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990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2010

Open to Public Department of the Treasury Internal Revenue Service Inspection The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 2010, and ending C Name of organization Check if applicable: Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change OSCOH BIJOU Initial return П Terminated NJ 165078 Amended return Application pending H(a) is this a group return for affiliates? 🔲 Yes 🛂 No H(b) Are all affiliates included? 🔲 Yes 🖼 No 501(c)(3) 501(c) () ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list. (see instructions) Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization:

Corporation □ Trust □ Association □ Other Year of formation: M State of legal domicile: Summary Briefly describe the organization's mission or most significant activities: RELIGIOUS STUDIES Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Contributions and grants (Part VIII, line 1h) . 5216 8 Program service revenue (Part Vill, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 11 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 53.363 13 Grants and similar amounts paid (Part IX, column.(A), lines 1-3) Benefits paid to or for members (Part IX, column (A) Figure 4 E IVED. 14 Salaries, other compensation, employee benefits (Part-IX, column (A), lines-5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 29) 2 16a Other expenses (Part IX, column (A), lines 11a-11d, 111-241) App 4 Bear 17 12030 Total expenses. Add lines 13-17 (must equal Part 13-90) mpr (A), line 25) 18 7030 Revenue less expenses. Subtract line 18 from line 12 19 Seginning of Current Yes: End of Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . 0 22 Net assets or fund balances. Subtract line 21 from line 20 510768 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than g ficer) is based on all inform tion of which preparer has any knowledge. Sign Signature of officer ∆0S*€* Here Type or print name and title Print/Type preparer's name reparer's signature **Paid** Check | if setf-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Form **990** (2010) For Paperwork Reduction Act Notice, see the separate Instructions. Cat. No. 11282Y

process return

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om 99	0 (2010)	Page 2
Part	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: PROUIDE BUTTON ENRICH NO ENVIRONMENT STUDENTS CON STUDY HEBRON & TORNEY	W HERC
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O.	☐ Yes ☐ No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants others, the total expenses, and revenue, if any, for each program service reported.	expenses. Section and allocations to
4a	(Code:) (Expenses \$ /00,600 including grants of \$) (Revenue \$	}
	NAVAT YISRAEL SCHOOL FOLLOWING CONTRIBU WAS FOR RELIGIOUS STUDIES	

4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)

	/Oada //Europa fi	
4c	(Code:) (Expenses \$) (Revenue \$))

	***************************************	**************************************
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► / OO, OO-O	
		Form 990 (2010)

art I	V Checklist of Required Schedules			,
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	1
	complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	4
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		
4	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		
	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 98-197 If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		•
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	В		•
8	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		-
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		١
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118		
	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		
	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	11c		
	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	11d		_
	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	116		-
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		•
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program equipment activities outside the United States? If Titles 7 appropriate School is 5. Section 10.	148		
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 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.	14b	V	•
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	15	1	-
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 11e7 if "Yes," complete Schedule G, Part I (see instructions)	17	\dagger	
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	1	
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	\top	
20 g	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	1-	•
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)	20b		

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 27 if "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	-		
_	through 24d and complete Schedule K. If "No," go to line 25	248		12
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		X X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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	250		X
ь	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		×
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 committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):			- 41
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	286		X
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		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Old the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	l	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Old the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	-	×
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			X
34		33		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		1	
35	IV, and V, line 1	34	_	X
35 a	IV, and V, line 1	34 35		X
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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	35		X
9	IV. and V, line 1	35		XXX
36 37	IV. and V, line 1	35		X X X
a 36	IV. and V, line 1	35 36 37 38		

Part	Check if Schedule O contains a response to any question in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1	- 1	- 1
č	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		7
28	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 O	!		اع .
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		W
	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		${oldsymbol{ abla}}$
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	\Box	
48	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		1	V
	account)?	48		<u>X</u>
b	If "Yes," enter the name of the foreign country:	i	į.	
e -	See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		4	()
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	K	Š
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	 -}	X_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c	_+	
	organization solicit any contributions that were not tax deductible?	6a	- 1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-+	
	gifts were not tax deductible?	6b	Į	
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?	78		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			V
	required to file Form 8282?	7¢		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-	1	
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	70		又
f 9	If the organization received a contribution of qualified intellectual property, did the organization file Form 6899 as required?	71		Ģ.
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	 -	文
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			2
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8		V
8	Sponsoring organizations maintaining donor advised funds.		1	
a	Old the organization make any taxable distributions under section 4966?	9a		X
Ъ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		\boldsymbol{X}
10	Section 501(c)(7) organizations. Enter:		i	
8	mination less and capital contributions included on Fart VIII, life 12		i	
, b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 10b			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			7
b	Gross income from members or shareholders			
_	against amounts due or received from them.)	1	ľ	
128	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1.20		
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		文
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which			Ε,
	the organization is licensed to issue qualified health plans , ,			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148]	X
ь	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	1146	. [

Form 990 (2010)

rm 990	0 (2010)		Page 6
art \	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change		
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI		. 🗆
ectio	on A. Governing Body and Management		
	The the cool of th	Ye	s No
	Enter the number of voting members of the governing body at the end of the tax year	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	42	
_	any other officer, director, trustee, or key employee?	2	7.7
3	Did the organization delegate control over management duties customanly performed by or under the direct	-	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	\perp
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 7a	Does the organization have members or stockholders?	6	\succeq
	of the governing body?	7a	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	+>
В	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8	The governing body?	8a	TX
þ	Each committee with authority to act on behalf of the governing body?	Bb	X
9	ts there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	X
Cti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code	
)a	Does the organization have local chapters, branches, or affiliates?	10a	X
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	1
1a	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	118	X
ь 2a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
Ь	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	X
3	Does the organization have a written whistleblower policy?	13	X
4 5	Does the organization have a written document retention and destruction policy?	14	$\bot X$
_	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
Ь	Other officers or key employees of the organization	15b	
6a	and the particular and an anti-		
	with a taxable entity during the year? . ,	16a	
Ü	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	
ecti	on C. Disclosure	1.00	
7 8	Ust the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)); for public inspection. Indicate how you make these available. Check all that apply.)s only)	vailable
	Own website Another's website W Upon request		
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict and financial statements available to the public.	of interes	t policy
50	State the name, physical address, and telephone number of the person who possesses the books and records organization: \SosephBIJOU BETHEL RA SUITE 205A EDISMU	of the	088

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Form 990 (2010							ي.ـــــ				Pege 7
Part VII	Compensation of Officers, Din and Independent Contractors Check if Schedule O contains a re					_	-	-		•	Employees,
Section A.	Officers, Directors, Trustees, Key			<u> </u>							<u></u>
1a Complet	te this table for all persons required	to be liste	d. R	еро	rt c	om	pensa	tior	for the caler	dar year ending	with or within the
organization	•										
compensati	of the organization's current office on. Enter -0- in columns (D), (E), and	(F) if no co	mpen	sati	on v	was	paid.				dless of amount of
	of the organization's current key em e organization's five current highes										
who receive	ed reportable compensation (Box 5	of Form V	ผเ ย น V-2 a	nd/	or E	ees 3ox	7 of	aru Foa	m 1099-MISC	cirector, trustee	s, or key employee) \$100.000 from the
organization	n and any related organizations.										
\$100,000 of	I of the organization's former office i reportable compensation from the o	rganization	and	any	rela	ated	orga	niza	itions.	· -	
• List al	l of the organization's f <mark>ormer direc</mark> t n, more than \$10,000 of reportable $pprox$	tors or tru	stees	th:	at re	ecel	ved,	in ti	he capacity as	a former direct	or or trustee of the
List persor	ns in the following order: individu	al trustees	ilililili SOT	din	ie o	ıks. ıtgal	nzau Instii	on a Shrift	ino any relaled Instituted	officers: key e	mploveer highert
compensate	ed employees; and former such person	ons.									
☐ Check t	his box if neither the organization nor		d org	aniz	_		ompe	กรอ	ted any curren	t officer, director	r, or trustee.
	(A) Name and Title	(B) Average	Donate!	ion fr)) 	•	hat ap	-64	(D)	(E)	(F)
	HONG ON THE	hours per	_			_			Reportable compensation	Reportable comparisation from	Estimated amount of
		week (describe	Individual trustee or director	Institutional	Officer	3	콩	Former	from the	related organizations	other compensation
		hours for related	함	5		employee	8 8	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		organizations in Schedule	翼	trustee	} :	8	1	<u>ן</u>	(000-1100)		and related
		O)	•	8		}	Highest compensated employee		! 		organizations
(1) Jos	PH BIJOY NE 38 + AVENTURAL	2	٧						6	0	0
(2) MU	CRAY DWECK	2		Γ						<u> </u>	0
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(13)											
(14)		-									

(15)

(16)

Part \	Section A. Officers, Directors, Trus	tees, Key I	Emplo	yee	8, 8	nd	Highe	st (Compensated (Employees (co	entinued)
	(A)	(B) (C)							(D)	(E)	(F)
	Name and title	Average hours per	Position (check all tha				<u> </u>	Reportable compensation	Reportable compensation from	Estimeted om amount of	
		week	Individual trustee or director	횳	Officer	ξ	Highest compen employee	Former	from	related	other
		(describe hours for	울호	Institutional trustee	8	employee	3 3	룓	the organization	Organizations (W-2/1099-MiS/	compensation c) from the
		related	\$ E.	2		3	88	ŀ	(W-2/1099-MISC)	(**-2/109 9-M IS	organization
	•	organizations	麗	5	ĺ	8	륗		Ĭ		befaler bns
		In Schedule O)	8	2			nseted		1		organizations
17)				Н		\vdash	<u> </u>				
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(27)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							l	-		
(28)		-			Γ	Ţ]		
1b	Sub-total		٠	٠.	٠.	<u>. </u>		▶			
C	Total from continuation sheets to Pari							ightharpoons			
d	Total (add lines 1b and 1c)	<u>.</u>				.•		\blacktriangleright	_		
2	Total number of individuals (including bu reportable compensation from the organ			hos		ted	abov	e) v	vho received m	nore than \$100),000 in
3	Did the organization list any former of						kov.	۵m	ployee or big	hast sampon	Yes No
•	employee on line 1a? If "Yes," complete										
4	For any individual listed on line 1a, is th	e sum of n	eporta	able	CO	mpe	ensati	on :	and other com	pensation from	m the
	organization and related organizations	greater t	han \$	150	00,0	07	If "Ye	es, "	' complete Sc	hedule J for	such "
	individual			•	•	٠		•		· · · · ·	· 4 X
5	Did any person listed on line 1a receive for services rendered to the organization									ization or indi	vidual 5
Secti	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	compense	ited in	ndep	o e n	den	t cont	rac	tors that receive	ed more than	\$100,000 of
	(A) Name and business ad	idress	-		_			T	(B) Description of	services	(C) Compensation
								#			
					_	_		\pm			
								\mp			
2	Total number of independent contract							to	those listed a	bove) who	
	received more than \$100,000 in comper	ISBUON TO	11 (110	uga	u IIZ	auO					Form 990 (20)

Part	VIII	Statement of Revenue						
	:				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ā 8	1a	Federated campaigns	. 18					
gifts, grants lar amounts	Ь	Membership dues						1
	ြင	Fundraising events	. 1c			1.		· 通
gifts,	d	Related organizations	. 1d					
	В	Government grants (contribution	ons) 1e					4
\$ E	f	All other contributions, gifts, gra		1001 000				
tributions, other simi	<u> </u>	and similar amounts not included a		164,544				
Contributions, and other simi	9	Noncash contributions included in ti						4
	h	Total. Add lines 1a-1f	<u> </u>		164,344		_	
홀				Business Code				
Program Service Revenue	2a			<u> </u>				
<u> </u>	b	nn						
퉏	(C					<u> </u>		<u> </u>
Ã	d			ļ				<u> </u>
틅	0			ļ		<u> </u>		
2	f -	All other program service re		L				
	9	Total. Add lines 2e-2f						أغمث وحديب
	3	investment income (inclu- and other similar amounts)		•	534			534
	4	Income from investment of ta				 -	 	337
	5		-	*		+		
	3	Royalties	(i) Beat	(ii) Personal				
	6a	Gross Rents				*		
	ь	Less: rental expenses		 				7.0
	0	Rental Income or (loss)		 				ii # √73
	ام	Net rental income or (loss)			-			'
	7a		Securities	(ii) Other				
	1	assets other than inventory		<u> </u>				
	ь	Less: cost or other basis	· · ·					
	1	and sales expenses .		ŀ				
	c	Gain or (loss)						
	d	Net gain or (loss)		<u> ></u>				
ther Revenue	8a	Gross income from fundral events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
¥	Ь	Less: direct expenses .	t	,				
	C	Net income or (loss) from f	undraising	events . >				
	9a	Gross income from gaming						
	į.	See Part IV, line 19		·L				12
	b			> <u> </u>				
	C	Net income or (loss) from (tivities				
	10a	Gross sales of invento	•	1			4	
	1 .		(" 				j.
		Less: cost of goods sold		ـــــــاد				7
	<u> </u>	Net Income or (loss) from s Miscellaneous Revenu						
	-	Miscellaneous Revenu	•	Business Code				
	118	*******************************	····	 	 -	- 		
	b	*************************			 			
	C	All adher any and a			1			
	d	All other revenue		<u> </u>	 			
	12	Total. Add lines 11a~11d Total revenue. See instru		💺	77720		1	
	16	. Old 1076 ild. 300 ilistru		· · · · ·	165078			1 3 3 7

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 (C).

	All other organizations must complete co			te columns (B), (C),	
	not include amounts reported on lines 6b, b, 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				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	100,000	100,000	دي خدر ده د	100
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees		,		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				1
8	Management	Į.	ļ		
Þ	Legal			 	
c	Accounting		·	T	
d	Lobbying		1		
6	Professional fundralsing services. See Part IV, line 17				
1	Investment management fees		}		
g	Other			 	
12	Advertising and promotion		<u> </u>	 	
13	Office expenses			<u> </u>	
14	Information technology			 	
15	Royalties		 	 	
16	Occupancy			1	
17	Travel		 		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	11,995		11995	Ţ
23	Insurance				
24	Other expenses, Itemize expenses not 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.)				
8					
b					
C	***************************************				
d					
e					
f	All other expenses			I	
25	Total functional expenses. Add lines 1 through 24f	111.993	100,000	11,995	
26	Joint costs. Check here ▶ ☐ 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				

art X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	102935	1	168013
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
.	employees, and highest compensated employees. Complete Part II of			
ŀ	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of section 501(c)(9) voluntary			
1	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		17	
8	Inventories for sale or use		1 8	
9	Prepaid expenses and deferred charges		8	 -
10a				
102	other basis. Complete Part VI of Schedule D 10a 46 7800		C.	· ·
Ь	Less: accumulated depreciation 10b 7/ 970	407833	10c	.39.5 832
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	
16	Total assets. Add lines 1 through 15 (must equal line 34)	510768	16	563851
17	Accounts payable and accrued expenses		17	3507
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Payables to current and former officers, directors, trustees, key			
-	employees, highest compensated employees, and disqualified persons.		it .	3
ł	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
+=-	Organizations that follow SFAS 117, check here ▶ ☐ and complete		20	
1	lines 27 through 29, and lines 33 and 34.		4)	p 1
27	Unrestricted net assets		27	
	Temporarily restricted net assets	-		
29	Permanently restricted net assets		28 29	
23	Organizations that do not follow SFAS 117, check here ▶ □ and		25	<u>} </u>
	complete lines 30 through 34.			
30	·		20	
34	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
28 29 30 31 32 33	Retained earnings, endowment, accumulated income, or other funds .		32	P1 5 170
33 34	Total net assets or fund balances	510768	33	78597
	LOTEL REPUBLIE ON A NOT RESIDENTIAN MEISTAGE		34	

Form 99	0 (2010)		Page	e 12
Part	XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			_
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12)	63	14. 28. 76.	5 3 8
	Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990: X Cash		Yes	No
28 b c	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a 2b 2c		¥
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:	1	-	10
За	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer Identification number Name of the organization ISRAEL INC -251 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 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 in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. b Type II c Type III-Functionally integrated e D 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 it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (III) Type of organization (i) Name of supported (Iv) is the organization (vi) Is the (in FIN (v) Did you notify (vii) Amount of in col. (i) listed in your the omanization in organization (described on lines 1-9 organization in col. col. (i) of your governing document? (i) organized in the above or IRC section support? U.S.? (see instructions)) Yes Yes Nρ (A) (B) (C) (D) (E) Total

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

Cat. No. 11285P

Schedule A (Form 990 or 990-EZ) 2010

Schedul	e A (Form 990 or 990-EZ) 2010						Page 2
Part							
•	(Complete only if you checked the Part III. If the organization fails to						ality under
Section	on A. Public Support	quality dride	1110 16515 115	ted below, pi	case comple	ite Fait III.)	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	291494	240983	254449	152161	164544	1,103,631
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	291,494	240983	254 449	152161	164544	1.103.63/
5	The portion of total contributions by each person (other than a						,
	governmental unit or publicly supported organization) included on		İ				!
	line 1 that exceeds 2% of the amount	:	:				
	shown on line 11, column (f)						19776
6	Public support. Subtract line 5 from line 4.						1083833
	on B. Total Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	1 (2) 0010	T 18 7
Calen 7	dar year (or fiscal year beginning in)	29/494				(e) 2010	(f) Total
8	Gross income from interest, dividends.	417	270 103	254449	132/6/	164544	1103,631
•	payments received on securities loans,	Ĭ		ļ .		1	
	rents, royalties and Income from similar	04.0	1188	3249	12 02	1211	
_	sources	8468	1180	3277	1202	334	14641
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or		1				
	loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			·			1,118,272
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for t					12	F01/a\(0\)
13	organization, check this box and stop he			· · · · · · ·			
Secti	on C. Computation of Public Suppo		le				
14	Public support percentage for 2010 (line					14 9	7 %
15	Public support percentage from 2009 Sc	hedule A, Part	II, line 14			15 8	%
16a	331/3% support test—2010. If the organization during the support test—2010 is the organization during the support test during the s						. 🔾
ь	331/3% support test—2009. If the organization qui		•	-			
-	check this box and stop here. The organ						· · • 🖿
17a	10%-facts-and-circumstances test-2	2010. If the org	anization did n	ot check a box	on line 13, 10	6a, or 16b, and	l line 14 is
	10% or more, and if the organization me Part IV how the organization meets the "	eets the "facts 'facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a	nd stop here.	Explain in supported
	organization						
ь	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization of Explain in Part IV how the organization of	ation meets th	e "facts-and-c	ircumstances"	test, check t	this box and s	top here.
	supported organization						. ▶ 🗆
18	Private foundation. If the organization of						
	instructions		-: -: -: -: -	· · · · · · · · · · · · · · · · · · · 			90 or 990-EZ) 2010
					- 34	~ - erecus w (rom) y	OV UI \$50-54) 2U1U

	e A (Form 990 or 990-EZ) 2010		······································				Page 3
Part							
-	(Complete only if you checked th						ler Part II.
C4	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	1.)	
	on A. Public Support dar year (or fiscal year beginning in) ▶ [(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	(4, 2000	(5) 255.	(0) 2000	(4) 2003	(6) 2010	(I) TOTAL
•	received. (Do not include any "unusual grants.")				1		
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						
4	Tax revenues levied for the						-
	organization's benefit and either paid to or expended on its behalf				}		
5	The value of services or facilities						
•	furnished by a governmental unit to the						}
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
ъ	Amounts included on lines 2 and 3				1		Ì
	received from other than disqualified persons that exceed the greater of \$5,000				ļ		
	or 1% of the amount on line 13 for the year			\	<u> </u>	1	1
С	Add lines 7a and 7b		-				
8	Public support (Subtract line 7c from			1:			
	line 6.)		1 <u>5</u>	; *	1		
	ion B. Total Support	(-) 2006	610007	1 (-) 0000	(4) 6000	- (-) 2010	40 5
Caler 9	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10a	Gross income from interest, dividends,					 -	
	payments received on securities loans, rents,		!	1			
	royalties and income from similar sources .					ļ	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ļ	ł			}	
	acquired after June 30, 1975	<u> </u>		 _	\	 	<u> </u>
С 11	Add lines 10a and 10b		 	 	 		
• • •	activities not included in line 10b, whether	ŀ	İ				
	or not the business is regularly carried on			1	1		}
12	Other income. Do not include gain or				1		1
	loss from the sale of capital assets						1
	(Explain in Part IV.)			ļ	<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12.)			İ			
14	First five years. If the Form 990 is for t	he organizatio	n's first secon	I nd third fourt	h or fifth tay v	991 98 9 89 ⁴¹	on 501(c)(3)
1.4	organization, check this box and stop he	-					, ,, ,
Sect	ion C. Computation of Public Suppo						
15	Public support percentage for 2010 (line			13, column (f))		15	96
16	Public support percentage from 2009 Sc					16	%
	tion D. Computation of Investment Ir			N			
17	Investment income percentage for 2010						%
18	Investment income percentage from 200 331n% support tests - 2010. If the organ						% and line
19a	17 is not more than 331/25%, check this box						
b							
•	tine 18 is not more than 331/2%, check this						
20	Private foundation. If the organization of						

Schedule A (I	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes." to Form 990. Part IV, Ilne 6, 7, 8, 9, 10, 11, or 12. ➤ Attach to Form 990. ➤ See separate Instructions.

BRACL 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 Total number at end of year . . . . . Aggregate contributions to (during year) . 2 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 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 Total number of conservation easements . . . . . 2a Total acreage restricted by conservation easements . . . . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/08, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 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 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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: 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: Assets included in Form 990, Part X . . . For Paperwork Reduction Act Notice, see the instructions for Form 990.

94B 801

Schédul	e D (Form 890) 2010							Page 2
.Part	III Organizations Maintaining	Collection	s of Art, H	storical	Treasures,	or Oth	er Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		nd other rec	ords, ched	ck any of the	follow	ing that are a s	ignificant use of its
а	☐ Public exhibition		d		an or exchan	ge prog	jrams	
b	☐ Scholarly research		θ	Ct Oth	ner			
C	Preservation for future generation	ns				-		
4	Provide a description of the organizat XIV.	lion's collecti	ons and exp	olain how t	they further t	he orga	anization's exer	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be m	naintained a	s part of th	e organizatio	n's coi	lection?	☐ Yes ☐ No
Part	line 9, or reported an amour	it on Form 9	90, Part X,	line 21.				
1a	is the organization an agent, trustee							
	Included on Form 980, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIV and c	omplete the	following i	table:			=
						<u> </u>	A	mount
C	Beginning balance					1c		
d	Additions during the year					<u>1d</u>		
8	Distributions during the year					10	<del> </del>	<del></del>
f	Ending balance					1f		
2a	Did the organization include an amou		30, Part X, II	ne 217 .				☐ Yes ☐ No
	If "Yes," explain the arrangement in P				I UV - P A - F	00	O Deat NA Use	- 10
Parl	V Endowment Funds. Compl				res to F	orm 9	O, Paπ IV, line	€ 10.
		(a) Current y	(0)	Prior year	(c) Iwo years	BOBCK	(O) Inree years bac	k (e) Four years back
1a	Beginning of year balance	ļ			<del> </del> -			
ь	Contributions	<u> </u>						
C	Net investment earnings, gains, and						a la la la la la la la la la la la la la	
	losses	<u> </u>			<u> </u>			
d	Grants or scholarships	ļ			· <del> </del>			
•	Other expenditures for facilities and	ļ	1		1		in a linear	
	programs	<u></u>			<b></b>			
f	Administrative expenses						E KELONIJA P	
g	End of year balance	L			<u> </u>		<b>格的的</b> 為抗變	
2	Provide the estimated percentage of			d as:				
а	Board designated or quasi-endowme		%					
b	Permanent endowment ▶							
C	Term endowment ▶ %	,	•					
3 <b>a</b>	Are there endowment funds not in the	e bossession	of the orga	anization 11	nat are neid	and ad:	ministered for t	
	organization by:							Yes No
	(i) unrelated organizations					• • •		3a(I)
	(ii) related organizations					• • •	• • • • •	3a(ii)
4 4	If "Yes" to 3a(ii), are the related organ Describe in Part XIV the intended use					• •		3b
Parl	Description of Investment		est or other bas		or other basis	4-1		Adh Daol and a
	Description of investment		invasimani)		(other)		Accumulated apreclation	(d) Book value
- 40	Land	<del></del>						· · · · · · · · · · · · · · · · · · ·
1a	Buildings	` <del> </del>		127	7808	AND THE PROPERTY OF	910	395838
b c	Leasehold improvements	·		7.5	,000		710	213008
d	Equipment	·		<del></del>				
Q 8	Other	·		<del>-  </del>			<del></del>	· · · · · · · · · · · · · · · · · · ·
	Add lines 1a through 1e. (Column (d)	must equal F	orm 990. Ps	nd X. colun	nn (B), (ine 10	7(c) )		395 83X

Part VII Investments—Other Securitie	s. See Form 990, Part >	K, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<u>(I)</u>		
Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.)		<b>《大学》(1975年)</b>
Part VIII Investments—Program Relat	ed. See Form 990, Part	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(6)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.)		<b>以是到你们是你是我们是是我们的是不是是不是是不是不是</b>
Part IX Other Assets. See Form 990,	Part X, line 15.	(b) Book value
/A	(a) peacifical	(D) D (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1 (D) 1
(1)	· · · · · · · · · · · · · · · · · · ·	
(2)		
(3)	<del></del>	
(4)	<del>,</del>	
<u>(5)</u> (6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X	. col. (B) line 15.)	
Part X Other Liabilities. See Form 99		<del></del>
1. (a) Description of Rability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)	1	
(4)	<del>                                     </del>	
(5)	1	
(6)		
(7)		
(8)		
(9)	4	
(10)	<del></del>	
(11)	<del>- </del>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<del></del>	
		to the organization's financial statements that reports the
organization's liability for uncertain tax position		

Schedul	le D (Form 990) 2010			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Fin	ancial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	[	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	<del></del>
8	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through B	<b>S</b>	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With			
1	Total revenue, gains, and other support per audited financial statements		11	<del></del>
2	Amounts included on line 1 but not on Form 990, Part Vill, line 12:		75 C	
a	Net unrealized gains on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
ď	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1			<del></del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		5353E	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
č	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements Wit			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, fine 25:		333	
a	Donated services and use of facilities			
b	Prior year adjustments			
c	Other losses			
ď	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		99.00	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
c	Add fines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Part	XIV Supplemental Information		1 - 1	
_	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4:	Part IV. lines 1b	and 2b:
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a			
	dditional information.		•	•
			***************	***********
	profes par - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5 for - 5			
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Schedule D (For	rm 890) 2010	Page 5
Part XIV	Supplemental information <i>(continued)</i>	····
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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.

2010

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection Employer Identification number

Name of	the organization	11000		10		Employeri	dentification number
Part	General Information of Form 990, Part IV, line 14	on Activities C	outside the Un	ited States. Comple	ite if the organ	ization and	25/-3/3 Z swered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligit grants or assistance?	organization m	nts or assistance	e, and the selection o	amount of the	award th	e Yes No
2	For grantmakers. Describe In United States.	Part V the on	ganization's prod	cedures for monitorin	g the use of p	grant fund	s outside the
_ 3	Activities per Region. (The follo	wing Part I, line	3 table can be	duplicated if additiona	l space is nee	ded.)	
	(a) Region	(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., fundralsing, program services, investments, grants to recipients located in the region)	(e) if activity lists a program se describe specific service(s) in r	rvice, c type of	(f) Total expenditures for and investments in region
(1)	MILLIO E ACT / INOTA	1	10	Relibious Stube	601.610	CTAN	- 100 voor
(2)	MIDDLE EAST (NOTE) AFRICA	2		CHOOSON	VEC10100	5 3/VAVE	700,000
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3a b	Sub-total		1			711.95	100,000
C	Totals (add lines 3a and 3b)		 		1		10000
	perwork Reduction Act Notice, s	es the Instruction	ons for Form 990.	Cet. No.	50082W	Sch	redule F (Form 990) 2010

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(b) FIS code section and EIN (if applicable) (c) (d) Name of organization (if applicable) (d) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Taring and and and and and and and and and and					_	
	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	Marner of cash disbursement	(g) Amount of non-cash essistance	(N) Description of non-cash assistance	(book, Fluv, appraisal, other)
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		27.0016					
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Schedule F (Form 990) 2010

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Schedule F (Form 990) 2010 (N) Method of valuation of the valuation (book, FMV, apprehyal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Reglon (a) Type of grant or assistance Part III 12 Ξ Ø ල € 5 9 ε 9 Đ (10) (11) 5 3 3 (16) 62

Schedule F (Form 990) 2010

Schedule F (F	orm 990) 2010 Page 5
Part V	Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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Schedule F (Form 990) 2010

