · · · · · · · ·	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	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.)				
á	BANK CHARGE	120.		120.	
	OTHER EXPENSE	89.		89.	
	LICENSES & TAXES	61.		61.	
	POSTAGE AND SHIPPING	52.		52.	
	DONATIONS				
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	30,322.	27,500.	2,822.	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			-	
BAA	campaign and fundraising solicitation.				Form 990 (2009)

Balance Sheet

(**B)** End of year (A) Beginning of year Cash - non-interest-bearing 44,905 1 14,645. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 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 ASSETS 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 10_C **b** Less accumulated depreciation. 11 Investments - publicly-traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets Add lines 1 through 15 (must equal line 34) 44,905 14,645 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants pavable 19 19 Deferred revenue LIABI 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II LITIES 22 of Schedule I 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 25 0. 26 Total liabilities. Add lines 17 through 25 26 0. Organizations that follow SFAS 117, check here X and complete lines N E T 27 through 29 and lines 33 and 34. ASSETS 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 44,905 14,645. 29 Permanently restricted net assets Q R Organizations that do not follow SFAS 117, check here and complete FUZD lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 BALANCES 32 Retained earnings, endowment, accumulated income, or other funds 32 44,905 14,645 33 33 Total net assets or fund balances 44,905. Total liabilities and net assets/fund balances. 34 14,645 34

BAA

Form 990 (2009)

Form 990 (2009)	HELPING	ISRAEL	FUND.	INC.	F	/K	/A

20-4981268

Page 12

				-gu
Pa	rt XI. Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		, , ,,	1/
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	_	4,	
2	a 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		Х
	c If 'Yes' to line 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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	17.30	' , š,	,
1	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.	, ,	, ,	1
	Separate basis Consolidated basis Both consolidated and separate basis			
3	a 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		х
	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		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 **2009**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

HELPING ISRAEL FUND, INC. F/K/A

FRIENDS OF NACHALAT YEHUDA SYNAGOGUE INC

Employer identification number

20-4981268

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated **d** | Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) X a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of (vii) Amount of Support (i) Name of Supported (iı) EIN (iii) Type of organization (iv) Is the (vi) Is the (described on lines 1-9 above or IRC section (see instructions)) organization in col (i) organized in the US? Organization anization in col (i) listed in your governing document? your support? No Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 HELPING ISRAEL FUND, INC. F/K/A 20-4981268 Page 2 Part II Support Schedule for Organizations Described in Sections 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) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 130,939 212,710 89 210,250 553,988. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 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 0. 212,710. 0. 130,939 210,250 89 553,988. Total. Add lines 1-through 3 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 0. shown on line 11, column (f) Public support. Subtract line 5 553,988. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 0. 212,710 130,939 210,250 89 553,988. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 0. similar sources. Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. Total support. Add lines 7 through 10 553,988. 0. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **►** [X] organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) % 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 15 16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization

or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2009

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

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

(Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b 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 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6. 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form	990 or 9	990-E	Z) 2009	HEI	LPING	ISRA	EL	FUND,	INC.	F/K/.	A 20-498126	58 Page 4
Part IV	Supp Part I	lemen	tal In	forma	tion.	Comple Part II	ete th	ıs pa	art to p	rovide le anv	the ex	planations required by Paradditional information. See	t II, line 10;
	- are r		17.0	01 175		· are ii	1, 11110		1 10110	io uny			moti detions.
										_ _			
			- -					- -		- - - -			
													-
					- - -								
										- -			
				-	 -								
		.											
	-		- ·								-		
	-								_			. 	
					 -						_		
					- - -	- 							
											-		
													-
			-										
				-									
				- -							- -	·	
				- -							. _		
	-			_									
				-									

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

► 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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

HELPING ISRAEL FUND, INC. F/K/A 20-4981268

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	the X Yes	No
---	--	-----------	----

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

(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
		_			
···					
als	▶ 0				

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

Schedule F (Form 990) (2009)

Page 2

Paç	A
20-4981268	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.
HELPING ISRAEL FUND, INC. F/K/A	Grants and Other Assistance to Organizations or Entities (Form 990, Part IV, line 15, for any recipient who received in Use Schedule F-1 (Form 990) if additional space is needed.
, INC.	ons or who respace is
FUND.	janizati scipient tional s
ISRAEL	to Org r any re if addi
PING	istance 3 15, fo 7m 990)
	i er Ass IV, line -1 (For
Schedule F (Form 990) 2009	and Oth 0, Part edule F
(Form 99	srants or orm 99 Jse Sch
redule F	I I
Sch	Pe

(i) Method of valuation (book, FMV, appraisal, othe														
(h) Description of non-cash assistance														
(g) Amount of non-cash assistance														
(f) Manner of cash disbursement	WIRE	TRANSFER												
(e) Amount of cash grant	27,500. WIRE													
(d) Purpose of grant	CHARITABLE	PURPOSES												
(c) Region	ISRAEL													
(b) IRS code section and EIN (if applicable)														
(a) Name of organization														
I	l !	١ .	 i	۱	l	I	l	L	1	•	l .	1 -	 l	•

P 1 ► 0 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
 3 Enter total number of other organizations or entities
 BAA

Page 3 Schedule F (Form 990) 2009 HELPING ISRAEL FUND, INC. F/K/A

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.

									Schedule F (Form 990) 2009
									Schedule F
									ВАА

Schedule	F (Form 99	0) 2009	HELPIN	G ISRAEL	FUND,	INC.	F/K/A			20-498126	8	Page 4
Part IV	Supple	mental	Informat	ion							<u> </u>	
	Complete	this par	t to provide	the information	n require	ed in Pa	rt I, line 2, a	nd any	additional in	formation.		
РА	RT I, LINE	2 - GR	ANTMAK	ERS EXPL	ANATIC	N FOI	R GRANTS	S OUT	SIDE US			
SE	E ATTACH	ED STA	ATEMENT	"FOREIGN	MISSI	ON PC	PLICY OF	THE	HELPING	ISRAEL FUND,	_ INC."	
								-				-
						- 				_ .		- -
								. – – -				
												
										· 		
												
						- 						
								. 				
						- -						
										 .		
										. 		- -
												
												- -
				-								- -
												
											_ _	.
	_ _ ·		_									
			- -								- 	

TEEA3504L 07/06/09

BAA

Schedule F (Form 990) 2009

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 HELPING ISRAEL FUND, INC. F/K/A	Employer identification number
	20-4981268
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
HELPING_ISRAEL_FUND, INC. IS ORGANIZED_EXCLUSIVELY_FOR_CHARITAB	LE AND EDUCATIONAL
PURPOSES IN ORDER TO RAISE FUNDS FOR SPECIFIC PROJECTS IN ISRAE	L WHICH RENDER
FINANCIAL ASSISTANCE TO INDIVIDUALS AND ORGANIZATIONS. HELPING	ISRAEL FUND IS
OPERATED TO PROVIDE SUPPORT FOR SPECIFIC PROJECTS IN ISRAEL SUC	H AS ENVIRONMENTAL
PROGRAMS, YOUTH EDUCATIONAL AND TRAINING PROGRAMS, EDUCATIONAL	PROGRAMS FOR WOMEN,
AND_OTHER_SOCIAL, EDUCATIONAL, CHARITABLE AND CULTURAL PROGRAMS	_AND_ACTIVITIES
WITHIN_THE_MEANING_OF_SECTION_501(C)(3)_OF_THE_INTERNAL_REVENUE	CODE.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	
GRANT TO ISRAELI NON-PROFIT ENTITY TO COVER THE COSTS OF DONATI	NG
(1) PACKAGES OF FOOD AND HOME APPLIANCES (SUCH AS REFRIGERATORS	, HEATERS, ETC.)
DISTRIBUTED TO ECONOMICALLY DISADVANTAGED FAMILIES WITH CHILDRE	N SERVING IN THE
ISRAELI DEFENSE FORCES (IDF)	
(2) ITEMS TO MEMBERS OF SELECTED IDF UNITS TO BUILD UNIT SPIRIT	AND SPIRIT DE CORPS,
INCLUDING ITEMS AS SPORTS EQUIPMENT, CLOTHING WITH UNIT INSIGNI	AS INCLUDING FLEECES,
HATS, AND TEE SHIRTS	
(3) FOR CLOTHING ITEMS SUCH AS UNDERWEAR, SCARVES, AND GLOVES	
INDIGENT IDF SOLDIERS	
AND (4) COUNSELING SERVICES TO "LONE" AND OTHER NEEDY SOLDIERS	
FORM OOD BART VILLING 11 FORM OOD DEVIEW PROCESS	
NO DESCRIPTION OF STATE OF CONDUCTION	

Schedule 0 (Form 990) 2009 Page 2											
Name of the organization	HELPING	ISRAEL FUND.	INC. F/K/A YEHUDA SYNAGOGUE	Employer identification number							
	FRIENDS	OF NACHALAT	YEHUDA SYNAGOGUE	INC	20-4981268						
			- 								
											
											
				-							
			- 								
-				-		-					
				 							
											
											
-											
											
					_						

2009 FORM 990 - SCHEDULE F, PART IV, PAGE 4

Foreign Mission Policy of the Helping Israel Fund, Inc.

The board of directors of the Helping Israel Fund, Inc. shall review all solicitations and requests for contributions and funds from foreign organizations, individuals and programs. The board of directors of the Helping Israel Fund, Inc. shall require that such solicitations and requests specify how the contributions and funds will be used and expended. The board of directors of the Helping Israel Fund, Inc. may, in its absolute discretion, refuse to make any grants or contributions or otherwise render financial assistance to or for any or all purposes for which funds are requested by a foreign organization, individual or project. If the board of directors of the Helping Israel Fund, Inc. approves a solicitation or request, the board of directors of the Helping Israel Fund, Inc. shall authorize distribution and payment of such contributions and funds to the approved grantee.

The making of grants and contributions and otherwise rendering of financial assistance to foreign individuals, organizations and other projects shall be within the exclusive power of the board of directors of the Helping Israel Fund, Inc. In furtherance of the purposes of the Helping Israel Fund, Inc., the board of directors shall have power to make grants only to foreign organizations organized and operated exclusively for charitable, scientific, or educational purposes within the meaning of section 501(c)(3) and to individuals or projects that will carry out charitable, scientific, or educational activities within the meaning of section 501(c)(3).

The board of directors of the Helping Israel Fund, Inc. shall require that the grantees of any funds contributed by the Helping Israel Fund, Inc. furnish periodic accountings to show that the funds contributed to the grantee were used and expended for the purposes which were approved

2009 FORM 990 - SCHEDULE F, PART IV, PAGE 4

by the board of directors of the Helping Israel Fund, Inc. After the board of directors of the Helping Israel Fund, inc. approves a grant to a foreign organization for a specific project or purpose, the organization may solicit funds for that particular grant; however, at all times, the board has the right of withdraw approval of the grant including if the Helping Israel Fund, Inc. discovers that there is a misuse of funds.

The Helping Israel Fund, Inc. shall refuse to accept any and all contributions from a grantor that such grantor requires that such funds must in any event go to a specific foreign organization, individual, or project.

,