

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





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## Form **990**

Department of the Treasury Internal Revenue Service

## **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)

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

2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable ISRAEL EDUCATION RESOURCE CENTER, INC. Address change C/O ANNE LANSKI Name change 26-1422898 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-847-845-9954 85 REVERE DRIVE Ι Amended 1,534, City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-NORTHBROOK, IL 60062 H(a) Is this a group return pending Yes X No F Name and address of principal officer ANNE LANSKI for affiliates? 85 REVERE DRIVE SUITE I, NORTHBROOK, IL 60 H(b) Are all affiliates included? 50<u>1(c) (</u> 1 Tax-exempt status X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.THEICENTER.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Trust Other > L Year of formation: 2007 M State of legal domicile: GA Part I | Summary Briefly describe the organization's mission or most significant activities. TO TRANSFORM THE STATE OF Activities & Governance PRE-COLLEGIATE ISRAEL EDUCATION IN NORTH AMERICA BY ADVANCING THE 2 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) 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,000,000 1,527,742. Revenue 2,712 5,233. Program service revenue (Part VIII, line 2g) 030 2,738 256. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c., and /11e) 6 2011 WAY VIII, column (A), line 12) 0. 005,450 Total revenue - add lines 8 through 11 (must equal Part) Grants and similar amounts paid (Part IX, column (A), lines-1-3) 0. 0 Benefits paid to or for members (Part IX, column (A), line 4)OGDEN, UT 0. 0 411,335. 310,426 Salaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 048,501. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 972,448 1,282,874 459,836. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 -277,424 74,395. Beginning of Current Year End of Year 521,262 595,657. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 262 Part II | Signature Block Under penalties of perjury, I declare that I have examined 🔊 is return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Strue, C Sign Here true, correct, and complete. Decaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ANNE LANSKI PRESIDENT Type or print name and title Date Check Print/Type preparer's name Preparer signature 5/17/11 self-employed GARY SHUTAN Firm's name STEINBERG ADVISORS, Preparer Firm's EIN Use Only Firm's address 

5 REVERE DRIVE NORTHBROOK, IL 60062 (847)205-4700 May the IRS discuss this return with the preparer shown above? (see instructions)

	n 990 (2010) C/O ANNE LANSKI 26-142	2090 Page 2
Pa	rt III Statement of Program Service Accomplishments	[ <del></del> ]
_	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	ODMII
	TO TRANSFORM THE STATE OF PRE-COLLEGIATE ISRAEL EDUCATION IN N	ORTH
	AMERICA BY ADVANCING THE STUDY	TNC
	OF MODERN ISRAELI HISTORY, POLITICS AND SOCIETY AND DEMONSTRAT	TING
	ISRAEL'S CENTRAL ROLE IN THE  Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	103 (22)110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 1,459,836 • including grants of \$) (Revenue \$)	<b>5,233.</b> )
	EDUCATION	
		<del></del>
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		<del></del>
		· · ·
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	1
70	/(COURT / (EXPONDED & ) (NOVERING & ) (NOVERING & )	/
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 1,459,836.	

Form **990** (2010)

ISRAEL EDUCATION RESOURCE CENTER, INC.

Form 990 (2010)

Form 990 (2010) C/O ANNE LANSKI
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)?	1	х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<del></del>
5	similar amounts as defined in Revenue Procedure 98-19? 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		X
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
٠	Schedule D, Part III	8		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 Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
.0	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, VII, VIII, IX, or X		1	
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	
_	Part VI	11a	X	
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		Х
С	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		X
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 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ĺ		
	Schedule D, Parts XI, XII, and XIII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	ļ	X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>  -</del>	X
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	<del> </del> -	X
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	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			1,,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16_	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b>.</b>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	+	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	~		1
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	

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Form 990 (2010) C/O ANNE LANSKI
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c 24d	_	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24</b> 0		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		х
<b>L</b>	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZUA		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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		Х
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)			ļ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity?	24		х
ae.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 35		X
35	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	35	ļ- <del>-</del>	
а	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<u> </u>	<u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	2010)

Form 990 (2010)

1.

C/O ANNE LANSKI

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Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V No Yes 22 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 6 filed for the calendar year ending with or within the year covered by this return 2a Х 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) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes." enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5а Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7¢ Х d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against b amounts due or received from them) 11b 12a 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 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 c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 990 (2010)

C/O ANNE LANSKI

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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			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a		5				
b	Enter the number of voting members included in line 1a, above, who are independent	<u>5</u>				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1		
	officer, director, trustee, or key employee?	2	ļ	X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X.		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	X		
6	Does the organization have members or stockholders?	6	<u> </u>	X		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the					
	governing body?	7a	ļ	X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-				
	by the following					
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is 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		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a	ļ	X		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?	10b 11a	Х	ļ		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
b	<b>b</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	X			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?	12b	X	-		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l			
	in Schedule O how this is done	12c	X			
13	Does the organization have a written whistleblower policy?	13	X			
14	Does the organization have a written document retention and destruction policy?	14	X	-		
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	X	<b></b> -		
b		15b	<del> </del>	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	ľ		1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37		
	taxable entity during the year?	16a		X		
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		1			
<del></del>	exempt status with respect to such arrangements?	16b	1			
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>I</b> L	- 6				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e ior				
	public inspection. Indicate how you make these available. Check all that apply					
40	Own website Another's website X Upon request	= = al £	- n 1			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	anu in	ancial			
00	statements available to the public.	otion b				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	auun J				
	ANNE LANSKI					

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

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

(A)	(B)	nny related organization comper (B) (C)			(D)	(E)	(F)			
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	week (describe	횽						from the	from related organizations	other compensation
	hours for	a dire	۰			ted		organization	(W-2/1099-MISC)	from the
	related	stee (	ruste			pensa		(W-2/1099-MISC)	(** 2, 100000)	organization
	organizations	nal tru	onal		ploye	E as		,		and related
	ın Schedule	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>			organizations
	O)	<u> </u>	_	-	×	Τ 0	<u> </u>			
ANNE LANSKI	40.00	,,				,,		207 600	0	25 752
CFO	40.00	X		X	X	X		207,600.	0.	25,750.
LISA EISEN										•
CHAIRMAN OF BOARD		X		X				0.	0.	0.
MICHAEL COLSON										•
TREASURER		X	_	X				0.	0.	0.
CHARLES EDELSBERG		7,		,,					0	0
SECRETARY		Х		X		-		0.	0.	0.
PHYLLIS COOK		,,							0	0
BOARD MEMBER		X	-	_	-	-		0.	0.	0.
JAYNIE SCHULTZ		7.								•
BOARD MEMBER		X		ļ	<u> </u>	-		0.	0.	0.
		1								
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	the organization NONE		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to the \$100,000 in compensation from the organization.	nose listed above) who received more than	

ISRAEL EDUCATION RESOURCE CENTER, INC. 26-1422898 Page 9 C/O ANNE LANSKI Part VIII Statement of Revenue (D) Revenue (C) (B) (A) Total revenue Related or Unrelated excluded from tax under sections 512, 513, or 514 exempt function business revenue revenue 1215000. Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 312,742. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 1527742 h Total. Add lines 1a-1f Business Code 611600 5,233. 5,233. 2 a TUITION Program Service Revenue f All other program service revenue 5,233. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,256. 1,256. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory

Business Code

1534231.

5,233.

11 a

d All other revenue e Total, Add lines 11a 11d

Total revenue. See instructions.

Miscellaneous Revenue

1,256.

0.

26-1422898 Page 10

### 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) (C) (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general 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 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 384,236. 384,236 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 3,641 3,641. Other employee benefits 23,458. 23,458. Payroll taxes 10 Fees for services (non-employees) Management 3,419. 3,419 Legal b 12,000. 12,000. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f a 83,309. 83.309. 12 Advertising and promotion 35,798 35,798. 13 Office expenses Information technology 14 Royalties 15 42,384. 42,384 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 806,850 806,850 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 25,071. 25,071. Depreciation, depletion, and amortization 22 19,348 19,348. 23 Insurance Other expenses. Itemize expenses not covered 24 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) 17,822. 17,822. TELEPHONE 2,500. PROFESSIONAL DEVELOPMEN 2,500. C d e All other expenses 1,459,836 Total functional expenses. Add lines 1 through 24f 1,459,836. 0. 0. 25 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

Form 990 (2010)

C/O ANNE LANSKI

26-1422898 Page 11

Pa	τX	Balance Sheet			
·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	462,643.	2	472,890.
	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 Schedule L		5	
	6	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 organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other			
		basis Complete Part VI of Schedule D 10a 38,73	10.		
	ь	Less accumulated depreciation 10b 7,99		10c	30,715.
	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	57,448.	15	92,052.
	16	Total assets, Add lines 1 through 15 (must equal line 34)	521,262.	16	<u>595,657.</u>
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ap		highest compensated employees, and disqualified persons. Complete Part	П	1	
		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	0.	26	<u> </u>
		Organizations that follow SFAS 117, check here   X and complete	te		
es		lines 27 through 29, and lines 33 and 34.	1		
JE C	27	Unrestricted net assets	521,262.	27	431,947.
3ala	28	Temporarily restricted net assets		28	163,710.
β	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here   and	-		
٥		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	521,262.		<u>595,657.</u>
	34	Total liabilities and net assets/fund balances	521,262.	34	<u>595,657.</u>

Form **990** (2010)

ISRAEL EDUCATION RESOURCE CENTER, INC. 26-1422898 Page **12** Form 990 (2010) C/O ANNE LANSKI Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 1,534,231. 1 Total revenue (must equal Part VIII, column (A), line 12) 1,459,836. 2 2 Total expenses (must equal Part IX, column (A), line 25) 74,395. 3 3 Revenue less expenses Subtract line 2 from line 1 521,262. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Other changes in net assets or fund balances (explain in Schedule O) 595,657. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes \_\_ Cash \_\_\_ Accrual X Other SEE SCH O Accounting method used to prepare the Form 990. If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Form **990** (2010)

3a

3b

X

Act and OMB Circular A-133?

### 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.

ISRAEL EDUCATION RESOURCE CENTER, INC.

2010

Open to Public Inspection

Employer identification number

26-1422898 C/O ANNE LANSKI Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or 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 5 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). 6 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.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 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 d \_\_\_\_ Type III - Other a Type I c \_\_\_\_ Type III - Functionally integrated 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 organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 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)

(ı) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the c in col. (i) Is governing	organization sted in your document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S?		(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
			<del> </del>	]					<del></del>
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Provide the following information about the supported organization(s)

Schedule A (Form 990 or 990-EZ) 2010

h

Schedule A (Form 990 or 990-EZ) 2010	_					Page <b>2</b> _
Part II Support Schedule for						
(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I o	or if the organizatio	n failed to qualify	under Part III If the	organization
fails to qualify under the tests	s listed below, plea	ase complete Part	111 ) 			
Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities	ļ					
furnished by a governmental unit to the organization without charge				]		
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a	·					
governmental unit or publicly supported organization) included	_		-		•	
on line 1 that exceeds 2% of the	-			-		
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4		l	<u> </u>	<u> </u>		
Section B. Total Support	1	- <del></del>	1	T	1	Γ
Calendar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4				·		
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources  9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10	L.,			<u> </u>	<del>                                     </del>	
12 Gross receipts from related activities		•			12	
13 First five years. If the Form 990 is fo		's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	. □
organization, check this box and sto Section C. Computation of Pub		ercentage				
14 Public support percentage for 2010	<del></del>	·· · · · · · · · · · · · · · · · · · ·	column (fl)		14	%
15 Public support percentage from 2009	, ,,	•			15	%
16a 33 1/3% support test - 2010 If the o			n line 13, and line	14 is 33 1/3% or r		

6a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and
stop here. The organization qualifies as a publicly supported organization
h 22 1/29/ aumort toot 2000 If the organization did not check a box on line 12 or 16a, and line 15 is 23 1/29/ or more check this box

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

17a 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

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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

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

26-1422898 Page 3

Schedule A (Form 990 or 990-EZ) 2010 C/O ANNE LANSKI

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

Section A. Public Support	iow, piease com	piete Part II )				
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	(4) = 00	(9/200)	(4)	(=/====	197	
membership fees received (Do not		ľ	1			
include any "unusual grants ")			1,000,100,	1.000.000	1,527,742.	3,527,842.
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				2,712.	5,233.	7,945.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			<del> </del>			
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			1			
the organization without charge				1		
6 Total. Add lines 1 through 5			1,000,100.	1,002,712,	1,532,975.	3,535,787.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b 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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6) Section B. Total Support	<del></del>					3 535 787.
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6		1.07	1,000,100.	1,002,712,	1,532,975,	3,535,787,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,194.	2,738.	1,256.	5,188.
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975		_				
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			1,194.	2,738.	1,256.	5,188.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				_		
13 Total support (Add lines 9, 10c, 11, and 12)			1,001,294.	1,005,450.	1,534,231,	3,540,975.
14 First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth tax	year as a section	1 501(c)(3) organiza	ition,
check this box and stop here						► X
Section C. Computation of Public	c Support Pe	ercentage				
15 Public support percentage for 2010 (lin	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2009	Schedule A, Par	t III, line 15			16	%
Section D. Computation of Inves	tment Incom	ne Percentage				
17 investment income percentage for 201	i0 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	<b>009</b> Schedule A,	, Part III, line 17		Į	18	%
19a 33 1/3% support tests - 2010. If the	organization did	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	r is not
more than 33 1/3%, check this box an	d <b>stop here.</b> The	e organization qua	lifies as a publicly su	ipported organiza	tion	
b 33 1/3% support tests - 2009. If the o	•		•			nd
line 18 is not more than 33 1/3%, chec						▶∟
20 Private foundation. If the organization	i did <u>no</u> t check a	box on line 14, 19	a, or 19b, check the	s box and see ins	tructions	

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public

OMB No 1545-0047

Inspection

ISRAEL EDUCATION RESOURCE CENTER, INC. Name of the organization

C/O ANNE LANSKI

Employer identification number 26-1422898

Pai			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6 (a) Donor advised funds	(b) Funds and other accounts
	Tabel wheels at and of hear	(a) Donor advised funds	(b) i and and other deceane
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		
5	Did the organization inform all donors and donor advisors in	<del>-</del>	Yes No
_	are the organization's property, subject to the organization's	<del>-</del>	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	Yes No
Pai	mpermissible private benefit?  t II Conservation Easements. Complete if the organization	ganization answered "Ves" to Form 990	
			raitiv, into i
1	Purpose(s) of conservation easements held by the organizat		ictorically important land area
	Preservation of land for public use (e.g., recreation or e		istorically important land area rtified historic structure
	Protection of natural habitat	Preservation of a cer	rilled historic structure
_	Preservation of open space		f a consequence accoment on the last
2	Complete lines 2a through 2d if the organization held a quali	med conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		Hold at the End of the Tay Year
	Total number of concentration concentration		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified historic sti	··	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	le organization during the tax
	year	seement in legated	
4	Number of states where property subject to conservation ea		<b>f</b>
5	Does the organization have a written policy regarding the peviolations, and enforcement of the conservation easements	• • • • • • • • • • • • • • • • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
6 7	Amount of expenses incurred in monitoring, inspecting, and	<del>-</del>	
8	Does each conservation easement reported on line 2(d) abor		
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17	Yes No
9	In Part XIV, describe how the organization reports conservat	tion assamants in its revenue and expens	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements	ation's imancial statements that describe	s the diganization s accounting for
Pa	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		<b></b>
	If the organization elected, as permitted under SFAS 116 (A)		ement and balance sheet works of art.
iu	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descri		and or pablic corrido, promac, are arriver,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, e		
	relating to these items	radoution, or robotators in factoriation of p	able correct provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		➤ \$ ➤ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for finance	
_	the following amounts required to be reported under SFAS 1		g , p
2	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part X		► \$ ► \$

4 Describe in Part XIV the intended uses of the				
Part VI Land, Buildings, and Equipr	<b>nent.</b> See Form 990, Part X	(, line 10		
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other		38,710.	7,995.	30,715
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X, colur	mn (B), line 10(c) )		30,715

Schedule D (Form 990) 2010

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)_		
(10)		
(11)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

ISRAEL EDUCATION RESOURCE CENTER, INC. 26-1422898 Page 4 Schedule D (Form 990) 2010 C/O ANNE LANSKI Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1,534,231. Total revenue (Form 990, Part VIII, column (A), line 12) 1 1 1,459,836. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 74,395. 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 6 Investment expenses 6 7 7 Prior period adjustments Other (Describe in Part XIV) 8 R 0. Total adjustments (net). Add lines 4 through 8 9 74,395. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 534,231. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2a Net unrealized gains on investments 2b Donated services and use of facilities 2c c Recoveries of prior year grants Ы Other (Describe in Part XIV) 2d 0. Add lines 2a through 2d 2<u>e</u> 534 231. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b c Add lines 4a and 4b 40 534 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 With Expenses per Return 1,455,809. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) 2d 0. Add lines 2a through 2d 2e 1,455,809. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4,027 Other (Describe in Part XIV) 4b 4,027. c Add lines 4a and 4b 4c 459,836. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information RENT PAID IN DECEMBER 2010 FOR JANUARY 2011 IS NOT INCLUDED AS AN EXPENSE IN THE CASH BASIS FORM 990

### SCHEDULE J (Form 990)

**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.

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990. ► See separate instructions.

ISRAEL EDUCATION RESOURCE CENTER, INC.

C/O ANNE LANSKI

Employer identification number 26-1422898

**Questions Regarding Compensation** Part I Yes No 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 Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 1b 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 Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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 X a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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 X a The organization? 5a b Any related organization? 5b 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 Х a The organization? 6a Х b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 Х not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2010

## ISRAEL EDUCATION RESOURCE CENTER, INC. C/O ANNE LANSKI

26-1422898

Page 2

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)·(D)	reported in prior Form 990 or Form 990-EZ
	8	207,600.	0.	0	25,750.	0	233,350.	0
1 ANNE LANSKI	(ii)	0	0	0	0	0	0.	0
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# ISRAEL EDUCATION RESOURCE CENTER, INC. C/O ANNE LANSKI

Page 3

26-1422898

Schedule J (Form 990) 2010

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

Schedule J (Form 990) 2010 \$25,750 PART I, LINE 4B: ANNE LANSKI

### SCHEDULE L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **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.

2010

OMB No 1545-0047

Open To Public Inspection

ISRAEL EDUCATION RESOURCE CENTER, INC.

Employer identification number 26-1422898

		O ANNE						2	<u>6-14</u>	<u> 2289</u>	8		
Part I	Excess Benefit	t Transacti	ons (sect	on 501(c)(	<ol><li>and section</li></ol>	n 501(c)(4) organizatio	ns only)						
	Complete if the org	anization ans	wered "Yes	" on Form	990, Part IV,	line 25a or 25b, or Foi	m 990·E	Z, Part \	V, line 40	b			
1	(=) Name of de	saualified sor				(h) Deceription	ction	ion			(c) Corrected?		
	(a) Name of di	squaimed per	SOI1			(b) Description	CHOH			Yes	No		
	,				<u> </u>								
2 Enter	the amount of tax ımp	oosed on the	organizatio	n manager	s or disqualifi	ed persons during the	year un	der					
	on 4958								<b>&gt;</b> \$				
3 Enter	the amount of tax, if a	any, on line 2,	above, reir	nbursed by	y the organiza	ition			▶ \$				
Dow II	Loans to and/o	au Fuana lad		Davaana						ü			
Part II													
						line 26, or Form 990-E				oroved			
(a) Name of interested person and purpose		(b) Loan to or from the organization?			nal principal mount	(d) Balance due		In ault?	by bo	ard or	(g) W	ritten ment?	
				-					comm	1	<del>                                     </del>		
		То	From				Yes	No	Yes	No	Yes	No	
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Total Part III	Grants or Assi	stance Be	nefitina	nteresto	<u> </u>		1 .		<u> </u>		1		
	Complete if the org		_										
	(a) Name of interested		Woled 163			en interested person	and		(c) Am	ount an	d type o	f	
,	(a) Name of interestor	2 porson		(D) Holai		ganization	ana			assistar		•	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

## ISRAEL EDUCATION RESOURCE CENTER, INC. C/O ANNE LANSKI

26-142<u>2</u>898 .

Complete if the organization answered (a) Name of interested person		(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of organization's	
		person and the organization	transaction	transaction	reven	ues? <b>No</b>
BARRY CHAZAN		HUSBAND OF CFO	21,250	FACILIATE,	Yes	X
					<del> </del>	
<del>-</del>					-	
	0					
art V	Supplemental Information  Complete this part to provide additions	al information for responses to question	s on Schedule I. (see	e instructions)		
	Complete this part to provide additions	al illiornation for responses to question	3 On Coneddie L (3cc	, manucuona)		
CH L,	PART IV, BUSINESS T	TRANSACTIONS INVOLVI	NG INTERES	red persons:	<u> </u>	
י אד א	ME OF DEDCOM. DADDV	CUATAN				
A) NA	ME OF PERSON: BARRY	CHAZAN				
) DE	SCRIPTION OF TRANSAC	CTION: FACILIATE, SU	PERVISE AN	D RUN TRAIN	ING	
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### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service ISRAEL EDUCATION RESOURCE CENTER. INC. Employer identification number Name of the organization 26-1422898 C/O ANNE LANSKI FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STUDY OF MODERN ISRAELI HISTORY, POLITICS AND SOCIETY AND DEMONSTRATING ISRAEL'S CENTRAL ROLE IN THE COLLECTIVE JEWISH IDENTITY FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COLLECTIVE JEWISH IDENTITY. FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR PRIOR TO ITS BEING FILED. THE EXECUTIVE DIRECTOR MAKES COPIES AND GIVES TO ALL MEMBERS OF THE BOARD FOR THEIR REVIEW BEFORE BEING FILED. ONCE EVERYONE IS SATISFIED THAT THE RETURN IS CORRECT, RETURN IS SIGNED AND FILED. FORM 990, PART VI, SECTION B, LINE 12C: ALL CONFLICTS OF INTERESTS ARE BROUGHT TO THE ATTENTION OF THE BOARD FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF OFFICERS AND/OR DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND FINANACIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA THE INTERNET AND UPON REQUEST.

INCOME TAX BASIS

FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD:

**Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

➤ See separate instructions.

► Attach to your tax return. Business or activity to which this form relates

Identifying number

	EL EDUCATION RESOU ANNE LANSKI	RCE CENT	ER, INC.	FOR	м 9	90 PA	GE 10			26-1422	898
Part I	Election To Expense Certain Property	y Under Section 17	9 Note: If you hav	e any list	ted pr	operty, co	mplete Par	t V be	efore yo	u complete Part i	1
1 Max	imum amount (see instructions)								1	500,	000.
2 Tota	I cost of section 179 property place	d in service (see	instructions)						2		
3 Thre	shold cost of section 179 property b	efore reduction	in limitation						3	2,000,	000.
4 Red	uction in limitation. Subtract line 3 fr	om line 2 lf zero	or less, enter -0-						4		
5 Dollar	limitation for tax year. Subtract line 4 from line 1	I if zero or less, enter	-0- If married filing sep	arately, see	instruct	ions			5		
6	(a) Description of prop	perty	(b) (	Cost (busine	ess use	only)	(c) Elect	ed cos	t		
7 Liste	ed property. Enter the amount from I	ine 29				7			,		
8 Tota	l elected cost of section 179 proper	ty. Add amounts	ın column (c), line	es 6 and	7				8		
9 Tent	ative deduction Enter the smaller of	of line 5 or line 8							9		
10 Carr	yover of disallowed deduction from	line 13 of your 20	009 Form 4562						10		
<b>11</b> Busi	iness income limitation. Enter the sm	aller of business	income (not less	than zer	o) or li	ne 5			11		
<b>12</b> Sect	tion 179 expense deduction Add lin-	es 9 and 10, but	do not enter more	e than Iır	ne 11				12		
13 Carr	yover of disallowed deduction to 20	11 Add lines 9 a	nd 10, less line 12	2	▶	13					
	o not use Part II or Part III below for	listed property Ir	istead, use Part V	<u> </u>		<u> </u>					
Part I	Special Depreciation Allowan	ce and Other De	epreciation (Do r	ot includ	de liste	ed proper	ty )				
<b>14</b> Spe	cial depreciation allowance for qualif	ied property (oth	er than listed pro	perty) pla	aced II	n service	during				
the t	tax year								14		
15 Property subject to section 168(f)(1) election											
	er depreciation (including ACRS)								16		
Part I	II MACRS Depreciation (Do not	include listed pre	operty ) (See instr	uctions)	)						
			Section	ΙΑ					· · · · · · · ·		
17 MAC	CRS deductions for assets placed in	service in tax ye	ars beginning bef	ore 2010	)		. —	,	17		365.
18 If you	are electing to group any assets placed in service						▶ _		<u> </u>		
	Section B - Assets F				Jsing	the Gene	ral Deprec	iatio	n Syste	m	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only - see instruc	ent use		Recovery period	(e) Conventio	n (f) !	Method	(g) Depreciation dec	duction
19a	3-year property		<del></del>								
b	5-year property		· · · · · · · · · · · · · · · · · · ·	324.		YRS.	HY		0DB	<u>5</u> ,	<u>465.</u>
С	7-year property	[	4,	815.	7	YRS.	HY	20	0DB		687.
d	10-year property							_			
е	15-year property		<del></del>		ļ		ļ <u>-</u>	4			
	20-year property				<u> </u>						
g	25-year property					5 yrs		$\rightarrow$	S/L		
h	Residential rental property	/				5 yrs	MM		S/L		
		/			27	5 yrs	MM	$\neg$	S/L		
ı	Nonresidential real property				3	9 yrs	MM		S/L.	·	
	. , ,	/			L	<del></del>	<u>MM</u>		S/L		
	Section C - Assets Pl	aced in Service	During 2010 Tax	Year Us	sing th	ne Alterna	ative Depre			tem	
	Class life			·	<u> </u>	_		-	S/L		
	12-year					2 yrs		_	S/L		
	40-year	/			4	0 yrs	MM		S/L		
Part I	<u> </u>								T		
	ed property Enter amount from line		40						21		
	al. Add amounts from line 12, lines 1	-			-				_	_	E 1 17
	er here and on the appropriate lines	-			tions -	see instr			22	ο,	<u>517.</u>
	assets shown above and placed in s ion of the basis attributable to section	-	current year, ent	er tne		23					
DOLL	ion or the basis attributable to Section	ハー とししへ ししるしる				ZU					

Form 4562 (2010)

C/O ANNE LANSKI

26-1422898 Page 2

amusement)	• .	utomobiles, cer hich you are us			•		•	•						
through (c) of	Section A, all	of Section B, a	and Sec	ction C ii	applică	ble								ilis (a)
		on and Other I			aution:	See the							)	
24a Do you have evidence to	1	1	nt use cl	aimed?	<u> </u>	es _		24b If "Y			nce writt	ten?	_ Yes ∟	<u> No</u>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentagi	e ot	(d) Cost or ther basis	l /bu	(e) sis for dep isiness/inv use on	reciation restment	(f) Recovery period	Me	(g) ethod/ vention	Depre	( <b>h)</b> eciation uction	Elec section	(i) cted on 179 ost
25 Special depreciation al	•	•	property	/ placed	ın servi	ce durin	g the t	ax year ar	ıd					
used more than 50% ii	<del></del>									25			<u> </u>	
26 Property used more th	an 50% in a q		<del></del>				_	1	T		·			
	<del> </del>	%												
	<del>                                     </del>	%		-										
27 Property used 50% or	loss in a quali							L					<u> </u>	
ZI Property used 30% of	1035 III a quali	%						Γ	S/L -		[		T	
		%						-	S/L -				1	
		%							S/L -				1	
28 Add amounts in colum	n (h) lings 25	l		e and or	line 21	nago 1	 1		3/L ·	28			1	
29 Add amounts in colum		•				, page	ļ				<u> </u>	20	<del> </del>	
29 Add amounts in colum	11 (I), III le 20 E				mation	on Hea	of Val	nioloo		,		29_	L	
Complete this section for v If you provided vehicles to those vehicles												ing this	section fo	or
			(	a)	(	(b)		(c)		(d)	(4	e)	(f	)
30 Total business/investmen	t miles driven d	uring the	Vel	nicle	Vel	hicle	\ \ \	/ehicle	Ve	hicle	Vet	nicle	Veh	ıcle
year ( <b>do not</b> include com	muting miles)	1			ļ		ļ		ļ		_		ļ	
31 Total commuting miles	driven during	the year					ļ		ļ				ļ	
32 Total other personal (n	oncommuting	i) miles			ļ								ļ	
drıven		-			ļ				<u> </u>					
33 Total miles driven durir	• ,													
Add lines 30 through 3						1	<del> </del>	··- <del></del>	<del> </del> -	T	<u> </u>	Τ	-	
34 Was the vehicle availal	•	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
during off-duty hours?		-					-		<b> </b> -	<del> </del>		-	<del> </del>	
35 Was the vehicle used p		more												ì
than 5% owner or rela	•					-	<del>-</del>	-	<del>                                     </del>	+		-	-	
36 Is another vehicle avail	able for perso	onai												
use?	C4: C	Overstiens for			M D			for Hook	· · The edge	<u> </u>	L			L
Anguar those guestions to		- Questions for								-			aara than	E0/
Answer these questions to owners or related persons	determine ii y	you meet an ex	ception	i to com	ibieting :	Section	B for v	renicies us	sea by e	mpioyee	s wno ai	re not n	поте тпап	3%
37 Do you maintain a writt	ton nation stat	tomont that pro	shibite r	all parco	naluca	of vobio	log ind		mmutun/	, by you			Voc	TNo
employees?	ien policy stat	tement that pro	אוטווע פ	ııı perso	nai use i	or vertic	ies, inc	lualing col	mnuung	, by you			Yes	No
38 Do you maintain a writi	ten nolicy stat	tement that nro	hihite r	nersonal	use of v	vehicles	evcer	nt commut	ting by	vour				<del> </del>
employees? See the in		•					•		- ,	your				
39 Do you treat all use of					1110013, 0	211 000010	3, 01 17	0 01 111010	OWNERS					
40 Do you provide more the	•				informa	tion from	n vour	emplovee	s about					1
the use of the vehicles							,	up, uu						
41 Do you meet the requir					monstra	ation us	e?							<del> </del>
Note: If your answer to								covered ve	ehicles.					1
Part VI Amortization	<del></del>												!	<u> </u>
(a) Description	of costs	Date a	(b) mortization pegins		(c) Amortizal amoun	ble t		(d) Code section		(e) Amortiza period or per		A	(f) mortization or this year	
42 Amortization of costs t	hat begins du		<u>-</u> _	1										
WEBSITE DEVEL			0110			,463				36M				411.
LEASEHOLD IMP	ROVEMEN	TS 11	0210		4	1,064	4 .			57M				143.
43 Amortization of costs t	hat began be	fore your 2010	tax yea	ar							43			
44 Total. Add amounts in	column (f). Se	e the instruction	ons for	where to	o report						44		<u> 18,</u>	554.