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# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2010

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

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

Open to Public Inspection

		The organization may have to do a dopy of the collection of the co	<u> </u>	<del></del>		
<u>A</u>	For the 2010 cale	ndar year, or tax year beginning , 2010, and ending				
В	Check if applicable	C Name of organization ISRAEL AIR FORCE CENTER FOUNDATION,	INC.	D Employer	Identification Num	ber
	Address change	Doing Business As		06-13	50190	
	Name change	Number and street (or P O box if mail is not delivered to street addr) Room/su	ııte	E Telephone	number	
	Initial return	2300 COMPUTER AVENUE D-18		(215)	830-0304	l
	<del>     </del>	City, town or country  State ZIP code + 4		(2107		
	Terminated	2.3,		^ ^	. ¢ 040	016
	Amended return	WILLOW GROVE PA 19090			ipts \$ 949,	
	Application pendi	ig 1 Trains and database of principal strikes.		i group return fo affiliates include		Yes X No
		YehochaiSchneider 2300 COMPUTER AVENUE D- WILLOW GROVE PA 19090		attach a list (se		Yes No
<u> </u>	Tax-exempt status	X 501(c)(3)   501(c) ( ) ◀ (insert no )   4947(a)(1) or   527		•		
J	Website: ► W	WW.IAFC-FOUND.COM	(c) Group e	exemption numb	oer ►	
ĸ	Form of organization	X Corporation Trust Association Other ► L Year of Formatio	n 1992	M Stat	e of legal domicile	PA
Pa	art I Summa					
	1 Briefly desc	ribe the organization's mission or most significant activities The IAFC	Founda	tion In	nc. is a	
		it with the objective to raise funds for Educati				
ž		ial activities in Israel.				
Ë				<b></b>		
Activities & Governance	2 Check this	oox ► if the organization discontinued its operations or disposed of more	than 25	% of its net	assets.	
Ğ	3 Number of	voting members of the governing body (Part VI, line 1a)			3	10
ශ් ග		ndependent voting members of the governing body (Part VI, line 1b)			4	10
語	5 Total numb	er of individuals employed in calendar year 2010 (Part V, line 2a)			5	0
훒	6 Total numb	er of volunteers (estimate if necessary)			6	0
ď	7a Total unrela	ited business revenue from Part VIII, column (C), line 12			7a	0.
	<b>b</b> Net unrelat	ed business taxable income from Form 990-T, line 34			7b	
			Pı	rior Year		nt Year
_	8 Contribution	709 <b>,</b> 82	6.	946,651 <u>.</u>		
4.20%	9 Program se					
© 3 €	10 Investment	3,58	4.	3,195.		
ر کی د	11 Other rever					
<u> </u>	12 Total reven	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		713,41		949,846.
	13 Grants and	similar amounts paid (Part IX, column (A), lines 1-3)		328,86	7.	585,910.
130	14 Benefits pa	d to or for members (Part IX, column (A), line 4)			1	
0	15 Salaries, of	her compensation, employee benefits (Part IX, column (A), lines 5-10)		335,58	0.	234,953.
	16a Professiona	I fundraising fees (Part IX, column (A), line 11e)				124,514.
SCANNED Expenses						•
套點		( ), ( )		206 72	_	202 040
<b>\$</b> _		nses (Part IX, column (A), lines 11a-11d, 11f-24f)		396,73		223,849.
ŬŠ –	18 Total exper	ses Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>,061,18</u>		169,226.
<u>(K)</u>	19 Revenue le	ss expenses Subtract line 18 from line 12		-347 <b>,</b> 77		219 <u>,</u> 380.
8			Beginnin	g of Current Y		of Year
1 2	20 Total asset	s (Part X, line 16)		180,48		169,441.
A Bo		ies (Part X, line 26) FP & 6 2011	3	,031,94	4. 3,:	240,281.
ŠĚ	22 Net assets	or fund balances Subtract line 21 from line 20	-2	,851,46	03,	070,840.
Pa	and II Cimmade	Plack				
Und	ler penalties of persury.	declare that I have examined this return, including accompanying corrections and statements; and to the parer (other than officer) is based on all information of the parer (other than officer) is based on all information of the parer has any knowledge	ne best of m	y knowledge ar	nd belief, it is true,	correct, and
com	plete Declaration of pre	parer (other than officer) is based on all information of preparer has any knowledge				<u> </u>
Sic	gn Sign	ature of officer	Dat	te =	Sep1	2,201
He		CHOCHAI SCHNEIDER	PRESI	DENT	_/	
	IF	or print name and title				-
	Print/Typ	e preparer's name Preparer's signature Date		Check	If PTIN	
D-	ed Bobos	t J. McNamee 9/12	111	self employed		
		C O. McNamee	<del></del>	con omproyed		
	o Only			Francis FIN S		
US	Firm's ac			Firm's EIN	215\ 007	4425
_		Wyncote PA 19095		Phone no (		4425
Ma	y the IRS discuss	this return with the preparer shown above? (see instructions)			X Yes	No



Form **990** (2010)

Form	990 (2010) ISRAEL AIR FORCE CENTE		INC.	06-1350190	Page 2
Par		•			
	Check if Schedule O contains a response	to any question in this	s Part III		
1	Briefly describe the organization's mission:				
	The IAFC Foundation Inc. is a			ise	<b>-</b>
	funds for Educational, Cultura		activities in Israel.	<del>-</del>	<b>-</b>
	and Social activities in Israe	Ţ <b>.</b>		. <b></b>	
2	Did the organization undertake any significant pro	noram services durino	the year which were not listed or	the prior	
_	Form 990 or 990-EZ?	ogram services dering	g the year which were not noted or		es X No
	If 'Yes,' describe these new services on Schedule	e O			
3	Did the organization cease conducting, or make		how it conducts, any program ser	vices? Y	es X No
	If 'Yes,' describe these changes on Schedule O	J			_
4	Describe the exempt purpose achievements for e and 501(c)(4) organizations and section 4947(a)(	ach of the organization	on's three largest program services to report the amount of grants an	s by expenses Sect d allocations to othe	ion 501(c)(3) ers, the total
	expenses, and revenue, if any, for each program	service reported			
4a		817. including grain			3,195.)
	ISRAEL AIR FORCE CENTER ASSOCI	ATION- TO PROM	MOTE EDUCATION, RESEA	RCH AND	
	SCIENCE.				
	<b></b>			. <b></b>	<b></b>
				· <b>-</b>	<del>-</del> <del>-</del> -
		<b></b>			
				<del>-</del>	
					<b>-</b> -
4 t	(Code: ) (Expenses \$ 70,	900. including grai	nts of \$ 70,900.) (I	Revenue \$	0.)
	ISRAEL AIR FORCE ASSOCIATION-				
				· - <b></b>	
				- <b></b>	
				- <b></b> -	
				- <b></b>	
		<b></b>			
		<del></del>			
		600	167 600 1		
40	(Code) (Expenses \$167, FISHER BROTHERS INSTITUTE FOR				<u> </u>
	<del></del>		TRATEGIC STUDIES- 10	FROMOTE	
	EDUCATION, RESEARCH AND SCIENCE	<u></u>			
			<b></b>		
			<b>-</b>	- <b></b>	
			·		
	Other program services. (Describe in Schedule C (Expenses \$ including	).) ng grants of \$	) (Revenue \$		)
46	Total program service expenses ►	385,317.			A-4
BAA		TEEA0102 10	0/06/10	1	Form <b>990</b> (2010)

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Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 complete Schedule D, Part III Х 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Х 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule 11a Х **b** 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 11b Χ c 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 11 c Х d 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 169 If 'Yes,' complete Schedule D, Part IX 11 d Х Х 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and 12b Χ if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States? **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, Parts I and IV* 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, Parts II and IV 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, Parts III and IV 16 Χ 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х 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 18 Χ 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 Х 20 Χ 20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

06-1350190 Page 4 Form 990 (2010) ISRAEL AIR FORCE CENTER FOUNDATION. Part IV Checklist of Required Schedules (continued) No Yes 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 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 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? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a Х **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 Χ 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete 27 Х Schedule L. Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV' 28c 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, Complete Schedule M30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Χ 31 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 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X line 1 35 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No 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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 **Note.** All Form 990 filers are required to complete Schedule O 38 BAA

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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

Form 990 (2010)

Part V | Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 0 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1h c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 (gambling) winnings to prize winners? 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 C b 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. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) **b** If 'Yes,' enter the name of the foreign country Israel See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5с c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a X solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible 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 Х 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g Χ as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Χ 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 a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders 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 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 130 c Enter the amount of reserves on hand 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b

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Yes

Form 990 (2010) ISRAEL AIR FORCE CENTER FOUNDATION, INC. 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management 1a 1a Enter the number of voting members of the governing body at the end of the tax year 1 b 10 **b** Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 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? **b** Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

No Yes 10a Х 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Schedule O how this is done 13 Χ 13 Does the organization have a written whistleblower policy? 14 Х 14 Does the organization have a written document retention and destruction policy? 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? Х 15 a a The organization's CEO, Executive Director, or top management official **b** Other officers of key employees of the organization 15b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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

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17	List the states v	with which a copy	of this Form 99	90 is required to be filed	i▶ Pennsylvania

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Another's website X Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

►EHL Consulting Group 2300 Computer Avenue Willow Grove PA 19090 (215) 830-0304

Form 990 (2010)

Form <b>990</b>	(2010)	ISRAEL	AIR	FORCE	CENTER	FOUNDATION,	INC.	06-1350190	Page 7
Part VII	Com	pensation	n of C	Officers,	Director	s, Trustees, Ke	y Employees,	<b>Highest Compensated Employees,</b>	
	$^{-}$ and I	ndepend	ent C	ontract	ors				

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- 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, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization	nor any	relate	d or	ganı	zatı	on cor	nper	nsated any current off	icer, director, or truste	ee
(A)	(B)			•	C)			(D)	(E)	(F)
Name and title	Average hours		_	(checl		hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (describe hours for related organiza- tions in Schedule O)	adividial traces	institutional frustee	Offi 2	Key amployee	Higl est coingersated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ARNON ADAR	1 00	v						0	0.	0.
DIRECTOR	1.00	X				l		0.	0.	<u> </u>
(2) SHELDON ADELSON CHAIRMAN OF THE BORAD	1.00			х				_0.	0.	0.
_(3) GABI_EREM DIRECTOR	1.00	x						0.	0.	0.
(4) RICHARD KANDEL			i							
DIRECTOR	3.00	Х	ĺ					0.	0.	0.
(5) SHAHAB KARMELY										
DIRECTOR	1.00	Х						0.	0.	0.
(6) FARID PAKRAVAN										
DIRECTOR	1.00	Х						0.	0.	0.
(7) STEPHEN SAFT										
DIRECTOR	3.00	Х			<u> </u>			0.	0.	0.
(8) YEHOCHAI SCHNEIDER				ļ						
PRESIDENT	20.00	Х	<u> </u>	Х				0.	0.	0.
_(9) ELIE_SCHALIT	1.00	Х		X				0.	0.	. 0.
(10) SIMCHA SALACH										
EXECUTIVE DIRECTOR	65.00				Х			0.	0.	196 <b>,</b> 571.
(11) PATRICIA J. FRANKLIN SECRETARY AND TREASURER	2.00	х		X				0.	0.	0.
(12)										
<u>(13)</u>										
<u>(14)</u>										
(15)				-						
<u>(16)</u>					_					
(17)					-					
			Ь				_	·	<u></u>	

TEEA0107 12/21/10

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Form 990 (2010)

Part VII   Section A. Officers, Directors, Trus		(ey	En			es,	an			loyees		nt)
(A)	(B) Average	Pos	tion (	(chack	-	hat a	nnlul	(D)	(E)	۔	(F)	
Name and title	hours per week (describe hours for related organi zations in Sch O)		Institution	Officer		Highest compensated employee		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	corr fr org ar	stimated unt of of ipensation the anization id relate anization	ion ed
_(18)												
_(19)												
(20)		-										
(21)										-		
(22)												
											·	
_(24)												
(25)												
(26)				ļ 								
_(27)												
(28)												
(29)												
1 b Sub-total							<b>•</b>	0.	0.	1	96,	571.
c Total from continuation sheets to Part VII, Section	A						<b>&gt;</b>	0.	0.	1	96	571.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited from the experience.	to thos	se lis	sted	abo	ve)	who	rec	·				
from the organization											Yes	No
3 Did the organization list any <b>former</b> officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such in</i>	or truste Idividua	ee, k I	еу е	emp	loye	e, c	r hiç	ghest compensate	d employee	3		X
4 For any individual listed on line 1a, is the sum of reinthe organization and related organizations greater the such individual	oortable nan \$15	con 0,00	1per 0? <i>I</i>	nsatı If 'Ye	on a	and comp	othe o <i>lete</i>	er compensation fi e Schedule J for	rom	4	X	
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or the organization of the organiz	ompens	atior	n fro hedu	m a ule J	ny u <i>for</i>	ınre suc	lated	d organization or i	ndıvıdual	5	Λ	X
Section B. Independent Contractors												,1
Complete this table for your five highest compensate compensation from the organization	ed indep	end	ent	cont	ract	ors	that	received more th	an \$100,000 of			
(A) Name and business addres	s		-					(B Description	) of services	Compe	C) Insatio	on .
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not	lımıt	ed t	o the	ose	liste	ed at	bove) who receive	d more than			

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Pa	t VIII   Statement of Revenue	1		· · · · · · · · · · · · · · · · · · ·	,
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
STS	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b		1		
S, G	c Fundraising events 1c		•		
AR A	d Related organizations 1 d				
IS,G	e Government grants (contributions)				
E SI	f All other contributions oifts grants and				
夏芹	f All other contributions, gifts, grants, and similar amounts not included above 1f 946,651	<u>.</u>			
Ž S	g Noncash contributions included in lns 1a-1f \$				
	II Total. Add lines 14-11	946,651.			
PROGRAM SERVICE REVENUE	Business Code				
EVE	2a				
ä	b	<u> </u>			
ž	c				
¥ SE	d				
RA.	f All other program service revenue				
õ		<u> </u>			
	g rotali rica inica za zi				
	3 Investment income (including dividends, interest and other similar amounts)	<b>▶</b> 3,195.	3,195.	0.	0.
	4 Income from investment of tax-exempt bond proceeds	<b>-</b>			
	5 Royalties	<b>•</b>			
	(ı) Real (ıı) Personal				
	6a Gross Rents				
	<b>b</b> Less rental expenses				
	c Rental income or (loss)				
	u Net rental income of (1055)	<u> </u>			
	7a Gross amount from sales of (i) Securities (ii) Other	_			
	assets other than inventory	4			
	<b>b</b> Less. cost or other basis	[			
	and sales expenses				
	c Gain or (loss)	<b>→</b>	<del></del>		
	u Net gail of (1055)				
REVENUE	8a Gross income from fundraising events (not including \$				}
Ě	of contributions reported on line 1c).				
	See Part IV, line 18	_			
ОТНЕЯ	b Less direct expenses b		<u> </u>		
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses	┪			
		<u>-</u>	<del></del>		
				-	
	10a Gross sales of inventory, less returns and allowances	Ì			
	<b>b</b> Less cost of goods sold <b>b</b>				
	c Net income or (loss) from sales of inventory	<b>F</b>			
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c	ļ			
	d All other revenue				
	e Total. Add lines The The	<u> </u>			
	12 Total revenue. See instructions	<b>▶</b> 949,846.	3,195.	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)

(B)
Program service (D) Fundraising (A) Total expenses Management and general expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 2 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 585,910 585,910 Benefits paid to or for members Compensation of current officers, directors, 0. 78,629. trustees, and key employees 196,571 117,942 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 14,976. 37,441 22,465 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 0. 941 0 941 10 Payroll taxes 11 Fees for services (non-employees) a Management 36,751 0 36,751 0. **b** Legal 20,734 0. 20,734 0. c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 124,514 124,514. f Investment management fees 89,720 0 40,000 49,720. g Other 12 Advertising and promotion 0 3,296 0. 3,296 13 Office expenses 14 Information technology 15 Royalties Occupancy 16 409 1,898 0. 1,489. 17 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 13,008 0. 13,008. 0. Other expenses Itemize expenses not office expenses itemize expenses of covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 5,462 0 0. 5,462. a Direct Mailing Project Expense 0 1,509 0. 1,509. **b** Gifts\_\_\_\_ 0 0. 886. 886. c Refreshment & Catering Service d\_Postage & Delivery \_ 2,387. 0 1,445 942. 48,198 0. 48,198 0. f All other expenses 278,127. 1,169,226 726,317 164,782 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► I if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation BAA Form 990 (2010)

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Part X **Balance Sheet** (A) Beginning of year **(B)** End of year Cash - non-interest-bearing 139,971 1 141,696. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) 7 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 **10 a** Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 71,647. 10b 63,949. 20,413. 10 c 7,698. **b** Less<sup>1</sup> accumulated depreciation 20,100. 11 20,047. 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 180,484. 169,441. 16 Total assets Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 3,031,944 22 3,240,281. of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 3,031,944. 26 3,240,281 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund -3,070,840. 32 Retained earnings, endowment, accumulated income, or other funds -2,851,460 32 -3,070,840. -2,851,460 33 Total net assets or fund balances 33 180,484. 34 169,441. 34 Total liabilities and net assets/fund balances

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Form	990 (2010) ISRAEL AIR FORCE CENTER FOUNDATION, INC.	06-1350190	)	Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI				
		1 1	_		
	Total revenue (must equal Part VIII, column (A), line 12)	1		49,8	
	Total expenses (must equal Part IX, column (A), line 25)	2		69,2	
3	Revenue less expenses Subtract line 2 from line 1	3		19 <b>,</b> 3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2,8	51,4	60.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		2 0	70 0	
	column (B))	6	-3,0	70,8	40.
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<del></del>	Т	V 1	
	A			Yes	No_
	Accounting method used to prepare the Form 990 X Cash Accrual Other				i
	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		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	ssued on a			
	X Separate basis		ļ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	_	X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b		
BAA			Form	990 (	2010)

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#### 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.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

ISRAE			NTER FOUNDATI							50190	
Part I	Rea	son for Pub	lic Charity Status	(All organizations	must c	omple	te this	part.)	See II	nstruct	ions.
The org	<u>a</u> nızatı	on is not a priva	te foundation because	e it is (For lines 1 throu	ıgh 11, c	heck on	ily one b	ox)			
1 [	<b>=</b> 1			iation of churches desc		section	170(b)(	1)(A)(i).			
2	A sc	hool described ii	n section 170(b)(1)(A)	(ii). (Attach Schedule E	<b>E</b> )						
3	] A ho	spital or a coope	erative hospital service	e organization describe	d in <b>sect</b>	ion 170	(b)(1)(A)	)(iii).			
4 [	] A me	edical research o	organization operated	in conjunction with a ho	ospital d	escribed	in <b>sect</b>	ion 170	(b)(1)(A)	(iii) Ent	er the hospital's
	nam	e, city, and state	;	<b>_</b>							
5	] An o <b>170(</b> l	rganızatıon oper b <b>)(1)(A)(iv).</b> (Co	ated for the benefit of mplete Part II)	a college or university	owned o	r opera	ted by a	govern	mental	unit desc	cribed in <b>section</b>
6 7 X	An o	rganization that		vernmental unit describubstantial part of its sut ll.)					or from	the gene	eral public described
8 [	7			0(b)(1)(A)(vi). (Complet	e Part II	.)					
9	Ano	rganization that	normally receives: (1)	more than 33-1/3% of	its supp	ort from	contrib	utions, i	member	ship fee:	s, and gross receipts
_	from inve	activities relate stment income a	d to its exempt function	ons – subject to certain s taxable income (less s	exception	ons, and	d (2) no	more th	an 33-1.	/3% of it	s support from gross
10	_		· ·	xclusively to test for pul		-					
11	_ more	publicly suppor	ted organizations des	xclusively for the benefi cribed in section 509(a) ion and com <u>ple</u> te lines	)(1) or se	ection 50	09(a)(2)	tions of See <b>s</b> e	, or carr ection 5	y out the <b>09(a)(3).</b>	purposes of one or Check the box that
_	_ a 🗌	Туре І	<b>b</b> 🗌 Type II	c 🗌 Type II		-	-			d	Type III - Other
e [	¯ othe	hecking this box r than foundatior on 509(a)(2).	, I certify that the organic managers and other	anization is not controlle than one or more publ	ed direct icly supp	ly or inc orted or	lirectly b rganizati	y one o ions des	r more o scribed i	disqualifi n section	ed persons n 509(a)(1) or
f		e organization re k this box	ceived a written deter	mination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganization,
g	Sinc	e August 17, 200	06, has the organizati	on accepted any gift or	contribu	ition fro	m any o	f the fol	lowing p	ersons?	
											Yes No
	(i)	A person who	directly or indirectly co	ontrols, either alone or t	together	with pei	rsons de	scribed	ın (II) a	nd (III)	110()
	c::x		erning body of the sup								11 g (i)   11 g (ii)
	(ii)	•	er of a person describ	``	2010						11 g (iii)
				described in (i) or (ii) at							119(11)
<u>h</u>				supported organizatio	T		60 Dela	nou notifi	6.5	c the	(vii) Amount of support
	(I) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column (i	s the ation in ) listed in verning nent?	the organ	ou notify nization in n (i) of upport?	organiz	s the ation in nn (i) ed in the S ?	(VII) Amount or support
					Yes	No	Yes	No	Yes	No	
						-					
(A)											
<u>(B)</u>					-						
(C)											
<u>(D)</u>											
<u>(E)</u>				_			ļ	_			
Total											
	or Pan	envork Reduction	n Act Notice see the	Instructions for Form	990 or 9	90-EZ.			Schedule	A (For	m 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 ISRAEL AIR FORCE CENTER FOUNDATION, INC. 06-1350190

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support		-							
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 201	0	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')	2,682,984.	1,047,884.	3,959,757.	709,826.	946,6	551 <u>.</u>	9,347,102.		
2	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 by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	2,682,984.	1,047,884.	3,959,757.	709,826.	946,6	51.	9,347,102.		
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	<b>Public support.</b> Subtract line 5 from line 4							9,347,102.		
Sec	tion B. Total Support		-	,						
	ndar year (or fiscal year nning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 201	0	<b>(f)</b> Total		
7	Amounts from line 4	2,682,984.	1,047,884.	3,959,757.	709,826.	946,6	51.	9,347,102.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	144,339.	334.	8,090.	3,584.	3,1	.95.	159,542.		
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	<b>Total support.</b> Add lines 7 through 10							9,506,644.		
12	Gross receipts from related activ	ities, etc (see inst	ructions)			ļ	12			
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	a section 50	1(c)(3	) ▶ □		
	tion C. Computation of Pu									
	Public support percentage for 20			e 11, column (f))			14	98.32 %		
15	Public support percentage from	2009 Schedule A,	Part II, line 14			l	15	43.82 %		
16 a	33-1/3% support test — 2010. If and stop here. The organization				d the line 14 is 33	-1/3% or mo	ore, ch	leck this box ► X		
t	b 33-1/3% support test — 2009. 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									
17 a	7a 10%-facts-and-circumstances test — 2010. 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									
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization meets and organizati	meets the 'facts-a d-circumstances'	nd-circumstances test The organiza	s' test, check this to ation qualifies as a	oox and <b>stop here</b> a publicly support	e. Explain in ed organizat	Part I tion	V how the ►		
	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,				ructions		
RΔΔ						11201112 A /F	CILLU A	ラロコス タタレットノン ノリナリ		

# 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<del></del>			<del></del>		<u> </u>
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants )		-				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	4 1 2005	41.0007		4,0000	4 > 0040	
	dar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
	Amounts from line 6 Gross income from interest,	_					
	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ition's first, secon	d, third, fourth, o	r fifth tax year as a	section 501	(c)(3) ► □
Sec	tion C. Computation of Pul	blic Support P	ercentage				
15	Public support percentage for 20	10 (line 8, column	ı (f) dıvıded by lın	e 13, column (f))			15 %
	Public support percentage from 2						16 8
<u>Sec</u>	tion D. Computation of Inv	estment Incon	ne Percentage	<u> </u>			
17	Investment income percentage for	or <b>2010</b> (line 10c,	column (f) divided	d by line 13, colui	mn (f))		17 %
	Investment income percentage fr						18 %
	33-1/3% support tests – 2010. If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	rted organıza	ation ► [_
t	33-1/3% support tests - 2009. If line 18 is not more than 33-1/3%	the organization of the check this box a	did not check a be nd <b>stop here.</b> The	ox on line 14 or li e organization qua	ne 19a, and line 19 alifies as a publicly	6 is more that supported o	an 33-1/3%, and prganization ►
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructio	ons <u>•</u>

Part IV	Supplementa Part II, line 17 (See instruction	I Information. (7a or 17b; and ons).	Complete this p Part III, line 12	part to provide L. Also complet	the explanation e this part for a	s required by Painy additional info	rt II, line 10; ormation.
	<b></b>						
	<del>-</del>	. <b></b>	<b>_</b>			<b></b>	
						<b></b>	
			<b></b>		<b></b>		
			<b></b>				
			<b>-</b>	<b></b>	<b></b>		
		. <b></b> .			<b></b>	<b></b>	
			<b></b>			<b></b>	
							<b>-</b>
			<del>-</del>				
	<b></b>		<b></b>	<b></b>			
		<b></b>	<b></b>				
			<b></b>		<b></b>		
			<b></b>				
						<b></b>	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions. 2010

Open to Public Inspection

Name of the organization Employer identification numbe 06-1350190 ISRAEL AIR FORCE CENTER FOUNDATION, INC. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes and enforcement of the conservation easements it holds? l No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section  $170(h)(4)(B)(i)^7$ In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ▶\$ (i) Revenues included in Form 990, Part VIII, line 1 ▶\$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ►S

Schedule D (Form 990) 2010 ISRAE				06-135	
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	rical Treasures, o	or Other Similar Ass	ets (continued)
3 Using the organization's acquisiting (check all that apply)	on, accession, ar	nd other records, che	eck any of the following	g that are a significant us	e of its collection
a Public exhibition		<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research		e 📙 Other		<del></del>	
c Preservation for future gener					
4 Provide a description of the orgal Part XIV		•	_		e in
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or rece ather than to be r	eive donations of art	, historical treasures, of f the organization's co	or other similar llection?	☐ Yes ☐ No
Part IV Escrow and Custodia					
9, or reported an amo	unt on Form 9	90, Part X, line	21.		
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, o	r other intermediary	for contributions or oth	ner assets not	
<b>b</b> If 'Yes,' explain the arrangement					□ res □ no
bil res, explain the analigement	III Fait Aiv and t	complete the lonown	ig table		Amount
c Beginning balance				1c	7 HITOGIN
<b>d</b> Additions during the year				1 d	
e Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an a	mount on Form 9	90. Part X. line 21?			Yes No
<b>b</b> If 'Yes,' explain the arrangement		,			
Part V Endowment Funds. Co		organization ans	swered 'Yes' to Fo	rm 990, Part IV, line	e 10.
	(a) Current year				(e) Four years back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
<b>g</b> End of year balance					
2 Provide the estimated percentage	e of the year end	balance held as.			
a Board designated or quasi-endow	vment 🟲	%			
<b>b</b> Permanent endowment ►	<b></b> %				
c Term endowment ►	<sup>8</sup>				
3a Are there endowment funds not a organization by.	n the possession	of the organization	that are held and admi	nistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations liste	d as required on Sc	hedule R?		3b
4 Describe in Part XIV the intended					
Part VI Land, Buildings, and			art X, line 10.	<del></del>	
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land					
<b>b</b> Buildings	<u> </u>				
c Leasehold improvements	<u> </u>				
<b>d</b> Equipment	<u> </u>	71,647.		63,949.	7,698.
e Other					
Total. Add lines 1a through 1e (Colum	n (d) must equal	Form 990, Part X, c	olumn (B), line 10(c) )	<u> </u>	7,698.
BAA				Sched	dule <b>D</b> (Form 990) 2010

Part VII	Investments-Other Securities. See F	orm 990, Part X, Iıı	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion: ket value
(1) Financ	cial derivatives			
(2) Closel	y-held equity interests			
(3) Other				
<u>(A)</u>				
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
<u> </u>				
<u>(G)</u>				
(H)				
_(I)				
	ımn (b) must equal Form 990 Part X, column (B) line 12)			<u>.</u>
Part VII	I Investments-Program Related. (See		· · · · · · · · · · · · · · · · · · ·	<del></del>
	(a) Description of investment type	<b>(b)</b> Book value	(c) Method of valua Cost or end-of-year mar	
(1)			·-	
(2)				
(3)				<del></del>
(4)		-		
(5)				
(6)				
(7)				
(8)				
(9)				<u> </u>
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13	line 15)		
Part IX	Other Assets. (See Form 990, Part X,			(h) Dealership
	(a) De	scription		<b>(b)</b> Book value
(1)				
(2) (3)		···-	<del></del>	
(4)			<del></del>	
(5)				
(6)				<u> </u>
(7)				
(8)	<del></del>			
(9)			· · · · · · · · · · · · · · · · · · ·	
(10)			· - · · · ·	
	olumn (b) must equal Form 990, Part X, column(B	). line 15)	<b>•</b>	
Part X	Other Liabilities. (See Form 990, Part			<u>'</u>
	(a) Description of liability	(b) Amount		
(1) Fede	eral income taxes	,,		
(2)				
(3)				
(4)				I
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				·
(10)				
(11)				
(11)	mn (b) must equal Form 990, Part X, column (B) line 25)	<b>•</b>		
(11) Total. (Colu.	mn (b) must equal Form 990, Part X, column (B) line 25)  (ASC 740) Footnote In Part XIV, provide the text on's liability for uncertain tax positions under FIN	of the footnote to the or	ganization's financial statements that r	eports the

Schedule D (Form 990) 2010 ISRAEL AIR FORCE CENTER FOUNDATION, INC.

06-1350190

Page 3

		5-1350190	) Page <b>4</b>
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		949,846.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,169,226.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		<del>-219,380.</del>
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-219,380.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	<u>eturn</u>	
1	Total revenue, gains, and other support per audited financial statements	1	949,846.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	]	
b	Donated services and use of facilities 2b	]	
c	Recoveries of prior year grants	]	
c	d Other (Describe in Part XIV)		
e	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	949,846.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	949,846.
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	·
	Total expenses and losses per audited financial statements	1	1,169,226.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b	1	
	C Other Josses 2c	7 1	
	1 Other (Describe in Part XIV)	1	
	e Add lines 2a through 2d		
	Subtract line 2e from line 1	3	1,169,226.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,103,2201
	Investments expenses not included on Form 990, Part VIII, line 7b		
	O Other (Describe in Part XIV )	1	
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,169,226.
	t XIV Supplemental Information		
Com Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete additional information	lines 1b and this part to p	2b; provide
<u>Pt</u> .	XIII Line 2d Currency Fluctuation		
<u>Pt</u> .	X Accounting standards require that tax effects of certain tax posi	lons to be	recognized.
	These tax positions must meet a "more likely than not" standa	d that ba	sed on their
	technical merit have more than 50% likelihood of being sustained	upon IRS	examination.
	Management estimates that there are no uncertain tax positions a	s of Decemb	ber 31, 2010.

TEEA3304 02/11/11

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Schedule **D** (Form 990) 2010

Part XIV	Supplemental Inform	ation (continued)			
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Schedule D (Form 990) 2010 ISRAEL AIR FORCE CENTER FOUNDATION, INC.

06-1350190

Page 5

# Schedule F (Form 990)

### **Statement of Activities Outside the United States**

2010 ► 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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

06-1350190 ISRAEL AIR FORCE CENTER FOUNDATION, INC. Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

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

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

(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
(1) Middle East	1	3	Program Services	Support Services	200,593
(2) Middle East	1	3	Fundraising		271,868
(3) Middle East	1	3	General Expenses		81,739
(4) Middle East	1	3	Financing Expenses		6,746
_(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)	:				
(17)					
3a Sub-total	4_	12			560,946
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	4	12		1	560,946

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

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 ISRAEL AIR FORCE CENTER FOUNDATION, INC.

Page

Page | 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. The Part II can be duplicated if additional space is needed.

	Fart II can be duplicated if additional space is needed.	additional space	is tieeded.						
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ			Middle East	East To promote educa	146,817.	146,817. Check/Wire	200,593.	Services	Other
(2)			Middle East	To promote educa	70,900.	70,900. Check/Wire			
ම			Mıddle East	East To promote educa	167,600.	167,600. Check/Wire			
9									
(2)									
9									
6									
8									
6									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)								_	
, F	2 Enter total primber of recipient programs listed above that	rations listed above th		s charities by the	are recognized as charities by the foreign country, recognized as tax-exempt by the IBS, or for which	econorized as tax-e	exempt by the IBS	or for which	

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

Schedule F (Form 990) 2010

Page 3

06-1350190

Schedule F (Form 990) 2010 ISRAEL AIR FORCE CENTER FOUNDATION, INC.

| Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

ו מונוג, וווכ וכיו מונווו כמון כל ממשונים וו ממנו	וו טכ משטווכשנים זו מש	orial space	100000				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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(2)							
(3)							
(4)							
(5)							
(9)							
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(12)							
(13)							
(14)							
(15)							
(91)						:	
מו)							
(18)							
ВАА						Schedule F	Schedule <b>F</b> (Form 990) 2010

TEEA3503 10/27/10

Sche	dule F (Form 990) 2010 ISRAEL AIR FORCE CENTER FOUNDATION, INC. 06-	-1350190	Page 4
Par	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713)	Yes	X No
BAA	TEEA3505 10/27/10	Schedule F (F	orm 990) 2010

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Schedule F (Form 990			NTER FOUNDA	TION, INC.	06-1350190	Page <b>5</b>
Part V Suppler Complet 3, colum Part III, any add	nental Information te this part to prov nn (f) (accounting i column (c) (estima itional information	ide the inform method); Part ated number o (see instructio	ation required II, line 1 (acco if recipients), a ons).	by Part I, line ounting metho as applicable.	e 2 (monitoring of funds) od); Part III (accounting i Also complete t his par	; Part I, line method); and t to provide
Pt_I_Line_2					REQUESTING ORGANIZAT	
	BY THE BOA	RD OF DIRECTO	ORS. THESE A	PPLICATIONS	INCLUDE DATE, NAME OF	ORGANIZATION
	PURPOSE AN	ID GRANT AMOUN	NT REQUESTED	(AMONG OTHER	INFORMATION). THE API	PLICATIONS ARE
	REVIEWED	AND APPROVE	D BY A MEMBE	R OF THE BO	ARD OF DIRECTORS AND	THE GRANT IS
	SUBSEQUE	TLY PAID V	IA CHECK OR	WIRE.		
Pt I Line 3 Co	ol (F) CASH BASI	IS ACCOUNTI	NG			
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TEEA3504 10/27/10

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Schedule F (Form 990) 2010

# SCHEDULE J

Department of the Treasury Internal Revenue Service **Compensation Information** 

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number Name of the organization 06-1350190 ISRAEL AIR FORCE CENTER FOUNDATION, INC. Part I Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1h 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a 4b Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c X c Participate in, or receive payment from, an equity-based compensation arrangement? If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a Х a The organization? 5b Х b Any related organization? If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a Х a The organization? 6b Х **b** Any related organization? If 'Yes' to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III 8 Х If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

section 53 4958-6(c)?

Schedule J (Form 990) 2010

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII Schedule J (Form 990) 2010 ISRAEL AIR FORCE CENTER FOUNDATION, INC.

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

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

Com Con The Carry		COMM COCK - THE - COMMON					
	(B) Breakdown of W-2 and/or	of W-2 and/or 1099-MISC	1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) lotal of columns	renorted in prior
<b>(A)</b> Name	(i) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	compensation	Sile	(a)-(i)(a)	Form 990 or Form 990-EZ
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13	(ii)						
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15							
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16	(i)						
ВАА			TEEA4102 07/	01/22/10		Schec	Schedule J (Form 990) 2010

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Schedule J (Form 990) 2010

#### **SCHEDULE L** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(6)

**Transactions With Interested Persons** 

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

OMB No 1545-0047 2010

**Open to Public** Inspection

Name of the o	organization		Employer identification number		
ISRAEL	AIR FORCE CENTER FOUNDATION, IN	c	06-1350190		
Part I	Excess Benefit Transactions (section 5 Complete if the organization answered 'Yes' on Fo				
1	(a) Name of disqualified person	(b) Description of transaction		(c) Corrected	
		(b) Description of transaction			No
(1)					
(2)					
(3)					
(4)			· · · · · ·		
(5)					

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under

**►**\$ **►**\$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose		to or from anization?	(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
(1) Yehochai Schneider Operating & Grant Expense	X		5,035,240.	3,240,281.		Х	Χ			Х
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total			<b>►</b> \$	3,240,281.	1					

Part III

Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				

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

Schedule L (Form 990 or 990-EZ) 2010

Schedu	le L (Form 990 or 990-EZ) 2010 ISRA	EL AIR FORCE CENTER	FOUNDATION, INC.	06-1350190	Р	age 2
Part (	Business Transactions Invo Complete if the organization	Iving Interested Personswered 'Yes' on Fo	<b>ons.</b> orm 990. Part IV. lin	e 28a. 28b. or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
(1)	<del></del>				Yes	No
(2)		-			+	
(3)						
(4)						
<u>(5)</u> (6)						
(7)						
(8)						
(9)					_	
(10) Pari N	Supplemental Information			<del></del>	_	
0 000 0	Complete this part to provide addition	nal information for response	s to questions on Sched	lule L (see instructions).		
-		- · · · · · · · · · · · · · · · · · · ·				
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number ISRAEL AIR FORCE CENTER FOUNDATION, INC 06-1350190 Pt\_VI-B, Line 11a YEHOCHAI SCHNEIDER (PRESIDENT) AND SIMCHA SALACH EXECUTIVE DIRECTOR) REVIEW/APPROVE DRAFTS OF THE FINANCIAL STATEMENTS AND TAX RETURNS PRIOR TO THE RETURNS BEING FILED. Pt\_VI-B, Line 15 THE FOUNDATION PRESIDENT REVIEWS PERFORMANCE AND ISSUES A LETTER OF EVALUATION AND APPROVAL. IT IS ALSO REVIEWED AND REPORTED TO THE BOARD. HOWEVER, THE FOUNDATION HAS NO EMPLOYEES IN THE \_\_\_\_USA\_ANYMORE\_AS\_OF\_2010. Pt VI-C, Line 19 THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. Pt VI-A, Line 7b DECISIONS ARE RECEIVED BY BOARD VOTING AND MAJORITY COUNTS.