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Department of the Treasury

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 Open to Public

Intern	al Reven	ue Service The organization may have to use a copy of this return to satisfy star	te reporting requirements	Inspection
A F	or the	2010 calendar year, or tax year beginning FEB 11, 2011 and ending	JUN 30, 2011	•
	heck if	C Name of organization	D Employer identifi	
	pplicable	O Warne of organization	2 Employer Identili	ioditoti tidilibet
	Addres	S TODARI ON CAMPIIC COALTETON		
<u> </u>	_ change }Name		\dashv	664045
<u>_</u>	_lchange			664947
LX	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone numbe	er
	Termin ated	800 8TH STREET, NW	202-	449-6584
	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,876,372.
	Applica		H(a) Is this a group r	
L	pendin		for affiliates?	Yes X No
		· · · · · · · · · · · · · · · · · · ·		
			H(b) Are all affiliates in	
				list (see instructions)
		e: ▶ WWW.ISRAELCC.ORG	H(c) Group exemption	
K F	orm of	organization. X Corporation Trust Association Other ▶ L Ye	ear of formation: 2011 i	M State of legal domicile: DC
Pa	rt I	Summary		
•	1 1	Briefly describe the organization's mission or most significant activities SEE PART	III.	
ည				
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	esats
ver				5
9		Number of voting members of the governing body (Part VI, line 1a)	3	
		Number of independent voting members of the governing body (Part VI, line 1b)	4	4
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
viti	6	Total number of volunteers (estimate if necessary)	6	4
Activities &	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
٧	b i	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		2,876,372.
Revenue		Program service revenue (Part VIII, line 2g)		0.
ver		, , , , , , , , , , , , , , , , , , ,		0.
Re	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,876,372.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		123,327.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
ű	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		274,353.
JSe	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.
Expenses		Total fundraising expenses (Part IX, celumn (D), line 25) 119,548.		
Ä		Other expenses (Part IX, column (A), Ines 11aRfa, Gfr.24n/ED		156,518.
				554,198.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), tine 25) Revenue less expenses. Subtract line 18 from line 12, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
_ v	19			2,322,174.
S O		النقل ا	Beginning of Current Year	End of Year
set	20	Otal assets (Fait A, line 10)		2,379,693.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		57,519.
뿔	22	Net assets or fund balances Subtract line 21 from line 20		2,322,174.
Pa	rt II	Signature Block		
Unde	er oena	ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of m	y knowledge and belief, it is
		, and complete Declaration of preparer (other <u>than officer</u>) is based on all information of which prepa		,
1100,	0000	, and complete Social Company of Social Company	·	-2012_
_		Signature of officer	Date	-2012
Sıgr			Date	
Her	e	STEPHEN KUPERBERG, EXECUTIVE DIRECTOR	· · · · · · · · · · · · · · · · · · ·	
		Type or prin Mame and title	12	
		Print/Type preparer's name Preparer's Aignature	Date Check	PTIN
Paid		DAVID F. GRALING CPA DAWN FAML CPA	5-15-12 self-employ	ed
Prep	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN	
Use		Firm's address 4550 MONTGOMERY AVE SUITE 650N	7.1.1.10 2.112	
	····,	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
N.6 -	. 41 17		L'HOHE HO.	
		S discuss this return with the preparer shown above? (see instructions)		
03200	01 02-22	LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2010)

4d Other program services (Describe in Schedule O)

165,760. including grants of \$ 16,500.)(Revenue \$

4e Total program service expenses ▶

375,428.

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			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	A
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а				
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			V
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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			х
а	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	11c		Α.
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_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		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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			••
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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 1c and 8a? If "Yes," complete Schedule G, Part II	40		v
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
19	complete Schedule G, Part III	40		х
ეტა	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	<u> </u>		- 42
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			990 (2	2010)
			- /-	,

Pa	rt,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	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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			
	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	24a		X
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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	ĺ		
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		!	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

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14a Did the organization receive any payments for indoor tanning services during the tax year?

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

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14a

X

ISRAEL ON CAMPUS COALITION 30-0664947

Pai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	•	•	ror a "N	vo" re	espon	se
	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management						<u>لجيا</u>
	non A devorance good and management					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	l 1a		5			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?	•	•		2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	t supervision	Γ			
	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 wa	is filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?			5		Х
6	Does the organization have members or stockholders?				6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embers	of the				
	governing body?			L	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	ersons?		<u>L</u>	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during	the year				
	by the following						
а	The governing body?			<u> </u>	8а_	X	
b	Each committee with authority to act on behalf of the governing body?			L	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	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 I	?eveпи	e Code)		I		
				_		Yes	No
	Does the organization have local chapters, branches, or affiliates?			1	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	n chapt	ers, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?	£1	- (0	-	0b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before	tiling th	e form?		1a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				0-	х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that co	suld ass	2 510.0	-	2a		
D	to conflicts?	uiu giv	3 1156		2b	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	" Vac "	describe	H	20	-21	
·	in Schedule O how this is done	, 03,	desembe	١,	12c	х	
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 approximate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for	al bv ir	dependent		•	- <u>-</u> -	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-					
а	The organization's CEO, Executive Director, or top management official				5a		X
b	Other officers or key employees of the organization				5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a				
	taxable entity during the year?			1	6a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev	aluate ı	ts participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	ganızatı	on's				
	exempt status with respect to such arrangements?				6b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501(c)(3)s only) avai	able fo	r		
	public inspection. Indicate how you make these available. Check all that apply						
4-	Own website Another's website W Upon request				e	•	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflict	of interest police	y, and	tınar	ncial	
00	statements available to the public	and -a-	arda af tha a ===		. .		
20	State the name, physical address, and telephone number of the person who possesses the books annerty $-202-449-6598$	and rec	oras or the orga	unzauo	ıı ▶		
	800 8TH ST. NW , WASHINGTON, DC 20001						
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						- 1	/

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)				C)			ed any current officer, o	(E)	(F)
Name and Title	Average			Pos		1		Reportable	Reportable	Estimated
	hours per	(c	hecl	c all t	that	арр	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W 2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
LISA EISEN		İ								
BOARD CHAIR	2.00	X	ļ	X	ļ		ļ	0.	0.	0
HOWARD WOHL										
TREASURER	2.00	X		X		<u> </u>	L	0.	0.	0
ADAM MILSTEIN										
DIRECTOR	2.00	X	<u> </u>		<u></u>	_		0.	0.	0
SUSIE GELMAN			Ì							
DIRECTOR	2.00	X		_				0.	0.	0
STEPHEN KUPERBERG									_	_
EXECUTIVE DIRECTOR	35.00			Х				0.	0.	0
			-			_				

Form 990 (2010)

	990 (2010) ISRAEL OI	N CAMPUS	<u>s (</u>	COZ	\L	[T]	<u>101</u>	1		30-06	<u> 64</u>	<u>947</u>	Pa	age 8
Par	t VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	oyee	s, a	nd l	−ligh	est	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average hours per	(c	heck	Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	n		(F) timate ount	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	- 1	comp fro orga and	other pensa om the anizati relate nizatio	e on ed
										 				. <u> </u>
														
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					* * *		0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d al	oove	e) wh	10 re	eceived more than \$100	,000 ın reportable	,			C
3	Did the organization list any former officer,		stee	, key	/ em	plo	yee,	or h	nighest compensated er	nployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab								the organization		3		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	unr			dual for services		5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization NONE	mpensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	oensa	ation fr	om	
	(A) Name and business	address							(B) Description of s	ervices	C	(C) ompen		1
								_						
									, , , ,					
2	Total number of independent contractors (i		ot li	mite	d to		se lis 7	sted	l above) who received m	ore than				

Form **990** (2010)

16140514 745960 18894

Га	rt.VII	II Statement of Rever	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e f	Membership dues Fundraising events Related organizations	· —					0.0, 0.0
Contribi	g h	Similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f		2876372.	2876372.			
Program Service Revenue	2 a b c d			Business Code				
g	f	All other program service reversal. Add lines 2a-2f		•				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		est, and				
	6 a b c	Gross Rents Less rental expenses Rental income or (loss)	(i) Real	(II) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(II) Other				
Other Revenue		Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line	of 1c) See	>				
Other	с 9 а	Gross income from gaming ac Part IV, line 19	tivities See	>			· · · · · · · · · · · · · · · · · · ·	
	c 10 a b	Less direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold	returns a b	>				
	11 a		e	Business Code				
	b c d	All other revenue						
03200	12	Total. Add lines 11a-11d Total revenue See instructions.		P	2876372.	0.	0.	0 . Form 990 (2010)

Part IX | Statement of Functional Expenses

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

_	All other organizations must comp			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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	118,151.	118,151.		
2	Grants and other assistance to individuals in	110,131.	110,131.		
2	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	5,176.	5,176.		
4	Benefits paid to or for members	4 / 2 · 4 ·	72.00		
5	Compensation of current officers, directors,				
_	trustees, and key employees	73,740.	28,021.	11,061.	34,658.
6	Compensation not included above, to disqualified				•
	persons (as defined under section 4958(f)(1)) and	Ì			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	146,359.	72,687.	26,654.	47,018.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	832.	550.	198.	84.
9	Other employee benefits	35,007.	18,969.	7,058.	8,980.
10	Payroll taxes	18,415.	8,818.	3,050.	6,547.
11	Fees for services (non-employees)				
а	Management				
b	Legal	850.	149.	400.	301.
С	· · · · · · · · · · · · · · · · · · ·	210.		210.	
d	, · · · · · · · · · · · · · · · · · · ·				
е	· · ·				
f	Investment management fees	F1 266	67.000	0.5.0	0 400
9		71,366.	67,983.	950.	2,433.
12	Advertising and promotion	24.740	10.050	1 050	2 040
13	Office expenses	24,748.	18,950.	1,850.	3,948.
14	Information technology	-			
15	Royalties	19,086.	9,109.	3,177.	6 900
16	Occupancy	34,415.	22,884.	3,811.	6,800. 7,720.
17	Travel	34,413.	22,004.	3,011.	1,120.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	i			
19	Conferences, conventions, and meetings				
20	Interest	•••			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,064.	971.	361.	732.
23	Insurance	824.	388.	144.	292.
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 0.)				
а	COLDENIDO	2,775.	2,575.	200.	
b	STAFF DEVELOPMENT	100.	47.	18.	35.
С	MISCELLANEOUS	80.		80.	
d					
е					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	554,198.	375,428.	59,222.	119,548.
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				

Form **990** (2010)

16140514 745960 18894

Pa	rt.X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash · non·interest-bearing			1	505,668.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	1,846,431.
	4	Accounts receivable, net			4	2,115.
	5	Receivables from current and former officers, directors,	trustees, key			
		employees, and highest compensated employees Com	plete 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), a	nd contributing			
		employers and sponsoring organizations of section 501	(c)(9) voluntary			
	ŀ	employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net			7	
1SS	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges		•	9	1,190.
	1	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a	21,479.			
	Ь	Less accumulated depreciation 10b	2,064.	0.	10c	19,415.
	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		0.	15	4,874.
	16	Total assets. Add lines 1 through 15 (must equal line 34	t) [0.	16	2,379,693.
	17	Accounts payable and accrued expenses			17	56,293.
	18	Grants payable		,	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
s	21	Escrow or custodial account liability Complete Part IV o	f Schedule D	**	21	
Liabilities	22	Payables to current and former officers, directors, truste		····		
뎙		highest compensated employees, and disqualified person				
Ĩ		of Schedule L	·		22	
	23	Secured mortgages and notes payable to unrelated third	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	·		24	
	25	Other liabilities Complete Part X of Schedule D		0.	25	1,226.
	26	Total liabilities. Add lines 17 through 25		0.		57,519.
		Organizations that follow SFAS 117, check here	X and complete			
S		lines 27 through 29, and lines 33 and 34.				
ĕ	27	Unrestricted net assets			27	406,328.
ala	28	Temporarily restricted net assets			28	1,915,846.
q B	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117, check he	re 🕨 🔲 and			
Net Assets or Fund Balances		complete lines 30 through 34.				
sts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid in or capital surplus, or land, building, or equipment	t fund		31	
et A	32	Retained earnings, endowment, accumulated income, o			32	
ž	33	Total net assets or fund balances		0.	33	2,322,174.
	34	Total liabilities and net assets/fund balances		0.	34	2,379,693.

Form **990** (2010)

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

За

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of t	the organizati	ion							Employer i	dentificati	on num	nber
			ON CAMPUS CO							-0664	947	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t) See ins	tructions				
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization o	operated in conjunction	with a hos	pital desci	ribed in se	ection 170	(b)(1)(A)(iu). Enter th	ie hospital	's name	 ,
	city, and stat	e										
5 🔲	An organizat	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a govern	mental ur	nit describe	d in		
	section 170	(b)(1)(A)(ıv). (Comple	ete Part II)									
6 🗌	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from th	e general p	ublic desc	ribed in	I
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	An organizat	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nemberst	nip fees, and	d gross red	ceipts fr	om
	activities rela	ted to its exempt fur	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 ¹	1/3% of it	ts support f	rom gross	ınvestm	nent
	income and i	unrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anization at	fter June 3	0, 1975	;
	See section	509(a)(2). (Complete	Part III)									
10	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety S	See sectio	on 509(a)(4	4).				
11 📖	•	•	perated exclusively for the		•				•	-		r
		• • •	ations described in secti		•		2) See see	ction 509	9(a)(3). Chec	ck the box	that	
			organization and compl									
	a Type		_ ,,		e III - Func	-	•			Type III - C		
e			it the organization is not									
		-	han one or more publicly		_				9(a)(1) or s	ection 509	(a)(2)	
f	_		ten determination from	tne IHS tha	atitisa iy	pe i, Type	II, or Type	9 111				_
_		rganization, check th	ns box organization accepted ar	ov auft or o	ontribuition	from one	of the fell	owna no	roono?			
9	-		rectly controls, either a								Yes	No
	• •	•	upported organization?	ione or tog	etilei witii	persons	Jescribed	iii (ii) aiiu	(III) Delow,	11g(ı)	163	140
	_	• •	n described in (i) above?	•						11g(II)		
		•	person described in (i)		- ?					11g(iii)		
h			about the supported or							C. Marie	l	
		g		3	(-)							
/il Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did vo	u notify the	(vi)	Is the	(vii) An	nount of	
	anization	(11) [114	organization (described on lines 1-9	En and 4 x lo				rorganizai	tion in col.		port	
9-			above or IRC section	governing	document?	(ı) of you	r support?	U.	Š?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
							ŀ					
								-				
Total			<u> </u>		1		<u> </u>	<u> </u>	1 1			
LHA For F	aperwork Re	duction Act Notice	, see the Instructions f	or				Schedu	ile A (Form	990 or 99	U-EZ) 2	2010

032021 12-21-10

Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar 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						
	ınclude any "unusual grants ")					2,876,372,	2,876,372.
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						
	furnished by a governmental unit to						
	the organization without charge				:		
4	Total. Add lines 1 through 3				ļ	2,876,372.	2.876.372.
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						2.876.372.
	ction B. Total Support		1		1	<u> </u>	2,070,372.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	197====	12/=	107====	(4), = 3 = 3	2,876,372.	2,876,372.
8	Gross income from interest,		1.7			2,070,372.	2,070,372.
•	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						
10	or loss from the sale of capital						
44	assets (Explain in Part IV) Total support. Add lines 7 through 10						2 076 370
	Gross receipts from related activities,	oto (coo instruct	lone)	. <u></u>		12	2,876,372.
12	First five years. If the Form 990 is for	-	•	rd fourth or fifth to	av voar as a sootio		-
13	organization, check this box and stor	•	s ilist, second, trii	ia, iourni, or marta	ax year as a section	11 50 1(0)(5)	<u>▶</u> X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (I		_	column (f))		14	%
	Public support percentage from 2009		•	00.0 (1))		15	
	33 1/3% support test - 2010.If the o	•	•	n line 13, and line 1	I4 is 33 1/3% or m		
	stop here. The organization qualifies	•		•	1413 00 17070 01 11	ore, ericen triis box	▶□
	33 1/3% support test - 2009.If the o		-		line 15 is 33 1/3%	or more check this	
~	and stop here. The organization qual	_				or more, encertains	▶□
17:	10% -facts-and-circumstances tes	•	• • •		13 16a or 16b a	nd line 14 is 10% or	r more
176	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	•	C.V HOW THE OIGHNIZ	▶ □
h	10% -facts-and-circumstances tes	•	•		•	7a and line 15 is 10	▶ □ 10% or
L)	more, and if the organization meets the	_					770 OI
	organization meets the "facts-and-circ				•		▶□
1Ω	Private foundation. If the organization				-		
-13	ate roundation, if the organization	ala not offect a	23/10/11/10/10, 10	-a, 100, 17a, 01 17k		edule A (Form 990 c	or 990-E7\ 2010
					Cone		. 555 LL, 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be	low, please com	plete Part II)		<u> </u>	·- · · - · · · · · · · · ·	
Section A. Public Support	(-) COOC	(L) 0007	4-3 0000	/-n 0000	(-) 0040	(6 T)
Calendar 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 ")		 			 	
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 bus-		}				
iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon'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		1				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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				3		
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
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)			l	<u> </u>		
14 First five years. If the Form 990 is for	the organization'	s first, second, thii	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organız	ation,
check this box and stop here						<u> </u>
Section C. Computation of Publi	<u>c Support Pe</u>	ercentage				
15 Public support percentage for 2010 (li	ne 8, column (f) d	divided by line 13, o	column (f))		15	C
16 Public support percentage from 2009					16	
Section D. Computation of Inves	tment Incom	<u>ne Percentage</u>				
17 Investment income percentage for 20	10 (line 10c, colu	mn (f) dıvıded by lıı	ne 13, column (f))		17	
18 Investment income percentage from 2	:009 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2010. If the	organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2009. If the	•	•				▶└_ and
line 18 is not more than 33 1/3%, check	ck this box and s	top here. The org	anization qualifies	as a publicly sup	ported organization	▶□
20 Private foundation If the organization	a did not chack a	hoy on line 14, 10	a or 10h chack ti	hie hay and eac ii	actructions	

18894___1

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.

2010
Open to Public Inspection

Name of the organization

Employer identification number

(taiii	ISRAEL ON CAMPUS C	OALITION			30-0664	
Pa			s or A	CCOL		
	organization answered "Yes" to Form 990, Part IV, lin				-	
		(a) Donor advised funds	(1	b) Fun	ds and other acco	unts
1	Total number at end of year		· · · · ·	<u> </u>		
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	writing that the assets held in donor advis	end fund	de		
•	are the organization's property, subject to the organization's	·	sca iain	u 5	Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a		usad o	valv		140
Ü	for charitable purposes and not for the benefit of the donor of			-		
	impermissible private benefit?	or deficit advisor, or for any other purpose	Comen	illig	Yes	☐ No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990. F	Part IV.	line 7	163	110
1	Purpose(s) of conservation easements held by the organizat		<u> </u>		-	
•	Preservation of land for public use (e.g., recreation or e		storicall	v imne	ortant land area	
	Protection of natural habitat	Preservation of a cert		•		
	Preservation of open space	reservation of a serv	inou inc		31/4014/0	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a co	nsen	ation easement on	the last
-	day of the tax year	ind deficer valies contribution in the form	0. 0.00	11001 11	ation casement on	tile last
	day of the tax your		[Held at the End of t	he Tax Year
а	Total number of conservation easements			2a	TICIG AT THE ENG OF T	iic rax rear
b	Total acreage restricted by conservation easements			2b	**	
c	Number of conservation easements on a certified historic str	ructure included in (a)		2c		
d	Number of conservation easements included in (c) acquired		ure			
-	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organ		during the tax	
	year▶		J		3	
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements i	t holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	luring th	ne yea	 r ▶	
7	Amount of expenses incurred in monitoring, inspecting, and		-	-		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(ı)		_
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	e staten	nent, a	and balance sheet,	and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the org	anızat	tion's accounting for	or
	conservation easements					
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther S	Simil	ar Assets.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment an	id bala	ance sheet works o	of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	ince of p	public	service, provide, ii	n Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and ba	alance	sheet works of an	t, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic ser	vice, p	provide the followin	g amounts
	relating to these items					
	(i) Revenues included in Form 990, Part VIII, line 1			> :	\$	
	(ii) Assets included in Form 990, Part X			> :	\$	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	ıl gaın, p	provid	e	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items				
а	Revenues included in Form 990, Part VIII, line 1			> :	\$	
b	Assets included in Form 990. Part X			> :	\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

		ON CAMPUS	COALITION				30-06	64947	Page 2
Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical T	reasures,	or Oth	er Simi	lar Asse	ets (contin	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	following that	at are a s	significant	use of its	collection	ıtems
	(check all that apply)								
а	Public exhibition	c	Loan or exc	change progr	ams				
b	Scholarly research	e	e Dther						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizati	ion's exe	empt purp	ose in Pai	rt XIV	
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or oth	er sımıla	ır assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organization's c	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the organizati	on answered	"Yes" to	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contributio	ns or other as	ssets no	t included	1		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes	☐ No
b	b If "Yes," explain the arrangement in Part XIV								
Pai	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back								
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses			-					
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance			<u> </u>					
2	Provide the estimated percentage of the year	r end balance held a	as						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Term endowment >	%							
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	by							\	res No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b									
4	Describe in Part XIV the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	ient. See Form 990	0, Part X, line 10						
	Description of investment	(a) Cost or o	, , ,	t or other		ccumulat		(d) Book	value
		basis (investr	nent) basis	(other)	de	preciation	1		
1a	Land								
	Buildings								
С	Leasehold improvements								
	Equipment			21,479.		2,0	64.	19	<u>,415.</u>
	Other								
Total	Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X column (R) line	10(c))				19	415.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Sche	dule D	(Form 990) 2010			S COALITION				0664947	Page 4
Par	t·XI	Reconciliation of	Change in	Net Assets f	rom Form 990 to	Audit	ed Financial Stat	emen	ts	
1	Total r	evenue (Form 990, Par	t VIII, column (A), line 12)			1		2,876,	372.
2	Total e	expenses (Form 990, Pa	art IX, column (A	A), line 25)			2			<u> 198.</u>
3	Exces	s or (deficit) for the yea	r. Subtract line :	2 from line 1			3		2,322,	174.
4	Net ur	realized gains (losses)	on investments				4			
5	Donate	ed services and use of	facilities				5			
6	Invest	ment expenses					6			
7	Prior p	eriod adjustments					7			
8	Other	(Describe in Part XIV)					8			
9	Total a	adjustments (net) Add	lines 4 through	8			9			0.
10					ts Combine lines 3 and		10	7.4	2,322,	<u> 174.</u>
Ь					inancial Statemer	its vv	itii nevenue per i			EE A
1		evenue, gains, and oth						1	2,900,	334.
2		nts included on line 1 b		990, Part VIII, III	ie iz	ا مم ا				
a		nrealized gains on inves				2a	24,182	+		
b		ed services and use of				2b	24,102	4		
C		reries of prior year grant	.S			2c		-		
d		(Describe in Part XIV)				2d		ا ہے ا	2.4	102
e		nes 2a through 2d						2e 3	2,876,	182.
3		nts included on Form 9	OO Dort VIII line	n 12 hut not on	lina 4			3	2,010,	3/2.
4		ment expenses not inc				100				
a		(Describe in Part XIV)	uded on Folin's	990, Fart Vill, illi	e / D	4a 4b		-		
b		nes 4a and 4b				40		4 _c		0.
5		revenue Add lines 3 an	d Ac (This mus	t equal Form 990) Part I line 12)			5	2,876,	372.
	t XIII	Reconciliation of	Expenses	per Audited	Financial Stateme	nts V	Vith Expenses per			3,21
1		expenses and losses pe					· · · · · · · · · · · · · · · · · · ·	1		380.
2		nts included on line 1 b			25					
а		ed services and use of				2a	24,182	.		
b	Prior y	ear adjustments				2b	•			
С	Other	losses				2c				
d	Other	(Describe in Part XIV)				2d				
е	Add III	nes 2a through 2d						2e	24,	182.
3	Subtra	act line 2e from line 1						3	554,	198.
4	Amou	nts included on Form 9	90, Part IX, line	25, but not on li	ne 1 ·					
а	Invest	ment expenses not inc	luded on Form 9	990, Part VIII, line	e 7b	4a				
b	Other	(Describe in Part XIV)				4b		_		
С	Add lii	nes 4a and 4b						4c		0.
5		expenses Add lines 3 a		ist equal Form 9	90, Part I, line 18)			5	554,	<u> 198.</u>
		Supplemental In								
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 PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD										
PAL	RT X	, LINE 2: 11	1 JUNE 2	006, THE	FINANCIAL A	CCO	UNTING STANI	DARD	S BOARD	
(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR										
REPORTING UNCERTIANTY IN INCOME TAXES. FOR THE YEAR ENDED JUNE 30, 2011,										
ICO	C HA	S DOCUMENTE	O ITS CO	NSIDERAT	ION OF FASB	ASC	740-10 AND	DET	ERMINED	
THA	AT N	O MATERIAL (JNCERTIA	N TAX PO	SITIONS QUAL	JIFY	FOR EITHER	REG	OGNITION	OR
DIS	SCLO	SURE IN THE	FINANCI	AL STATE	MENTS. THE F	EDE	RAL FORM 990), R	ETURN OF	יי
ORG	GANI	ZATION EXEM	PT FROM	INCOME T	AX, IS SUBJE	CT	TO EXAMINAT	ION	BY THE	
IN	rern	AL REVENUE	SERVICE,	GENERAL	LY FOR THREE	YE.	ARS AFTER I			
03205	4							Sched	dule D (Form 9	90) 2010

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

OMB No 1545-0047

ISRAEL ON CAMPUS COALITION Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes
To Form 990, Part IV, line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
to Form 990, Part IV, line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)
(a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total
offices employees, agents and (by type) (e.g., fundraising, program is a program service, expenditur
in the region independent services, investments, grants to describe specific type investments
contractors recipients located in the region) of service(s) in region in region
3 a Sub-total 0 0
b Total from continuation
sheets to Part I 0 0
c Totals (add lines 3a
and 3b) 0 0 0 Schedule F (Form 990) 2

Schedule F (Form 990) 2010

Page 2

30-0664947

9	0 ISRAE	ISRAEL ON CAMPUS	COALITION		30-06	30-0664947		Page
Part II Grants and Oth recipient who re	ner Assistance to Ori	ganizations or Entities 000 Check this box if n	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000.	complete if the or than \$5,000	ganization answered	1 "Yes" to Form 9	90, Part IV, line 15, for	any
Part II can be du	Part II can be duplicated if additional space is needed	space is needed						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			UNIVERSITY OF TORONTO					
		NORTH AMERICA	HILLEL ISRAARTS	5,176,		0		
	,							
2 Enter total number of the IRS, or for which	f recipient organizatio the grantee or counse	ns listed above that are el has provided a sectio	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country	recognized as tax-e	xempt by ▶		[
3 Enter total number of	Enter total number of other organizations or entities	or entities				•		

Schedule F (Form 990) 2010

25

30-0664947

Page 3

ISRAEL ON CAMPUS COALITION

Schedule F (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, 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) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2010

032074 12-20-10

Schedule F (Form 990) 2010

Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

|--|

Employer identification number 30-0664947 ISRAEL ON CAMPUS COALITION

Part | General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	to substantiate the stance?		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant f	funds in the United	States			:
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	United States. Co	omplete if the orga	nization answered "Y	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Check this	box if no one recipient	t received more tha	an \$5,000 Part II	can be duplicated if a	additional space is nee	▲ pep
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO HILLEL							THE GRANT WAS AN AGREEMENT WITH ICC, CSU
33 BANBURY DRIVE	04 215 2002	, , , , , , , , , , , , , , , , , , ,	000 66	c			AND THE RICHARD N. AND
5	7607010-10	22100	,				
BROWN UNIVERSITY HILLEL							
80 BROWN STREET							ISRAEL FILM FESTIVAL OF
PROVIDENCE, RI 02906	05-6019149	50103	5,400.	0.			COLLEGE HILLEL
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations					2
3 Enter total number of other organizations	, , ,	.					. 🛦

30-0664947 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed ISRAEL ON CAMPUS COALITION Schedule I (Form 990) (2010) Part III

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the informatio	n required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: ALL PA	RTNER OR	PARTNER ORGANIZATIONS	S DEVOTED TIME TO	TIME TO	
FURTHERING THE GOALS OF THE GRANTS.		BY MEETING WEEKLY	LY, THROUGH	H ICC	
COORDINATED CONFERENCE CALLS AND WEB		CONFERENCES, PA	PARTNERS WERE	E KEPT UP TO	
DATE WITH PROGRESS AND GIVEN THE O	OPPORTUNITY	J.	REPORT TO THE	THE LARGER GROUP	
THEIR RELEVANT UPDATES.					
		:			
PART II, LINE 1, COLUMN (H):					

NAME OF ORGANIZATION OR GOVERNMENT: SAN FRANCISCO HILLEL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANT WAS AN AGREEMENT WITH ICC,

032102 01-13-11

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Schedule I (Form 990) 2010

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.

OMB No 1545-0047 Open to Public Inspection

▶ Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization Employer identification number ISRAEL ON CAMPUS COALITION 30-0664947 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TRAINING AND LEADERSHIP OPPORTUNITIES TO THE CAMPUS COMMUNITY AND OTHER SUPPORTERS OF ISRAEL ON CAMPUS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: EFFORTS AND HAS ENABLED THESE STUDENTS TO CREATE MEANINGFUL, INNOVATIVE, HIGH-QUALITY ISRAEL PROGRAMS AND INITIATIVES FOR THEIR COLLEGE CAMPUSES. ON CAMPUS, MZ-GRINSPOON INTERNS ARE A CENTRAL FORCE IN PROMOTING A POSITIVE ISRAEL AGENDA, BUILDING RELATIONSHIPS WITH CAMPUS DECISION-MAKERS, CHANGING THE CAMPUS ISRAEL CULTURE AND EMPOWERING THEIR PEERS TO BECOME ARTICULATE ISRAEL ACTIVISTS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CONNECT WITH OTHER PRO-ISRAEL ADVOCATES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: STUDY ABROAD: EXPENSES \$ 30,355. INCLUDING GRANTS OF \$ 16,500. REVENUE \$ 0. REAL PARTNERS REAL PEACE: INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 2,000. RESEARCH AND EVALUATION: EXPENSES \$ 34,868. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

REGIONAL TRAININGS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization ISRAEL ON CAMPUS COALITION	Employer identification number 30-0664947
EXPENSES \$ 17,933. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
PROGRAM DATABASE:	
EXPENSES \$ 9,344. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
INTERACTIVE:	
EXPENSES \$ 13,412. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
DELEGITIMIZATION:	
EXPENSES \$ 22,350. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
SPEAKERS:	
EXPENSES \$ 33,341. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
GREEK:	
EXPENSES \$ 2,157. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS P	REPARED BY THE
OUTSIDE ACCOUNTANTS. THE DRAFT 990 WAS EMAILED TO BOARD M	EMBERS WITH
DIRECTIONS FOR REVIEW PRIOR TO FILING. IF CHANGES ARE NEE	DED AND MADE THE
RETURN WILL BE PRESENTED TO THE BOARD PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PR	INCIPAL OFFICER
AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS ANN	UALLY SIGNS A
STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A C	OPY OF THE
CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS TH	E POLICY, HAS
AGREED TO COMPLY WITH THE POLICY AND UNDERSTANDS THAT THE	CORPORATION IS A
CHARITABLE AND EDUCATIONAL ORGANIZATION AND THAT, IN ORDE 032212 01-24-11 Sched	R TO MAINTAIN ITS ule O (Form 990 or 990-EZ) (2010)

Name'of the organization ISRAEL ON CAMPUS COALITION	Employer identification number 30-0664947
FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVIT	IES WHICH
ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. AFTER	DISCLOSURE OF THE
FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY	DISCUSSION WITH
THE INTERESTED PERSON, HE OR SHE LEAVES THE BOARD OR COMM	ITTEE MEETING
WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISC	USSED AND VOTED
UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF	A CONFLICT OF
INTEREST EXISTS.	
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIR	ECTOR'S
COMPENSATION REMAINED AS IT WAS WHEN ISRAEL ON CAMPUS COA	LITION WAS PART OF
HILLEL. COMPENSATION MOVING FORWARD WILL BE DETERMINED B	Y THE BOARD OF
DIRECTORS ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION C, LINE 19: THE ISRAEL ON CAMP	US COALITION
MAKES MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	•