### \*\* PUBLIC DISCLOSURE COPY \*\*

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.

OMB No. 1545-0047 Open to Public Inspection

A F	or the	e 2010 calendar year, or tax year beginning	and	ending	_					
<b>B</b> (a	heck if pplicabl	C Name of organization			D Employer identific	cation number				
X	Addre	NEW ISRAEL FUND								
	Name chang									
	Initial return	Number and street (or P.O. box if mail is not delive	94-2607722 E Telephone number							
	Terminated			Room/suite 619		842-0900				
	Amen				G Gross receipts \$	38,538,163.				
	Application	<sup>a</sup> WASHINGTON, DC 20037			H(a) Is this a group re					
	pendi	F Name and address of principal officer:DANI	EL SOKATCH		for affiliates?	Yes X No				
		SAME AS C ABOVE			H(b) Are all affiliates inc	luded? Yes No				
			(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
		te: ► WWW.NIF.ORG			H(c) Group exemptio					
			ociation Other	<b>∟</b> Year	of formation: $1979$ N	🛮 State of legal domicile: CA				
Pa	art I	Summary								
ė	1	Briefly describe the organization's mission or most s	ignificant activities: SEE	PART I	II, LINE 1					
au										
Governance		Check this box if the organization disconti				ssets. 27				
ő		Number of voting members of the governing body (F				26				
∞ ″		Number of independent voting members of the gove				47				
Activities &		Total number of individuals employed in calendar year				215				
ξ		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, colu			0.					
ĕ		Net unrelated business taxable income from Form 99			11,937.					
_		The difference business taxable income from our officer	00 1, 1110 04		Prior Year	Current Year				
ø.	8	Contributions and grants (Part VIII, line 1h)			26,491,537.	37,600,375.				
Revenue		Program service revenue (Part VIII, line 2g)			0.	267,052.				
eve		Investment income (Part VIII, column (A), lines 3, 4, a			745,943.	316,535.				
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		238,689.	39,920.					
		Total revenue - add lines 8 through 11 (must equal P			27,476,169.	38,223,882.				
	13	Grants and similar amounts paid (Part IX, column (A)	, lines 1-3)		19,078,458.	16,479,487.				
	14	Benefits paid to or for members (Part IX, column (A),	line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5-10)		6,760,906.	7,932,571.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	e 11e)		219,744.	254,598.				
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line	<sup>25)</sup> ▶ <u>2,398,7</u>	59.	6 060 505	6 040 051				
_		Other expenses (Part IX, column (A), lines 11a-11d, 1			6,262,587.					
		Total expenses. Add lines 13-17 (must equal Part IX,			32,321,695. -4,845,526.	30,715,507. 7,508,375.				
<u>- 8</u>	19	Revenue less expenses. Subtract line 18 from line 12	2		ginning of Current Year					
Net Assets or Fund Balances	20	Total accets (Dort V. line 16)			24,860,392.	End of Year 34,157,660.				
Asse	20 21	T + 1 !! 1 !!!!			7,148,820.	7,796,378.				
Net	22	Net assets or fund balances. Subtract line 21 from lin	ne 20		17,711,572.	26,361,282.				
Pa	art II	Signature Block	110 20		_ , , ,					
Und	er pena	Ities of perjury, I declare that I have examined this return, in	cluding accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich preparer	has any knowledge.					
Sig	n	Signature of officer			Date					
Her	е	DANIEL SOKATCH, CEO Type or print name and title								
		,	Preparer's signature	11	Date Check	PTIN				
Paid	i	Trime rype proparer 3 mains	roparor o orginature		if self-employe					
	arer	Firm's name GELMAN, ROSENBERG	& FREEDMAN		Firm's EIN					
	Only	Firm's address 4550 MONTGOMERY A		NORTH						
	.,	BETHESDA, MD 2081		<b></b>		301) 951-9090				
Ma\	the II	RS discuss this return with the preparer shown above			1	X Yes No				

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:  THE MISSION OF THE NEW ISRAEL FUND IS TO STRENGTHEN ISRAEL'S DEMOCRACY
	AND TO PROMOTE FREEDOM, JUSTICE AND EQUALITY FOR ALL ISRAEL'S
	CITIZENS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program 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	F FC1 1C0 2 7C0 71F
	CIVIL AND HUMAN RIGHTS: THE LONG-TERM GOALS OF THIS PROGRAM ARE: TO
	PROTECT AND PROMOTE THE RIGHTS OF ALL CITIZENS AND RESIDENTS IN ISRAEL
	INCLUDING BUT NOT LIMITED TO ARAB CITIZENS AND RESIDENTS, FOREIGN
	WORKERS AND REFUGEES, PEOPLE WITH DISABILITIES, LESBIANS AND GAYS, THE
	ELDERLY, NEW IMMIGRANTS, WOMEN, AND OTHER DISENFRANCHISED POPULATIONS.
	WE ALSO AIM TO BRING EQUAL ACCESS AND EQUAL OPPORTUNITIES TO ALL
	CITIZENS - AS RELATES TO EMPLOYMENT, EDUCATION, HEALTHCARE, RESOURCE
	ALLOCATIONS , AND OTHER SERVICES AND TO CREATE AN ACTIVE AND
	INFLUENTIAL CIVIL RIGHTS MOVEMENT IN ISRAEL.
	THROUGH GRANT MAKING AND CAPACITY BUILDING (CONDUCTED BY SHATIL-NIF'S
	SOCIAL CHANGE INITIATIVE) NIF WORKS WITH CIVIL SOCIETY ORGANIZATIONS TO
4b	(Code:) (Expenses \$ 2,178,700 • including grants of \$ 1,565,892 • ) (Revenue \$)
	JEWISH PLURALISM: NIF'S LONG TERM GOAL IS TO ACHIEVE FREEDOM OF AND
	FROM RELIGION IN ISRAEL, AND TO PROMOTE DIVERSE APPROACHES TO JEWISH
	PRACTICE AND JEWISH IDENTITY IN ISRAEL.
	NITE MODIZO MITHU CIVIL COCTEMY ODCANIZAMIONO MO ACUITEVE MUE EGILOWING
	NIF WORKS WITH CIVIL SOCIETY ORGANIZATIONS TO ACHIEVE THE FOLLOWING OBJECTIVES:
	- FOSTER DIVERSE EXPRESSIONS OF JEWISH IDENTITY AND PRACTICE;
	- PROMOTE LEGISLATION THAT MITIGATES THE CONTROL OF THE RABBINATE;
	- ADVOCATE FOR EQUAL ALLOCATION OF RESOURCES TO NON-ORTHODOX JEWISH
	SERVICES AND EDUCATION; AND
	- STRENGTHEN LIBERAL ELEMENTS WITHIN ORTHODOXY.
4c	(Code:) (Expenses \$10580333 • including grants of \$6 , 777 , 707 • ) (Revenue \$)
	SOCIAL AND ECONOMIC JUSTICE: OUR LONG-TERM GOAL IS TO REDUCE SOCIAL AND
	ECONOMIC GAPS AND TO HELP ADDRESS THE NEEDS OF AND EMPOWER ISRAEL'S
	MOST DISADVANTAGED CITIZENS.
	NIF WORKS WITH CIVIL SOCIETY ORGANIZATIONS TO ACHIEVE THE FOLLOWING
	OBJECTIVES:
	- FOSTER A BROAD CULTURE OF CITIZEN ACTION;
	- PROMOTE WORKABLE POLICIES AND PROGRAMS ADDRESSING POVERTY,
	HOMELESSNESS, UNEMPLOYMENT, AND URBAN DECAY IN LOW-INCOME COMMUNITIES.
	THIS INCLUDES INCREASED INVESTMENTS IN, AND CREATING BROADER
	OPPORTUNITIES FOR, THOSE LIVING IN THE GEOGRAPHIC AND SOCIAL
	PERIPHERIES;
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 6,548,110 · including grants of \$ 4,366,173 · ) (Revenue \$ 267,052 · )
4e	Total program service expenses ► 24,868,303.

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	X	
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	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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?  If "Yes," complete Schedule D, Part V	10	Х	
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	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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	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	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		Х
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	X	
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	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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,		3.7	
	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		v	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		,.	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		\ <b>\ \</b> T	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X
		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			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	

## 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		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		х	
040	Schedule J	23		
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		21
21	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):			
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
22	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		22
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
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?	200		х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	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?	<u> </u>		<u></u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			000 /	

#### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)				
				3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•		37	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country:   ISRAEL  ISRAEL		<del></del>			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A			_		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ľ	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		•	5c		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
oa	any contributions that were not tax deductible?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		ľ	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations or other vehicles, did the organizations organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di		/_ 1	7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a			8		
9	Sponsoring organizations maintaining donor advised funds.	arry time	o during the your.	-		
	Did the organization make any taxable distributions under section 4966?		N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	- 1	'	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		N/A	120		
a	Note. See the instructions for additional information the organization must report on Schedule O.			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the consideration and its consequence to find an Associate and its design that the consequence of			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
				Form	<b>990</b> (	(2010)

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.

	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	Enter the number of voting members of the governing body at the end of the tax year   1a   27			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_		2		Х
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
_	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6	Does the organization have members or stockholders?	-		21
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7-		Х
	governing body?	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		v	
-	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
0	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 X
	Does the organization have local chapters, branches, or affiliates?	10a		
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	Х	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	Х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	
р	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	401	Х	
	to conflicts?	12b	Λ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	- v	
40	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	Λ	
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?		v	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O	•		
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	tor		
	public inspection. Indicate how you make these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	ANTHONY FULLINGTON - 212-613-4414 330 7TH AVENUE, 11TH FLOOR, NEW YORK, NY 10001			
	SSS TIL REPLYON, IIII INCON, INDEX TONN, INT. INT. AUGUL			

# 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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)	Ĭ		((	C)			(D)	(E)	(F)
Name and Title	Average hours per	(cl		Pos	ition that		ly)	Reportable compensation	Reportable compensation	Estimated 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
NAOMI CHAZAN								_		•
PRESIDENT	7.00	Х		Х				0.	0.	0.
BRIAN LURIE	1 2 00	٠,,						_		_
VP - N. AMERICA	2.00	X		X				0.	0.	0.
NAOM LAUTMAN	1 2 00	٠,,						_		_
VP - ISRAEL	2.00	Х		Х				0.	0.	0.
STEPHEN GUNTHER	1 2 00	٠,,						_		_
TREASURER	2.00	Х		Х				0.	0.	0.
PETER SHAPIRO	1 2 00	3,7		х				0.	0.	_
SECRETARY	2.00	Х		Λ				0.	0.	0.
ELAH ALKALAY	2.00	x						0.	0.	0.
DIRECTOR YIFAT BITTON	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
ZEEV BREGMAN	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
DEBORAH BUSSEL	2.00							0.	0.	
DIRECTOR	2.00	x						0.	0.	0.
JONATHAN J. COHEN	2:00							•	•	•
DIRECTOR	2.00	x						0.	0.	0.
PETER EDELMAN		1								•
DIRECTOR	2.00	x						0.	0.	0.
PAUL EGERMAN										
DIRECTOR	2.00	Х						0.	0.	0.
NABILA ESPANIOLY										
DIRECTOR	2.00	Х						0.	0.	0.
FRANKLIN FISCHER										
DIRECTOR	2.00	Х						0.	0.	0.
ITZIK GALNOOR										
DIRECTOR	2.00	Х	<u> </u>			L	L	0.	0.	0.
MERON HACOHEN										
DIRECTOR	2.00	Х						0.	0.	0.
MARTIN INDYK										
DIRECTOR	2.00	Х						0.	0.	0.

032007 12-21-10

	RAEL FUND								94-2607	122	Pa	age <b>8</b>
Part VII Section A. Officers, Directors,		mple	oyee			ligh	est	Compensated Employ	ees (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week	(cl			ition that		ly)	Reportable compensation from	Reportable compensation from related	amo	imate ount o other	-
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and		e ion ed
AMAL JAMAL									_			_
DIRECTOR	2.00	X						0.	0.			0.
SUSAN LISS		l										•
DIRECTOR	2.00	Х				_		0.	0.			0.
HARRIET MOUCHLY-WEISS DIRECTOR	2.00	x						0.	0.			0.
LISA ORLICK-SALKA	2:00	125							0.			
DIRECTOR	2.00	x						0.	0.			0.
SARAH OZAKY-LAZAR												
DIRECTOR	2.00	Х						0.	0.			0.
NICHOLAS SAPHIR												
DIRECTOR	2.00	Х						0.	0.			0.
DANIEL SEGAL DIRECTOR	2.00	x						0.	0.			0.
JOAN SHAPIRO	2.00	┢						0.	0.			<u> </u>
DIRECTOR	2.00	x						0.	0.			0.
MARY ANN STEIN		┢▔										
DIRECTOR	2.00	x						0.	0.			0.
1b Sub-total	•					▶		0.	0.			0.
c Total from continuation sheets to Par						$\blacktriangleright$		1,326,350.	0.	108		
d Total (add lines 1b and 1c)						<b>&gt;</b>		1,326,350.	0.	108	3,4	73.
<ul> <li>Total number of individuals (including b compensation from the organization</li> </ul>		nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 in reportable			11
										1	Yes	No
3 Did the organization list any <b>former</b> office line 1a? <i>If</i> "Yes," <i>complete Schedule J f</i>										3		Х
4 For any individual listed on line 1a, is th												
and related organizations greater than S	•								-	4	Х	
5 Did any person listed on line 1a receive												
1 11 11 11 11 11 O IS IIVee II e		- 14		/-				•		_		v

**Section B. Independent Contractors** 

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
RABINOWITZ/DORF COMMUNICATIONS, 2852	STRATEGIC	
CONNECTICUT AVE, NW, WASHINGTON, DC 20008	COMMUNICATIONS	213,727.
LAUTMAN MASKA NEILL & COMPANY, 1730 RHODE		
ISLAND AVE, STE 301, WASHINGTON, DC 20036	FUNDRAISING	112,797.
GELMAN, ROSENBERG & FREEDMAN, 4550	AUDIT AND TAX	
MONTGOMERY AVE, 650N, BETHESDA, MD 20814	SERVICES	109,776.

Total number of independent contractors (including but not limited to those listed above) who received more than
 \$100,000 in compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes," complete Schedule J for such person

	AEL FUND								94-260	1122
Part VII Section A. Officers, Directors,	Trustees, Key Eı	mple	oyee	s, a	nd I	High	est	Compensated Employ	rees (continued)	
(A)	(B)	ľ		((	C)			(D)	(E)	(F)
Name and title	Average hours	(с	Position (check all that apply)					Reportable compensation	Reportable compensation	Estimated amount of
	per week	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
DANIEL SOKATCH CHIEF EXECUTIVE OFFICER	37.50	x		x				320,296.	0.	22,421
DAVID ROSENN		<del> </del>						320,2300		
CHIEF OPERATING OFFICER	37.50			Х				172,769.	0.	12,094
ANTHONY FULLINGTON										
CFO (BEGINNING 09/10)	37.50			Х				47,916.	0.	3,354
NIMALKA WIJESOORIYA										
CFO (THROUGH 06/10)	37.50	_		Х				109,452.	0.	7,662
AVIVA MEYER ASSOCIATE DIRECTOR	37.50					х		149,098.	0.	10,437
STEVEN ROTHMAN	- 37133					ᢡ		223,0300		20,10,
NATIONAL DEV. DIR.	37.50					х		135,259.	0.	9,468
BRUCE TEMKIN										
NEW YORK DIRECTOR	37.50					Х		129,971.	0.	9,098
NAOMI PAISS								100 716		0 010
COMMUNICATIONS DIR.	37.50					Х		128,716.	0.	9,010
RACHEL LIEL	42.00					,,		120 072	0	24 020
EX. DIR IN ISRAEL	42.00					X		132,873.	0.	24,929
Total to Part VII, Section A, line 1c								1,326,350.		108,473

Pa	rt VII	Statement of Rever	nue					Ţ
					<b>(A)</b> 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	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	1b	13,268. 239,022. 37,348,085. 922,046.				
a C	h	Total. Add lines 1a-1f			37,600,375.			
ervice Je	2 a b	PROGRAM REVENUE	<u> </u>	Business Code 900099	267,052.	267,052.		
Program Service Revenue	c d e		<u> </u>					
۵		All other program service reve			0.65 0.50			
	<u>g</u> 3	Total. Add lines 2a-2f	dividends, intere	est, and	267,052. 224,100.			224,100.
	4	other similar amounts)			224,100			224,100.
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross Rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	ı a	assets other than inventory	313896.	(ii) Otriei				
		Less: cost or other basis and sales expenses	221461. 92,435.					
		Gain or (loss)  Net gain or (loss)			92,435.			92,435.
Other Revenue	8 a	Gross income from fundraisin including \$ 239,00 contributions reported on line	g events (not 22. of 1c). See		3272333			3271333
Other	b	Part IV, line 18 Less: direct expenses		54,900. 92,820.				
_		Net income or (loss) from fund	-	<b></b>	-37,920.			-37,920.
		Gross income from gaming ac Part IV, line 19 Less: direct expenses	а					
		Net income or (loss) from gam		<b>&gt;</b>				
	10 a	Gross sales of inventory, less and allowances	returns a					
		Net income or (loss) from sale						
İ		Miscellaneous Revenu		Business Code				
İ	11 a	MISCELLANEOUS		900099	77,840.			77,840.
	b							
	С							
	d	All other revenue			77,840.			
	e 12	<b>Total.</b> Add lines 11a-11d <b>Total revenue.</b> See instructions.			38,223,882.	267,052.	0 .	356,455.
03200 12-21	9	. Star 1070/140. Ood moti detions.		······	,223,002.	20,,002.		Form <b>990</b> (2010)

#### 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).

Do:	All other organizations must connot include amounts reported on lines 6b,	(A)	(B)	(C)	( <b>D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	16 470 407	16 470 407		
	See Part IV, lines 15 and 16	10,4/9,40/.	16,479,487.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	695,964.	55,459.	519,204.	121,301.
•	trustees, and key employees	033,304.	33,433.	319,204.	121,301.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,814,423.	4,371,544.	1,223,238.	1,219,641.
7 8	Pension plan contributions (include section 401(k)	U/UII/II/	-, -, -, J•	1,223,2300	-,, O •
J	and section 403(b) employer contributions)	27,596.	16,352.	6,316.	4.928.
9	Other employee benefits	207,565.	146,346.	23,959.	4,928. 37,260.
10	Payroll taxes	187,023.	110,822.	42,804.	33,397.
11	Fees for services (non-employees):	. , = 3 0	.,.==.	,	,
	Management				
b	Legal	52,539.	3,590.	48,949.	
С	Accounting	199,623.		199,623.	
d					
е	Professional fundraising services. See Part IV, line 17	254,598.			254,598.
f	Investment management fees				
g	Other	755,463.	444,590.	310,873.	
12	Advertising and promotion	284,084.		3,987.	235.
13	Office expenses	868,553.	331,710.	331,734.	205,109.
14	Information technology	105,413.	45,983.	59,430.	
15	Royalties	726 442	262 210	120 240	244 005
16	Occupancy	736,443. 696,685.	363,218.	128,340.	244,885.
17	Travel	090,085.	431,887.	119,235.	145,563.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	224,879.	133,161.	58,952.	32,766.
19	Conferences, conventions, and meetings	224,075	133,101.	30,332.	32,700.
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	165,452.	97,174.	68,278.	
23	Insurance	33,916.	14,296.	19,620.	
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	PROJECTS	1,479,418.	1,479,418.		
b	GOVERNANCE	203,601.		203,601.	
С	BAD DEBT	83,630.			83,630.
d	MISCELLANEOUS	66,438.	17,458.	45,205.	3,775.
е	STAFF TRAINING	47,415.	40,623.	6,792.	
f	All other expenses	45,299.	5,323.	28,305.	11,671.
25	Total functional expenses. Add lines 1 through 24f	30,715,507.	24,868,303.	3,448,445.	2,398,759.
26	Joint costs. Check here   if following SOP  30.0 (ASO 055 700) 0				
	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				
00004	0. 12-21-10			L	Form <b>990</b> (2010)

Pa	rt X	Balance Sheet			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	6,526,403.	1	1,000.
	2	Savings and temporary cash investments	6,482,839.	2	15,182,692.
	3	Pledges and grants receivable, net	2,415,919.	3	1,361,886.
	4	Accounts receivable, net	206,331.	4	917,463.
	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			
10		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,059.	9	26,400.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,114,699.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 2,114,699. 1,767,825.	385,074.		346,874.
	11	Investments - publicly traded securities	8,753,383.	11	8,092,041.
	12	Investments - other securities. See Part IV, line 11		12	8,156,646.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	EC 204	14	F0 (F0
	15	Other assets. See Part IV, line 11	76,384.	15	72,658.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,860,392.	16	34,157,660.
	17	Accounts payable and accrued expenses	1,837,195. 4,837,599.	17	1,525,623.
	18	Grants payable	4,037,399.	18	5,916,041.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
i≣	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
	23	of Schedule L Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	474,026.	25	354,714.
	26	Total liabilities. Add lines 17 through 25	7,148,820.	26	7,796,378.
	20	Organizations that follow SFAS 117, check here   X and complete	. / = = 0 / 0 = 0 0	20	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ý		lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	7,176,768.	27	5,862,404.
<u>al</u> aı	28	Temporarily restricted net assets	8,593,329.	28	18,135,012.
B B	29	Permanently restricted net assets	1,941,475.	29	2,363,866.
جَ.		Organizations that do not follow SFAS 117, check here   and			
P		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	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	
ž	33	Total net assets or fund balances	17,711,572.	33	26,361,282.
	34	Total liabilities and net assets/fund balances	24,860,392.	34	34,157,660.

Pa	rt XI Reconciliation of Net Assets				9-
. u					X
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,22	3,8	82.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,71		
3	Revenue less expenses. Subtract line 2 from line 1	3	7,50		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,71		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,14		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	26,36		
	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	oncorri concadio o containo a responso to any question in ano i arexii			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b				Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	3b		
			Form	990	(2010)

#### **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

Open to Public Inspection

Name of the organization

NEW ISRAEL FUND

Employer identification number

94-2607722

Par	tΙ	Reason	for Public Char	<b>ity Status</b> (All organiz	zations mu	st complet	te this par	t.) See ins	tructions.				
The c	rgani	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2				'0(b)(1)(A)(ii). (Attach Sc									
3				tal service organization			170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospita	l's nam	ie,
		city, and state	ity, and state:										
5		An organizati	n 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). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(	I)(A)(v).					
7	X			eives a substantial part					or from the	general p	ublic desc	cribed i	n
		section 170(	b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	d gross re	ceipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (	2) no more	than 33 1	1/3% of its	support f	rom gross	invest	ment
		income and u	ınrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization a	fter June 3	30, 197	'5.
		See section	<b>509(a)(2).</b> (Complete	e Part III.)									
10	_	An organizati	on organized and or	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	<b>1</b> ).				
11		An organizati	on organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of	or to carr	y out the p	ourposes (	of one	or
		more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> c	ction 509(	<b>a)(3).</b> Che	ck the box	that	
		describes the		organization and compl									
		a L Type I	b L	ا Type II و	: Ш Тур	e III - Fund	tionally int	egrated		d L	Type III -	Other	
e l		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons ot	her tha	n
				han one or more publicly						9(a)(1) or s	ection 509	9(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
			rganization, check th										
g				organization accepted ar									
				irectly controls, either al								Yes	No
		-		upported organization?							11g(i)		
				n described in (i) above?									
				person described in (i) o							11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
				(iii) Type of	la v		( ) 5: 1		(vi) lo	tho I			
(i) l		of supported	(ii) EIN	organization		organization sted in your			(vi) Is organizațio	on in col. I		nount o	f
	orga	nization		(described on lines 1-9		document?		support?	(i) organiz U.S	ed in the	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(000 mondonomo))	163	140	163	140	163	140			
						<del>                                     </del>			<del>                                     </del>	+ +			

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

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

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

Sec	ction A. Public Support						
Cale	ndar 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.")	27,525,133.	29,091,457.	33,938,811.	26,491,537.	37,600,375.	154,647,313.
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	27,525,133.	29,091,457.	33,938,811.	26,491,537.	37,600,375.	154,647,313.
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)						32,342,079.
6	Public support. Subtract line 5 from line 4.						122,305,234.
	tion B. Total Support						
Cale	ndar 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	27,525,133.	29,091,457.	33,938,811.	26,491,537.	37,600,375.	154,647,313.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	734,804.	796,513.	729,493.	117,645.	224,100.	2,602,555.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		300,389.				300,389.
10	Other income. Do not include gain		-				
	or loss from the sale of capital						
	assets (Explain in Part IV.)		101,491.	65,537.	280,133.	77,840.	525,001.
11	Total support. Add lines 7 through 10						158,075,258.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	559,265.
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2010 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	77.37 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	83.77 %
	33 1/3% support test - 2010.If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoonup X
b	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			<b></b> ▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
				,,,	•	dule A (Form 990	

032022 12-21-10

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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		
<b>1</b> Gifts, grants, contributions, and		, ,	. ,	` '	,	.,		
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions,								
merchandise sold or services per-								
formed, 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-								
ization'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								
· · · · ·								
<b>6 Total.</b> Add lines 1 through 5								
3 received from disqualified persons								
<b>b</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								
c Add lines 7a and 7b								
8 Public support (Subtract line 7c from line 6.)  Section B. Total Support								
	(-) 0000	(1-) 0007	(-) 0000	(-I) 0000	(-) 0040	(6) T-+-1		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total		
9 Amounts from line 6								
dividends, payments received on								
securities loans, rents, royalties								
and income from similar sources								
<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								
12 Other income. Do not include gain or loss from the sale of capital								
assets (Explain in Part IV.)								
<b>13</b> Total support (Add lines 9, 10c, 11, and 12.)								
<b>14</b> First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,		
check this box and stop here						<b>&gt;</b>		
Section C. Computation of Public					г г			
15 Public support percentage for 2010 (lin					15	%		
16 Public support percentage from 2009					16	<u>%</u>		
Section D. Computation of Inves					I. <b>.</b> I			
7 Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f))								
Investment income percentage from 2009 Schedule A, Part III, line 17								
19a 33 1/3% support tests - 2010. If the c	-							
more than 33 1/3%, check this box an								
<b>b 33 1/3</b> % <b>support tests - 2009.</b> If the o	-							
line 18 is not more than 33 1/3%, chec			•		•			
20 Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	<u></u> ▶∟		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010** 

Organization type (Check one).								
Filers of	:	Section:						
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
General	Rule	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one page Parts Land II						
Special								
	509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (1)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	aggregate contribu	)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, tions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.						
	contributions for us If this box is checked purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively to the contributions of \$5,000 or more during the year.						

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

#### NEW ISRAEL FUND

94-2607722

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 15,005,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$ 2,345,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$1,130,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$1,020,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

of Part

Name of organization

Employer identification number

#### NEW ISRAEL FUND

94-2607722

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (2010)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization Employer identification number

	RAEL FUND			94-2607722		
Part III	Exclusively religious, charitable, etc., more than \$1,000 for the year. Comple Part III, enter the total of exclusively relig \$1,000 or less for the year. (Enter this in	ete columns (a) through (e) and the gious, charitable, etc., contributions	following line entry. For org	ganizations aggregating ganizations completing		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		ption of how gift is held		
		(e) Transfer of gift	:			
-	Transferee's name, address,	and ZIP + 4	Relationship of trans	sferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
-		(e) Transfer of gift				
	Transferee's name, address,		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
		(e) Transfer of gift	of gift			
-	Transferee's name, address,	and ZIP + 4	Relationship of trans	sferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
		(e) Transfer of gift	:			
-	Transferee's name, address,	and ZIP + 4	Relationship of trans	sferor to transferee		
1						

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
		AEL FUND			94-2607722
Pa	art I-A Complete if the org	ganization is exempt unde	er section 501(c) o	or is a section 527 o	rganization.
2 3	Provide a description of the organize Political expenditures Volunteer hours			▶\$	
_		ganization is exempt unde			
1	Enter the amount of any excise tax	incurred by the organization under	er section 4955		i
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				Yes I No
	o If "Yes," describe in Part IV.  art I-C   Complete if the org	rani-ation is avament unde	wastien FO1/s)	avaant aaatian E01	(-)(0)
		•		<u> </u>	. , , ,
	Enter the amount directly expended				·
2	Enter the amount of the filing organ		•		
_	exempt function activities				
3	Total exempt function expenditures		,	•	
4	line 17b	4400 DOL for this was 2			Yes No
	Did the filing organization file Form				
5	Enter the names, addresses and er made payments. For each organiza				
	contributions received that were pr				
	political action committee (PAC). If			•	are eeg, egarea rama er a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

032041 02-02-11

Schedule C (Form 990 or 990-EZ) 2010	Part II-A   Complete if the organization is exempt under section 501(c)(3) and filed Form 5768								
	(election under section 501(h)).								
<u> </u>									
Check   if the filing organization belongs to an affiliated group.  Check   if the filing organization checked box A and "limited control" provisions apply.									
B Check ▶ ☐ if the filing organiza	ition checked box A a	nd "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated group				
	Limits on Lobbying Expenditures								
(The term "expend	ditures" means amou	unts paid or incurred.)		organization's totals	totals				
1a Total lobbying expenditures to infl	uence public opinion (	(grass roots lobbying)		122,010.					
<b>b</b> Total lobbying expenditures to influ				425,500.					
c Total lobbying expenditures (add li				547,510.					
<b>d</b> Other exempt purpose expenditure				30167997.					
e Total exempt purpose expenditure				30715507.					
f Lobbying nontaxable amount. Enter				1,000,000.					
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:						
Not over \$500,000	20% of	the amount on line 1e.							
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.						
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.						
Over \$17,000,000	\$1,000,	000.							
				250 000					
g Grassroots nontaxable amount (er	,			250,000.					
h Subtract line 1g from line 1a. If zer				0.					
i Subtract line 1f from line 1c. If zero	,	Para di alla de la comunica	-ti 1700	0.					
j If there is an amount other than ze		· ·		Γ	□vaa □ Na				
reporting section 4911 tax for this	•	eraging Period Under			Yes No				
(Some organiz		section 501(h) election		olete all of the five					
		e instructions for line							
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period						
Colondar year									
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total				
(e									
	1 000 000	1 000 000	1 000 000	1 000 000	4 000 000				
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
<b>b</b> Lobbying ceiling amount					6 000 000				
(150% of line 2a, column(e))					6,000,000.				
a Tatal lablacing are as 49 mas	575,250.	329,000.	600,000.	547,510.	2,051,760.				
c Total lobbying expenditures	3/3,230.	349,000.	000,000.	J#1,JIU•	<u> </u>				
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
e Grassroots ceiling amount					,,				
· ·					1,500,000.				
(150% of line 2d, column (e)) 1,500,000									

Schedule C (Form 990 or 990-EZ) 2010

# Schedule C (Form 990 or 990-EZ) 2010 NEW ISRAEL FUND 94-260772 | Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a	a)	(b)	
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(=)		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	)(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."	t III-A, li	ne 3 is a	nswered	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an	d Part II-B,	line 1i. Also	, complete	this part
or ar	ny additional information.				

#### **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 94-2607722

Pai	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line 6		inas or A	ccounts. (	Complete if t	he
	organization answered Tes to Form 990, Falt IV, III e	(a) Donor advised funds	(k	) Funds and	other accou	ints
1	Total number at end of year		26	<u> </u>		
2	Aggregate contributions to (during year)	8,777,00	3.			
3	Aggregate grants from (during year)	8,317,179				
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in wri			ds.		
_	are the organization's property, subject to the organization's ex	_			X Yes	☐ No
6	Did the organization inform all grantees, donors, and donor adv					
•	for charitable purposes and not for the benefit of the donor or o			-		
				-	X Yes	☐ No
Pai	rt II Conservation Easements. Complete if the organ				100	
1	Purpose(s) of conservation easements held by the organization					
•	Preservation of land for public use (e.g., recreation or edu		n historically	/ important l	and area	
	Protection of natural habitat	Preservation of a				
	Preservation of open space		. cortinoa me			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the	form of a co	nservation e	asement on t	the last
_	day of the tax year.		101111 01 4 00	noorvation o		ino idot
	day of the tax year.		ſ	Held a	t the End of th	e Tax Year
а	Total number of conservation easements		f	2a		
b				2b		
c	Number of conservation easements on a certified historic struc			2c		
	Number of conservation easements included in (c) acquired aft					
ŭ	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release				n the tax	
_	year ▶		, o. ga		9 11.10 10.01	
4	Number of states where property subject to conservation ease	ment is located ▶				
5	Does the organization have a written policy regarding the period	• -	a of			
	violations, and enforcement of the conservation easements it h	• • •	•		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar					
7	Amount of expenses incurred in monitoring, inspecting, and en			-		
8	Does each conservation easement reported on line 2(d) above					-
	and section 170(h)(4)(B)(ii)?		. , . , .		Yes	☐ No
9	In Part XIV, describe how the organization reports conservation				lance sheet,	and
	include, if applicable, the text of the footnote to the organizatio	·				
	conservation easements.		J		· ·	
Paı	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, o	or Other S	Similar As	sets.	
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue s	tatement an	d balance sl	neet works o	f art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in fur	therance of <sub>l</sub>	public servic	e, provide, in	Part XIV,
	the text of the footnote to its financial statements that describe	es these items.				
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue state	ment and ba	alance sheet	works of art	, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance o	of public ser	vice, provide	the following	g amounts
	relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1			<b>&gt;</b> \$		
	mn			<b>&gt;</b> \$		
2	If the organization received or held works of art, historical treas			orovide		
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:				
а	Revenues included in Form 990, Part VIII, line 1	· -		<b>&gt;</b> \$		
	Assets included in Form 990, Part X			<b>&gt;</b> \$		

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Schedule D (Form 990) 2010

	t III Organizations Maintaining C		t, Historical Tr	easures, or	Other			ts (conti		<u> </u>
3	Using the organization's acquisition, accession		•	•				· ·		
	(check all that apply):	,	-,,		9					
а	Public exhibition	d	Loan or exc	hange programs	3					
b	Scholarly research	e	Other	9-  9						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further t	he organization'	s exemp	ot purpo	ose in Par	t XIV.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang							line 9, or		
	reported an amount on Form 990, Par		· ·							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributior	ns or other asset	s not inc	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fol	lowing table:							
								Amount		
С	Beginning balance					1c				_
	Additions during the year					1d				_
	Distributions during the year					1e				
	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				L	Yes		No
b	If "Yes," explain the arrangement in Part XIV.									
Pai	t V Endowment Funds. Complete if	the organization and	swered "Yes" to Fo	rm 990, Part IV,	line 10.					
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three y	ears back/	(e) Four	years b	ack
1a	Beginning of year balance	5,988,416.	6,370,099.							
b	Contributions	422,391.		-207,6	517.					
С	Net investment earnings, gains, and losses	118,193.	453,529.	-2,355,7	726.					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	3,807,823.	835,212.							
f	Administrative expenses	207,490.		38,2						
g	End of year balance	2,513,687.	5,988,416.	6,370,0	99.					
2	Provide the estimated percentage of the year		s:							
а	Board designated or quasi-endowment	.00	_%							
b	Permanent endowment ► 94.00	%								
	Term endowment ▶ 6.00 9									
3а	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	and administered	for the	organiz	zation	_	-	
	by:									No
	(i) unrelated organizations							3a(i)		X
								3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations							. 3b		
<u>4</u>	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm		i							
	Description of investment	(a) Cost or ot basis (investm		or other (other)	(c) Accı depre	umulate ciation		(d) Book	value	
1a	Land									
	Buildings									
	Leasehold improvements			0,543.		3,2		-	7,24	. 8 ·
	Equipment			7,800.	1,19	6,9	60.	310	,84	.0.
е	Other			6,356.	41	.7,5	70.	28	3,78	6.
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part 2	X, column (B), line 1	10(c).)				346	5,87	4.

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	<b>(b)</b> Book value		ethod of valuation: nd-of-year market value
(A) E:			
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other			
(A) ALTERNATIVE INVESTMENTS	8,156,646.	END-OF-YEAR	MARKET VALUE
(B)	0/130/0101	LIVE OF TERM	IIIIIIII VIIIOI
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	8,156,646.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) M	ethod of valuation: nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			1
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		<b>N</b>
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2) LIABILITY UNDER TRUST AGR	EEMENT	57,373.	
(3) DEFERRED RENT		17,926.	
(4) DUE TO RELATED ORGANIZATION	ON	103,830.	
(5) ANNUITY PAYABLE		175,585.	
(6)			
(7)			
(8)			
(9)			
(10)			
(11)		254 544	
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to	25.)	354,714.	liability for uncertain tax positions under
2. FIN 48 (ASC 740).	-		•

2. FIN 4 032053 12-20-10

Schedule D (Form 990) 2010

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Finan	cial S	tatem	ent	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			38,223,882.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			30,715,507
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			7,508,375
4	Net unrealized gains (losses) on investments			4			1,141,335
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			1,141,335
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9		10			8,649,710
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Reve	nue p	er Ret	urn	
1	Total revenue, gains, and other support per audited financial statements				L	1	39,542,675
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	1,14				
b	Donated services and use of facilities	2b	8	4,6	38.		
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d	9	2,8	20.		
е	Add lines 2a through 2d				2	<u>2e</u>	1,318,793
3	Subtract line 2e from line 1					3	38,223,882
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					_
С	Add lines 4a and 4b				4	łc	0.
5						5	38,223,882.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme					etu	
1	Total expenses and losses per audited financial statements					1	30,892,965
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•				
	Donated services and use of facilities		8	4,6	38.		
	Prior year adjustments						
	Other losses						
	Other (Describe in Part XIV.)			2,8			177 450
е	Add lines 2a through 2d					<u>2e</u>	177,458
3	Subtract line 2e from line 1					3	30,715,507
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b				_		
	Other (Describe in Part XIV.)	4b			_		0
	Add lines 4a and 4b					łc	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	30,715,507.
	rt XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III						
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp RT V, LINE 4: CORPUS AND EARNINGS OF/FROM (						information.
LVI	(1 V, DINE 4: CORPOS AND EARNINGS OFFROM C	SOVPI	. AND	LIIKI	ATCATA	IN T	
E:NI	DOWMENT FUNDS ARE USED AS STIPULATED BY DON	JORS	יום חיי	ואידאו	ZR N	ТF	'S MISSION.
	DOWNER TONDS THE ODES HE STITUTED BY DOI	10110	10 10				B HIBBION.
SOI	ME FUNDS, WHEN RELEASED FROM PERMANENT REST	rricī	ION.	ARE	USE	D I	FOR GENERAL
SUI	PPORT, DIRECT PROGRAM EXPENSES OR GRANTS TO	ORG	ANIZA	TIOI	NS.		
	·						
_							
PAI	RT X, LINE 2: IN JUNE 2006, THE FINANCIAL A	ACCOU	NTING	ST	ANDA:	RDS	S BOARD
(F	ASB) RELEASED FASB ASC 740-10, INCOME TAXES	S, TH	IAT PR	OVI	DES (	GU:	IDANCE FOR

032054 12-20-10

REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31,

#### 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.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

NEW ISRAEL FUND 94-2607722 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the X Yes grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region MIDDLE EAST AND GENERAL AND ADMINISTRATIVE NORTH AFRICA 32 1,396,254. MIDDLE EAST AND NORTH AFRICA 9 GRANTS 16,479,487. SHATIL PROVIDES NONPROFIT ORGANIZATIONS MIDDLE EAST AND WITH CONSULTING AND TRAINING IN NORTH AFRICA 203 PROGRAM SERVICES - SHATIL 5,736,861. MIDDLE EAST AND PUBLIC RELATIONS AND NORTH AFRICA GENERAL PROGRAM SERVICES SPECIAL PROJECTS. 1,109,127. 3 a Sub-total 248 24,721,729. **b** Total from continuation 0 0. sheets to Part I .....

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SEE PART V FOR COLUMN (E) DESCRIPTIONS

248

Schedule F (Form 990) 2010

032071

c Totals (add lines 3a

and 3b)

24,721,729.

			NORTH AFRICA	JUSTICE	347113.	BANK WIRE	0	
2	Enter total number of	ecipient organization	ns listed above that are	recognized as charities by the	foreign country,	recognized as tax-e	exempt by	
	the IRS, or for which the	ne grantee or counse	el has provided a sectio	n 501(c)(3) equivalency letter				 24
3	Enter total number of	other organizations o	or entities				<b>&gt;</b>	

HUMAN RIGHTS/SOCIAL

MIDDLE EAST AND

Port II		A:	ation of the Control	11-2-20-1	(O-ll-1, 5.75 - 1	00) D	4\	ray <del>c</del> z
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9			
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash	of non-cash assistance	valuation (book, FMV, appraisal, other)
	, , ,		g	J		assistance	assistance	appraisai, otner)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	301947.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	300343	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	300343.	DANK WIKE	٠.		_
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	287500.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	285842.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	274000	BANK WIRE	0.		
			1	272000.				
		MIDDLE EAST AND	HIMAN DICHMC/COCTAI					
			HUMAN RIGHTS/SOCIAL	260463	DANK MIDE			
		NORTH AFRICA	JUSTICE	269463.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	238716.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	220000.	BANK WIRE	0.		
								1
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	208300	BANK WIRE	0.		
		MOKIN AFRICA	hostice	200300.	PUNY MIKE	<u> </u>		

Scriedule i (i omii 990)		DIGILL I GIVE						raye z
Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV,
	= = ( app.,sab(o)		9.3110	- caeri grant	- I I I I I I I I I I I I I I I I I I I	assistance	assistance	appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL		L			
		NORTH AFRICA	JUSTICE	203331.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	188730.	BANK WIRE	0.		
				100700.		· ·		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	159000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	152540.	BANK WIRE	0.		
		MIDDLE EAST AND	HIMAN DIGUMG/GOGIAI					
		NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	137500	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	137300.	DANK WIKE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	121800.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	120000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL	120000				
		NORTH AFRICA	JUSTICE	120000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	115000.	BANK WIRE	0.		

Bort II		A:	ation of the Control	11-2-20-1	(O-lea-dule 5 / 5 - 2	000) D	4\	ray <del>e</del> z
	t Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9 T			1
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash	of non-cash assistance	valuation (book, FMV, appraisal, other)
	, , , ,		g	J		assistance	assistance	appraisai, otner)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	110700.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	110098	BANK WIRE	0.		
		NORTH MIRICH	SOBILED	110050.	DINK WIKE	••		
		(TDDI						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL		L			
		NORTH AFRICA	JUSTICE	110000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	110000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	106000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	105332	BANK WIRE	0.		
		NORTH MIRICH	SOBILED	103332.	DINK WIKE	••		
		(TDDI						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL		L			
		NORTH AFRICA	JUSTICE	105000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	105000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	104100.	BANK WIRE	0.		
			1	·		·		

Bort II		A:	ation of the Control	11-2-20-1	(O-lea-dule 5 / 5 - 2	000) D	4\	ray <del>c</del> z
	t Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9 T			1
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash	of non-cash assistance	valuation (book, FMV, appraisal, other)
	, , , ,		g	J		assistance	assistance	appraisai, otner)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	104000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	102000	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	102000.	DANK WIKE	٥.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	100210.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	100000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	100000	BANK WIRE	0.		
			1					
		MIDDLE EAST AND	HIMAN DICHMC/COCTAI					
			HUMAN RIGHTS/SOCIAL	100000	DANK WIDE			
		NORTH AFRICA	JUSTICE	100000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	100000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	100000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	100000	BANK WIRE	0.		
		MORIN AFRICA	POSITOR	1 100000.	PUNY MIVE	<u> </u>		

Scriedule i (i omi 990)		DIGILL I GIVE						raye z
Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						400.014.100	400,014,100	арр: alean, отнегу
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	96,210.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	92,625.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	92,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	90,915.	BANK WIRE	0.		
		WIDDIE ENGE NID	WINAN DIGUMG/GOGIAI					
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	90 000	BANK WIRE	0.		
		NORTH AFRICA	DUSTICE	30,000.	DANK WIKE	· ·		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	90,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL		L			
		NORTH AFRICA	JUSTICE	88,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	85,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	80,500.	BANK WIRE	0.		

Part II Continuation of		Assistance to Oursein	ations on Futition Contains	Linite of Ot-1	(Calcadula E /E C	000\ David II III -	4)	raye <b>z</b>
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	united States.	. (Schedule F (Form 9			1
1	(b) IRS code section	(a) D	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
	· · · · /					assistance	assistance	appraisai, otrier)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	78,000.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	77 500	BANK WIRE	0.		
		NORTH AFRICA	BOSTICE	17,300.	DANK WIKE	٠.		
		L						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	75,500.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	75,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	74 000	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	74,000.	DANK WIKE	0.		
		l	L					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	73,500.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	72,500.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	72 000	BANK WIRE	0.		
		NORTH APRICA	POSITOR	72,000.	DIMIN MINE	0.		
		L						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	70,000.	BANK WIRE	0.		

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Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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)
						400.014.100	400,014,700	appraisally surely
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	70,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	66,800.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	66,667.	BANK WIRE	0.		
				, -				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	64,000.	BANK WIRE	0.		
		MIDDLE EXCE AND	HIMAN DIGUMG/GOGIAI					
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	62 826	BANK WIRE	0.		
		NORTH AFRICA	DUSTICE	02,020.	DANK WIKE	· ·		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	62,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL	64 500	L			
		NORTH AFRICA	JUSTICE	61,500.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	60,921.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	60,904.	BANK WIRE	0.		

Part II Continuation of		A:		Harte of Otal	(O-11-1- E /E	00) D-+	4\	ray <del>c</del> z
	T Grants and Other	Assistance to Organiz	ations or Entities Outside the	united States.	. (Schedule F (Form 9			1
1	(b) IRS code section	(a) Dender	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
	` ' ' '		<u> </u>			assistance	assistance	appraisai, otrier)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	58,500.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	58 110.	BANK WIRE	0.		
				, , , , , , ,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	E 6 3 5 0	DANK WIDE	0.		
		NORTH AFRICA	DOSTICE	36,330.	BANK WIRE	0.		
		l						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL			_		
		NORTH AFRICA	JUSTICE	55,301.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	55,132.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	51,500.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	50 000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
				10 610	DANK MIDE	0.		
		NORTH AFRICA	JUSTICE	49,010.	BANK WIRE	0.		
		L						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL		L	_		
		NORTH AFRICA	JUSTICE	47,299.	BANK WIRE	0.		

Part II Continuation o	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)										
1 (a) Name of organization	<b>(b)</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)			
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL								
		NORTH AFRICA	JUSTICE	45,376.	BANK WIRE	0.					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL								
		NORTH AFRICA	JUSTICE	45,000.	BANK WIRE	0.					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL								
		NORTH AFRICA	JUSTICE	45,000.	BANK WIRE	0.					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL								
		NORTH AFRICA	JUSTICE	43,374.	BANK WIRE	0.					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL								
		NORTH AFRICA	JUSTICE	42,300.	BANK WIRE	0.					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL								
		NORTH AFRICA	JUSTICE	42,184.	BANK WIRE	0.					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL								
		NORTH AFRICA	JUSTICE	40,100.	BANK WIRE	0.					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL								
		NORTH AFRICA	JUSTICE	40,000.	BANK WIRE	0.					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL								
		NORTH AFRICA	JUSTICE	40,000.	BANK WIRE	0.					

Port II		A:	-E	11-3-20-1	(O-11-1- E /E - 2	00) D	1)	ray <del>e</del> z
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9 T			1
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash	of non-cash	valuation (book, FMV,
	, , ,		g	J		assistance	assistance	appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	40,000.	BANK WIRE	0.		
				<u> </u>				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	20 066	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	30,000.	DANK WIKE	0.		
		l						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	38,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	36,775.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	35 975	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	33,373.	DANK WIKE	٠.		
		L						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL			_		
		NORTH AFRICA	JUSTICE	34,630.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	34,362.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	34 000.	BANK WIRE	0.		
		MIDDLE EAST AND	HIIMAN DIGUMS/SOCIAT					
			HUMAN RIGHTS/SOCIAL	22.000	DANIK MIDE			
		NORTH AFRICA	JUSTICE	33,000.	BANK WIRE	0.		

Port II		A:	ation of the Control	11-2-20-1	(O-lea-dule 5 / 5 - 2	000) D	4\	ray <del>e</del> z
	t Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9 T			1
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash	of non-cash	valuation (book, FMV,
	( р р )		g.a	or calori grains		assistance	assistance	appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	32,283.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	32 250	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	32,230.	DANK WIKE	٠.		
		l						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	32,169.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	32,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	32 000	BANK WIRE	0.		
			1	02,000.				
		MIDDIE EXCE AND	HIMAN DICHMC/COCTAI					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL	22 000	DANK WIDE			
		NORTH AFRICA	JUSTICE	32,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	31,500.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	31,500.	BANK WIRE	0.		
				, , , , , , , , , , , , , , , , , , ,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	30 554	BANK WIRE	0.		
		MORITA AFRICA	POSITOR	1 30,334.	PUNY MIVE	<u> </u>		

Part II Continuation of		Assistance to Ouronia	ations on Entities October 11	Linite of Ot-1	(Calcadula E /E C	000) David II III - 3	4\	raye <b>z</b>
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	united States.	. (Schedule F (Form 9			1
1	(b) IRS code section	(a) Dender	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
	, , , ,					assistance	assistance	appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	30,100.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	30,000.	BANK WIRE	0.		
				,		-		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	30 000	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	30,000.	DANK WIKE	٥.		
		(TDDI						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL		L			
		NORTH AFRICA	JUSTICE	30,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	30,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	30,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	29,800.	BANK WIRE	0.		
				<u>'</u>				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	29 107	BANK WIRE	0.		
		101111111111111111111111111111111111111	P 001101	25,107.	, , , , , , , , , , , , , , , , , , ,	•••		
		MIDDIE EXCE VAL	HIMAN DIGUMG/GOGTAT					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL	20.000	DANIK MIDE			
		NORTH AFRICA	JUSTICE	<u> </u>	BANK WIRE	0.		

Dort II C .: .:		A O .		11 11 1 21 1	(0	100) D : " "	1)	ray <del>e</del> z
	t Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV,
(w) Name of organization	and EIN (if applicable)	(o) region	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	29,000.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	28,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL	00.000	DANK MEET	_		
		NORTH AFRICA	JUSTICE	28,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	27,426.	BANK WIRE	0.		
				,		-		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	27,250.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL		L			
		NORTH AFRICA	JUSTICE	27,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	27 000.	BANK WIRE	0.		
				1				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	26,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25,970.	BANK WIRE	0.		

Port II		A:	ation of the Control	11-2-20-1	(O-lea-dule 5 / 5 - 2	000) D	4\	ray <del>c</del> z
	t Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9 T			1
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash	of non-cash	valuation (book, FMV,
	, , , ,		g	J		assistance	assistance	appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25,000.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25 000	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	25,000.	DANK WIKE	٥.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25 000	BANK WIRE	0.		
			1	20,000.				
		MIDDIE EXCE AND	HUMAN RIGHTS/SOCIAL					
		MIDDLE EAST AND		25 000	DANK WIDE			
		NORTH AFRICA	JUSTICE	25,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25 000	BANK WIRE	0.		
		routh mater	P 0 0 1 1 C 1	23,000.	PINT WINE	<u>'''</u>		

Port II		A:	ation of the Control	11-2-20-1	(O-lea-dule 5 / 5 - 2	000) D	4\	ray <del>e</del> z
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9 T			1
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash	of non-cash	valuation (book, FMV,
	, , ,		g	J		assistance	assistance	appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25,000.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25 000	BANK WIRE	0.		
		NORTH MIRICH	SOBILED	23,000.	DINK WIKE	••		<del> </del>
		l						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL			_		
		NORTH AFRICA	JUSTICE	25,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25,000.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	25 000	BANK WIRE	0.		
		NORTH MIRICH	SOBILED	23,000.	DINK WIKE	••		<del> </del>
		(TDDI						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL		L			
		NORTH AFRICA	JUSTICE	24,907.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	23,336.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	23,100.	BANK WIRE	0.		
			1	, ,		·		1

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Part II   Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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)
								, , ,
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	22,902.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL	22.600	DANK WIDE			
		NORTH AFRICA	JUSTICE	22,600.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	22,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL			_		
		NORTH AFRICA	JUSTICE	22,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	21,400.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	21,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	21 000.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	20,447.	BANK WIRE	0.		
		MIDDLE EXCE AND	HIMAN DIGUMG/GOGZAI					
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	20 130	BANK WIRE	0.		
		MONTH AFRICA	POSITCE	20,130.	PUNY MIYE	<u>۰</u> ۰۱		

Scriedule i (i omi 990)		DIGIEL TOND				_		ray <del>c</del> z
Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			-	_		assistance	40010141100	appraisal, strict)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	20,018.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	20,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	20 000	BANK WIRE	0.		
				20,000.				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	20,000.	BANK WIRE	0.		
		L						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL JUSTICE	20 000	BANK WIRE	0.		
		NORTH AFRICA	DUSTICE	20,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	20,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	20,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	20,000.	BANK WIRE	0.		
				, -				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	20,000.	BANK WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</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	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	20,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	19,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	18,942.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	18,420.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	18,000.	BANK WIRE	0.		
				,				
		MIDDLE ENGE AND	HINAN DIGUMG/GOGIAI					
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	17.825.	BANK WIRE	0.		
				,				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	17 060.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	17 000	BANK WIRE	0.		
				17,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			+
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	16 250	BANK WIRE	0.		
		MORTH AFRICA	POSITCE	10,230.	DUMY MIVE	<u>۰</u> ۰		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	
1 (b) IRS code section and EIN (if applicable) (c) Region (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)
	<del></del>
MIDDLE EAST AND HUMAN RIGHTS/SOCIAL	
NORTH AFRICA JUSTICE 15,900.BANK WIRE 0.	
NATURAL TRACTION AND WINAM PROVINCE (COCTA)	
MIDDLE EAST AND HUMAN RIGHTS/SOCIAL  NORTH AFRICA JUSTICE 15,344.BANK WIRE 0.	
NORTH AFRICA DUSTICE 13,344.BARK WIRE 0.	
MIDDLE EAST AND HUMAN RIGHTS/SOCIAL	
NORTH AFRICA JUSTICE 15,161.BANK WIRE 0.	
Land to the second seco	
MIDDLE EAST AND HUMAN RIGHTS/SOCIAL  NORTH AFRICA JUSTICE 15,125.BANK WIRE 0.	
NORTH AFRICA SUSTICE 13,123.DAM WIRE 0.	
MIDDLE EAST AND HUMAN RIGHTS/SOCIAL	
NORTH AFRICA JUSTICE 14,963.BANK WIRE 0.	
LITTER THE WIND WINDS COURT (SOUTH	
MIDDLE EAST AND HUMAN RIGHTS/SOCIAL  NORTH AFRICA JUSTICE 14,581.BANK WIRE 0.	
NORTH AFRICA DUSTICE 14,501.BANK WIRE 0.	
MIDDLE EAST AND HUMAN RIGHTS/SOCIAL	
NORTH AFRICA JUSTICE 14,581.BANK WIRE 0.	
MIDDLE EAST AND HUMAN RIGHTS/SOCIAL  NORTH AFRICA JUSTICE 14.518.BANK WIRE 0.	
NORTH AFRICA JUSTICE 14,518.BANK WIRE 0.	
MIDDLE EAST AND HUMAN RIGHTS/SOCIAL	
NORTH AFRICA JUSTICE 14,340.BANK WIRE 0.	

								rage <b>z</b>
Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	13,195.	BANK WIRE	0.		
			WINDLE DEGUME (GOGETE					
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	12 500	BANK WIRE	0.		
		NORTH AFRICA	DUSTICE	12,300.	DANK WIKE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	12,299.	BANK WIRE	0.		
		L						
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	12 000	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	12,000.	DANK WIKE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	11,000.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	10 500	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	10,500.	DANK WIKE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL JUSTICE	10 000	DANK MIDE	0.		
		NORTH AFRICA	DOSTICE	10,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10,000.	BANK WIRE	0.		

Port II		A:	ation of the Control	11-2-20-1	(O-lea-dule 5 / 5 - 2	000) D	4\	ray <del>e</del> z
	T Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9 T			1
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash	of non-cash assistance	valuation (book, FMV,
	( арр)		g.a	or calori grains		assistance	assistance	appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10,000.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10 000	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	10,000.	DANK WIKE	٠.		
		l						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10 000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
				10 000	DANK WIDE			
		NORTH AFRICA	JUSTICE	10,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10 000	BANK WIRE	0.		
		F	<u> </u>	1 10,000.	P 11-11-11	<u>۰۰۱</u>		L

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	T Grants and Other	Assistance to Organiz	ations or Entities Outside the	united States.	(Schedule F (Form 9			<del></del>
1	(b) IRS code section	(a) Dender	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			, ,		assistance	assistance	appraisai, otrier)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10 000	BANK WIRE	0.		
		NORTH MIRICH	SOBTICE	10,000.	DINK WIKE	•		
		l	L					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL			_		
		NORTH AFRICA	JUSTICE	10,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	10,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	9 000.	BANK WIRE	0.		
				, , , , ,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	9 000	BANK WIRE	0.		
		NORTH AFRICA	DUSTICE	3,000.	DANK WIKE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	8,978.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	8,250.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	8 057	BANK WIRE	0.		
		ronin minica	P-2211011	0,037.	DIMIN MINE	٠,		

Port II		A:			(O-ll-l- E /E	00) D-+	4\	ray <del>c</del> z
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	united States.	. (Scheaule F (Form 9			
1	(b) IRS code section	(a) Dender	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
	, , , ,					assistance	assistance	appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	8,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	8.000.	BANK WIRE	0.		
				,		-		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	8 000	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	8,000.	, DANK WIKE	٥.		_
		(TDDI						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL		L			
		NORTH AFRICA	JUSTICE	8,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	7,960.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	7,920.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	7,884.	BANK WIRE	0.		
				<u>'</u>				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	7 504	BANK WIRE	0.		
		101111111111111111111111111111111111111	P 001101	7,304.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••		+
		MIDDLE EXCM AND	HIMAN DICHES (COCTAT					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL	7 500	DANK MIDE			
		NORTH AFRICA	JUSTICE	/,500.	BANK WIRE	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	<b>(b)</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)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	7,400.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	7,078.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	7,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	6,992.	BANK WIRE	0.		_
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	6 979	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	0,070.	DANK WIKE	0.		
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	6,730.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	6,500.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	6,455.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	6,350.	BANK WIRE	0.		

Port II		A:	ation of the Control	11-2-20-1	(O-lea-dule 5 / 5 - 2	000) D	4\	ray <del>c</del> z
	t Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9 T			
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant		cash disbursement	non-cash	of non-cash	valuation (book, FMV,
	, , ,		g	J		assistance	assistance	appraisal, other)
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	6,000.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	6 000	BANK WIRE	0.		
		NORTH AFRICA	DOSTICE	0,000.	DANK WIKE	٠.		
		l						
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	6,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	6,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	5 950	BANK WIRE	0.		
			1	5,555.				
		MIDDIE EXCE AND	HIMAN DICHMC/COCTAI					
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL	F 603	DANK WIDE			
		NORTH AFRICA	JUSTICE	5,693.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	5,500.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	5,000.	BANK WIRE	0.		
				, , , , , , , , , , , , , , , , , , ,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	5 000	BANK WIRE	0.		
		MORIN AFRICA	POSITOR	3,000.	PUNY MIVE	<u> </u>		

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	t Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	. (Schedule F (Form 9			
1 (a) Name of organization	<b>(b)</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)
								1 , , ,
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	5,000.	BANK WIRE	0.		
			HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	5,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	5 000.	BANK WIRE	0.		
				,,,,,,,		-		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	5,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	5,000.	BANK WIRE	0.		
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	5,000.	BANK WIRE	0.		
				,				
		MIDDLE EAST AND	HUMAN RIGHTS/SOCIAL					
		NORTH AFRICA	JUSTICE	5,000.	BANK WIRE	0.		
		MIDDIE EXCU XVID	UIIMAN DICUME/COCIAI					
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS/SOCIAL JUSTICE	5 000	BANK WIRE	0.		
		MONTH AFRICA	PODITOR	3,000.	DIMIN MINE	0.		

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) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region cash grant recipients cash disbursement non-cash non-cash assistance assistance

### Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: GRANTS MONITORING AND EVALUATION:

NIF CONSIDERS ITS GRANTEES AS PARTNERS IN ACHIEVING SOCIAL CHANGE, AND

WORKS TO CULTIVATE PROFESSIONAL RELATIONSHIP BASED ON MUTUAL TRUST, AND

OPENNESS WITH THEM. HOWEVER, IN ORDER TO MONITOR AND EVALUATE THEIR

ACTIVITIES THE FOLLOWING MEASURES ARE TAKEN:

- 1) GRANT AGREEMENT: UPON BOARD APPROVAL, EACH GRANTEE RECEIVES A GRANT
  AGREEMENT LETTER, SIGNED BY NIF EXECUTIVE DIRECTOR IN ISRAEL. THE LETTER
  STIPULATES THE GRANT PERIOD, AMOUNT AND PURPOSE (GENERAL SUPPORT,
  FUNDRAISING EXPENSES OR A SPECIFIC PROJECT), AS WELL AS NIF FORMAL AND
  LEGAL REQUIREMENTS. ANY VIOLATION OF THESE REQUIREMENTS MAY SERVE AS
  CAUSE FOR WITHHOLDING GRANT FUNDS, UNTIL GRANT STAFF COMPLETES A THOROUGH
  INVESTIGATION AND IS SATISFIED WITH THE RESOLUTION OF THE MATTER AT HAND
  (SEE BELOW).
- 2) SEMI-ANNUAL FINANCIAL AND ACTIVITY REPORTS: GRANT PAYMENTS ARE MADE

  TWICE TO FOUR TIMES A YEAR, DEPENDING ON THE GRANT AMOUNT. TO RECEIVE

  PAYMENTS GRANTEES ARE REQUIRED TO SUBMIT: 1) AN ORGANIZATIONAL

  DEVELOPMENT REPORT; 2) A FINANCIAL REPORT OF THE PREVIOUS FISCAL YEAR,

  AUDITED BY A CERTIFIED ACCOUNTANT OR BY THE ORGANIZATION'S AUDIT

  COMMITTEE, AND SIGNED BY TWO AUTHORIZED SIGNATORIES OF ITS BOARD; AND 3)

  AN ACTIVITY AND PROGRESS REPORT. EACH GRANTS STAFF MEMBER REVIEWS THE

  REPORTS SUBMITTED BY GRANTEES THAT ARE ON HIS/HER CASELOAD. GRANTS STAFF

  MAY CHOOSE TO CONTACT THE ORGANIZATION AND ASK FOR CLARIFICATIONS,

  FURTHER INFORMATION, OR EXPLANATIONS CONCERNING THE REPORTS. AT LEAST

  ONCE PER YEAR THE GRANTS STAFF MAKES A SITE VISIT TO EACH ORGANIZATION.

PAYMENTS ARE APPROVED AND RELEASED ONLY AFTER THE ALLOCATED GRANTS STAFF

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

MEMBER IS FULLY SATISFIED BY THE REPORTS AND INFORMATION PROVIDED BY THE GRANTEE.

- 3) ORIENTATION WORKSHOPS: NIF HOLDS PERIODIC ORIENTATION SESSIONS FOR

  NEW AND/OR VETERAN GRANTEES. IN ADDITION TO RECEIVING A COMPREHENSIVE

  OVERVIEW OF NIF'S VISION AND ACTIVITIES, PARTICIPANTS ARE GIVEN AN

  OPPORTUNITY TO MEET WITH NIF SENIOR AND DEVELOPMENT STAFF, AS WELL AS

  REVIEW NIF GRANTS POLICIES AND MECHANISMS WITH THE NIF GRANTS STAFF.
- 4) SITE VISITS: NIF GRANTS AND DEVELOPMENT STAFF OFTEN PAY SITE VISITS TO

  GRANTEES, AS PART OF OVERSEAS OR LOCAL STUDY TOURS, DONOR VISITS, ETC.

  NIF STAFF ARE OFTEN INVITED TO SPEAK AT AND PARTICIPATE IN CONFERENCES,

  WORKSHOPS AND OTHER PUBLIC EVENTS HELD BY GRANTEES.
- 5) PERIODIC REPORTS TO FUNDERS: NIF DEVELOPMENT AND DONOR SERVICES STAFF
  REVIEW ORGANIZATIONAL PROGRESS AND ACTIVITIES ON A REGULAR BASIS, FOR THE
  PURPOSE OF REPORTING TO INSTITUTIONAL, AS WELL AS INDIVIDUAL DONORS.

  GRANTEES ARE REQUESTED TO SEND IN PERIODIC PROGRESS AND ACTIVITY REPORTS.
- 6) ORGANIZATIONAL NEWS AND MEDIA: MANY NIF GRANTEES PUBLISH

  E-NEWSLETTERS, PERIODIC E-MAIL UPDATES, NEWSLETTERS AND REPORTS. GRANTEES

  MAKE A POINT OF CIRCULATING THESE PUBLICATIONS AMONG NIF STAFF, AS WELL

  AS SHARING WITH THE STAFF ANY FREE MEDIA COVERAGE THEY HAVE RECEIVED IN

  THE LOCAL AND INTERNATIONAL PRESS. NIF STAFF WILL RECOMMEND WITHHOLDING

  GRANT FUNDS, OR CANCELING THE NIF COMMITMENT TO A GRANT IF A GRANTEE

  FAILS TO UPHOLD THE TERMS STIPULATED IN ITS GRANT AGREEMENT INCLUDING:
- A GRAVE DISCREPANCY BETWEEN THE ORGANIZATION'S DECLARED GOALS AND

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

WORK-PLAN, AND ITS ACTUAL ACTIVITIES IN THE FIELD, OR ORGANIZATIONAL FAILURE TO IMPLEMENT ITS DECLARED WORK PLAN;

- THE ORGANIZATION CEASES TO OPERATE, OR IS FACING A CRISIS THAT MAY RESULT IN CLOSING ITS DOORS;
- THE ORGANIZATION HAS VIOLATED BINDING ISRAELI OR INTERNATIONAL LAWS AND REGULATIONS, OR FORMAL NIF REQUIREMENTS THAT MAY INCLUDE PARTISAN

  AFFILIATION, FINANCIAL MISCONDUCT, ETC.
- 7) NIF SUBSCRIBES TO A SERVICE THROUGH WHICH IT PERIODICALLY REVIEWS ITS

  GRANTEES AGAINST VARIOUS WATCH LISTS BOTH OF THE UNITED STATES AND

  INTERNATIONAL BODIES.

(E) SPECIFIC TYPES OF SERVICES IN REGION: SHATIL PROVIDES NONPROFIT

PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA

ORGANIZATIONS WITH CONSULTING AND TRAINING IN ORGANIZATIONAL DEVELOPMENT,

ADVOCACY, MEDIA, PUBLIC RELATIONS, COALITION BUILDING, RESOURCE

DEVELOPMENT, AND VOLUNTEER MANAGEMENT EACH YEAR.

SHATIL, NIF'S INITIATIVE FOR SOCIAL CHANGE, PROVIDES CAPACITY BUILDING

SERVICES AND TECHNICAL SUPPORT TO OVER ONE THOUSAND ISRAELI NGO'S EACH

YEAR. SHATIL HAS DEVELOPED EXPERTISE AND OFFERS SERVICES IN AREAS

INCLUDING BUT NOT LIMITED TO ORGANIZATIONAL DEVELOPMENT, RESOURCE

DEVELOPMENT, LEADERSHIP TRAINING, USE OF NEW TECHNOLOGY FOR SOCIAL

CHANGE, AND MEDIA AND ADVOCACY. SHATIL ALSO FACILITATES MULTIPLE NETWORKS

AND COALITIONS IN THE SOCIAL CHANGE COMMUNITY, LEVERAGING THE COLLECTIVE

RESOURCES OF NUMEROUS ORGANIZATIONS AND ACTIVISTS FOR GREATER RESULTS.

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Also complete this part to provide any additional information.
REGION: MIDDLE EAST AND NORTH AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: PUBLIC RELATIONS AND SPECIAL
PROJECTS.
NIF AND SHATIL STAFF IN ISRAEL CONTINUOUSLY ASSESS CHANGING SOCIAL AND
POLITICAL DYNAMICS AND SUBSEQUENTLY IDENTIFY WHERE A NIF/SHATIL
INITIATIVE CAN FILL A GAP IN THE EXISTING ORGANIZATIONAL LANDSCAPE AND
ADDRESS PRESSING NEEDS IN THE ORGANIZATION'S AREAS OF CONCERN. OUR
PROGRAMS AND INITIATIVES INCLUDE, FOR EXAMPLE, OUR CIVIL LIBERTIES LAW
PROGRAM, SEVERAL SOCIAL JUSTICE FELLOWSHIP PROGRAMS, AND TIME-SENSITIVE
EDUCATIONAL OR ADVOCACY CAMPAIGNS.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization				•	Employer ide	entification number
NEW ISF	RAEL FUND				94-2607	7722
Part I Fundraising Activities required to complete this pa	5. Complete if the organization answart.	vered "\	es" to	o Form 990, Part IV,	line 17. Form 990-E	Z filers are not
1 Indicate whether the organization ra						
a X Mail solicitations				overnment grants		
<b>b</b> X Internet and email solicitation						
c X Phone solicitations	<b>g ∠X</b> Specia	ıl fundra	aising	events		
d X In-person solicitations						
2 a Did the organization have a written	or oral agreement with any individua	al (inclu	ding o	fficers, directors, tru		
key employees listed in Form 990, F	Part VII) or entity in connection with	profess	ional 1	fundraising services?	X Yes	s L No
<b>b</b> If "Yes," list the ten highest paid inc		suant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	e organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
LAUTMAN MASKA NEILL - 1730		V	N <sub>2</sub>		· · · · · · · · · · · · · · · · · · ·	
RHODE ISLAND AVE, #301,	ADVICE & IMPLEMENTATION	Yes	No X	1,081,000.	112,797.	968,203.
KAREN PAUL-STERN - 6707	ADVICE & INTERNATION		Α	1,001,000.	112,737.	, 500,203.
ALLEGHENY AVE, TAKOMA PARK,	ADVICE & IMPLEMENTATION		x	594,000.	62,546.	531,454.
SARAH ADLER - 1900 SUNSET			<u> </u>	331,000.	02,310,	, 331,131,
HARBOR DR, #6, MIAMI, FL	ADVICE & IMPLEMENTATION		x	394,000.	52,856.	341,144.
JORDAN BOCK, INC - P.O. BOX						, , , , , , , , , , , , , , , , , , , ,
451153, MIAMI, FL 33245	ADVICE & IMPLEMENTATION		х	85,000.	26,400.	. 58,600.
, ,				,	,	,
Total			<b>.</b>	2,154,000.	254,599.	1,899,401.
3 List all states in which the organizati or licensing.	C				·	
AL, AK, AZ, AR, CA, CO, CT,	DC, FL, GA, IL, KS, KY	,ME,	MD,	MA,MI,MN,M	S,MH,NJ,NM	I,NY,NC,ND
OH,OK,OR,PA,RI,SC,SD,	TN, UT, VA, WA, WV, WI					
				·		

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2010

Sch	edu	le G (Form 990 or 990-EZ) 2010 NEW IS				2607722 Page 2
Pa	rt I		_			
		of fundraising event contributions and gr			·	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GUARDIANS OF		NONE	(add col. (a) through
				GENERATIONS	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue			265 000	20 022		202 022
Re	1	Gross receipts	265,000.	28,922.		293,922.
	2	Loop Charitable contributions	219,900.	19,122.		239,022.
		Less: Charitable contributions	215,500.	17,122.		255,022.
	3	Gross income (line 1 minus line 2)	45,100.	9,800.		54,900.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,597.	9,538.		13,135.
Direct F	7	Food and beverages	60,657.	12,776.		73,433.
	8	Entertainment				
	9	Other direct expenses	2 505	2,655.		6,252.
	10	Direct expense summary. Add lines 4 through			<b>•</b>	92,820
		Net income summary. Combine line 3, colum				-37,920.
Pa	rt l	<b>Gaming.</b> Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
е			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) birigo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Seve						
ш	1	Gross revenue				
es	2	Cash prizes				
enses						
Exp	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	∟ No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	( )
	8	Net gaming income summary. Combine line	I, column d, and line 7		<b>)</b>	

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

a Is the organization licensed to operate gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

**b** If "No," explain: \_\_

**b** If "Yes," explain:

9 Enter the state(s) in which the organization operates gaming activities: \_

		2 Page <b>3</b>
11 Does the organization operate gaming activities with nonmembers?	L Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	□ No
13 Indicate the percentage of gaming activity operated in:		
	13a	%
	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party  \$		
c If "Yes," enter name and address of the third party:		
Name ▶		
Address >		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ► \$  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a		al David III
Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	S:	
(I) NAME OF FUNDRAISER: LAUTMAN MASKA NEILL		
(I) ADDRESS OF FUNDRAISER:		
1730 RHODE ISLAND AVE, #301, WASHINGTON, DC 20036		
(I) NAME OF FUNDRAISER: KAREN PAUL-STERN		
(I) ADDRESS OF FUNDRAISER: 6707 ALLEGHENY AVE, TAKOMA PARK, MD 2	20912	

Schedule G (Form 990 or 990-EZ) 2010

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NEW ISRAEL FUND

Part I Questions Regarding Compensation

Employer identification number 94-2607722

a 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					
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   Travel for companions   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Payments for business use of the payment or travel   Payment for the payment or travel   Payment or provision of all of the expenses described above? If 'No," complete Part III to explain   Tb      Different 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?   Payment or travel   Payment for a payment for an elaborate organization or the organization or the organization or mittee   Payment form and payment for an elaborate organization   Payment form and payment for an elaborate organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization or a related organization?   Payment form, an equity-based compensation arrangement?   Payment form, an equity-based compensation arrangement?   Payment form, an equity-based compen				Yes	No
First class or charter travel Travel for companions Travel for companion for the companion of the organization's Travel for companion for the companion of the companion for the companion of	<b>1</b> a				
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel  Housing allowance or residence for personal use			
Discretionary spending account		Travel for companions Payments for business use of personal residence			
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.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization.  Receive a severance payment form, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  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:  a The organization?  5 Any related organization?  6 A The organization?  5 Any related organization?  6 A The organization?  6 A The organization?  7 Any related organization?  8 Any related organization?  9 Any related organization?  1 The organization?  1 Any related organization?  1 Any related organization?  1 Any related organization?  1 Any related organization?  1 Any related organization?  1 Any related organization?  1 Any related organization?  2 Any related organization?  3 Any related organization?  4 A X X X X X X X X X X X X X X X X X X		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b   2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 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   X Written employment contract   Independent compensation consultant   X Compensation survey or study   Form 990 of other organizations   X Approval by the board or compensation committee    4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization?   4a   X   Experimental payment or change-of-control payment from the organization or a related organization?   4b   X   X   Experimental payment or change-of-control payment from the organization or a related organization?   4c   X   X   X   X   X   X   X   X   X		Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b   2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 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   X Written employment contract   Independent compensation consultant   X Compensation survey or study   Form 990 of other organizations   X Approval by the board or compensation committee    4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization?   4a   X   Experimental payment or change-of-control payment from the organization or a related organization?   4b   X   X   Experimental payment or change-of-control payment from the organization or a related organization?   4c   X   X   X   X   X   X   X   X   X					
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the Items checked in line 1a?  3 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  Independent compensation consultant  Form 990 of other organizations  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment from the organization or a related organization?  Participate in, or receive payment from, an equity-based compensation arrangement?  Pryes" to any of lines 4ac, 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:  The organization?  Any related organization?  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:  The organization?  Any related organization?  The organization?  Any related organization?  Any related organization?  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:  The organization?  Any related organization?  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:  The organization?  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:  The organization?  Any related organization?  For persons listed in Form 99	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the Items checked in line 1a?  3 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  Independent compensation consultant  Form 990 of other organizations  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment from the organization or a related organization?  Participate in, or receive payment from, an equity-based compensation arrangement?  Pryes" to any of lines 4ac, 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:  The organization?  Any related organization?  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:  The organization?  Any related organization?  The organization?  Any related organization?  Any related organization?  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:  The organization?  Any related organization?  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:  The organization?  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:  The organization?  Any related organization?  For persons listed in Form 99		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 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   X Written employment contract   Independent compensation consultant   X   Compensation survey or study   Porm 990 of other organizations   X   Approval by the board or compensation committee    4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  if "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  if "Yes" to line 5a or 5b, describe in Part III.  7 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:  a The organization?  6a	2				
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  CEC/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  X Compensation survey or study  Independent compensation consultant  X Compensation survey or study  Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment from the organization or a related organization?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  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:  a The organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  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 not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported in Form 990, Part VII, Section A, and the organization to a contract that was subject to the initial contract exception described in Fegulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 Were any amounts reported in Fegulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure describ		trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
CEO/Executive Director. Check all that apply.    Compensation committee   X   Written employment contract     Independent compensation consultant   X   Compensation survey or study     Independent compensation consultant   X   Compensation survey or study     Independent compensation consultant   X   Compensation survey or study     Independent compensation   X   Approval by the board or compensation committee    4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment from the organization or a related organization?   4a   X     Description   X   Participate in, or receive payment from, a supplemental nonqualified retirement plan?   4b   X     C   Participate in, or receive payment from, a supplemental nonqualified retirement plan?   4c   X     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:     The organization?   5a   X     Any related organization?   5b   X     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:     The organization?   6a   X     The organization?   7a   X     The organization in Ines 5 and 6? If "Yes," describe in Part III   7a   X     Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III   8a   X     If "Yes" to line 8, did the organization also follow the rebuttable presu					
CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  Uning 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:  Receive a severance payment or change-of-control payment from the organization or a related organization?  A to Participate in, or receive payment from, a supplemental nonqualified retirement plan?  C Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  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:  The organization?  A Any related organization?  B Any related organization?  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:  The organization?  A The organization?  The organization?  A The organization?  The organi	3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
Compensation committee    X   Written employment contract   Independent compensation consultant   X   Compensation survey or study   Form 990 of other organizations   X   Approval by the board or compensation committee    4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment or change-of-control payment from the organization or a related organization?   4a   X   b Participate in, or receive payment from, a supplemental nonqualified retirement plan?   4b   X   c Participate in, or receive payment from, an equity-based compensation arrangement?   4c   X   If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.    Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?   5a   X   b Any related organization?   5a   X   f "Yes" to line 5a or 5b, describe in Part III.   6 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:  a The organization?   6a   X   b Any related organization?   6a   X   f "Yes" to line 6a or 6b, describe in Part III.   7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III   7   X   8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   8   X   9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
Independent compensation consultant    X   Compensation survey or study					
Form 990 of other organizations    Approval by the board or compensation committee		Independent compensation consultant  X Compensation survey or study			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment from the organization or a related organization?  4					
organization or a related organization:  a Receive a severance payment or change-of-control payment from the organization or a related organization?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  dc X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5 Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  6 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:  a The organization?  6 A X  Any related organization?  6 A X  b Any related organization?  6 A X  The organization form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6 A X  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:  a The organization?  6 A X  5 Any related organization?  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 For persons listed in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		— , pprotains, and an analysis			
organization or a related organization:  a Receive a severance payment or change-of-control payment from the organization or a related organization?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  dc X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5 Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  6 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:  a The organization?  6 A X  Any related organization?  6 A X  b Any related organization?  6 A X  The organization form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6 A X  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:  a The organization?  6 A X  5 Any related organization?  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 For persons listed in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	4	During the year, did any person listed in Form 990, Part VII. Section A line 1a, with respect to the filing			
a Receive a severance payment or change-of-control payment from the organization or a related organization?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5a X Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  6 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:  a The organization?  6a X  b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" to line 5a or 5b, describe in Part III.  6 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:  a The organization?  f "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	а		4a		Х
c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  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:  a The organization?  b Any related organization?  a The organization in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  ff "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 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					Х
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:  a The organization?  b Any related organization?  ff "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:  a The organization?  b Any related organization?  ff "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 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					X
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" to line 5a or 5b, describe in Part III.  6 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:  a The organization?  b Any related organization?  f "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	·				
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:  a The organization?  b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  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 not described in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		Tes to any or lines 4a o, list the persons and provide the applicable amounts for each item in a trin.			
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:  a The organization?  b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  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 not described in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  6 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:  a The organization?  b Any related organization?  f "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	5				
a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 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: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  6 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:  a The organization?  b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	а		5a		Х
If "Yes" to line 5a or 5b, describe in Part III.  6 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:  a The organization?  b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			5b		Х
6 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:  a The organization?  b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
contingent on the net earnings of:  a The organization?  b Any related organization?  f "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	6	·			
a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	•				
b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 X  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	а		6a		Х
If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					Х
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	7				
Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			7		Х
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8				
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			8		Х
	9				
		Regulations section 53.4958-6(c)?	9		

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

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.

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	<b>(E)</b> Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)		
	(i)	320,296.	0.	0.	0.	22,421.	342,717.	0.	
	(ii)	172,769.	0.	0.	0.	12,094.	184,863.	0.	
	(i) (ii)	0.	0.	0.	0.	0.	0.	0.	
	(i) (ii)	149,098.	0.	0.	0.	10,437.	159,535. 0.	0. 0.	
	(i) (i)	132,873.	0.	0.	24,929.	0.	157,802.	0.	
4 RACHEL LIEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii) (i)								
	(ii) (ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
9	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
16	(ii)								

# SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

### **Noncash Contributions**

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

2010

Open to Public Inspection

Name of the organization

NEW ISRAEL FUND

Employer identification number 94-2607722

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contri amounts repor		(d) Method of de noncash contribu		•	
		арріісаріе		Form 990, Part VI		Horicasii contiibt	iliona	mount	5
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	91	922,	046.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
.0	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ( )								
27	Other ()								
28	Other ( )		<u> </u>						
29	29 Number of Forms 8283 received by the organization during the tax year for contributions							٥	
	for which the organization completed Form 8283, Part IV, Donee Acknowledgement							0	
								Yes	No
30a	During the year, did the organization receive by	-							
	at least three years from the date of the initial		•	•					37
	the entire holding period?						30a		Х
	<b>b</b> If "Yes," describe the arrangement in Part II.								37
31							31		Х
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
								X	
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which colum	nn (a) is ch	ecked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (	2010)

### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

NEW ISRAEL FUND 94-2607722 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ACCOMPLISH THE FOLLOWING OBJECTIVES: MOBILIZE PUBLIC SUPPORT FOR STRENGTHENING AND ENFORCING EXISTING LAWS, POLICIES, AND PROCEDURES THAT PROMOTE EQUALITY AND JUSTICE; MAKE LEGAL, LEGISLATIVE, AND ADMINISTRATIVE REMEDIES AVAILABLE TO ALL CITIZENS; EDUCATE AND MENTOR THE NEXT GENERATION OF CIVIL RIGHTS ADVOCATES; MAKE DEMOCRATIC VALUES AND CIVICS AN INTEGRAL PART OF THE PUBLIC DISCOURSE; AND STRENGTHEN THE ORGANIZATIONAL CAPACITY OF THE ORGANIZATIONS SERVING A BROAD RANGE OF POPULATIONS WORKING ON ISSUES OF CIVIL AND HUMAN RIGHTS. TO ACHIEVE THESE OBJECTIVES, NIF CONDUCTED THE FOLLOWING ACTIVITIES 2010: WE PROVIDED GRANTS IN THE AMOUNT OF \$3,769,715 TO 80 ORGANIZATIONS. TECHNICAL ASSISTANCE WAS PROVIDED TO ORGANIZATIONS AT A COST OF \$650,040. THIS INCLUDED 6134 HOURS OF CONSULTING TO 630 ORGANIZATIONS. NIF RAN ITS OWN PROGRAMS TO PROMOTE CIVIL AND HUMAN RIGHTS AT A COST OF \$638,201. THESE PROGRAMS WERE MEANT TO MEET TIME-SENSITIVE NEEDS THAT OTHERS WEREN'T ADDRESSING. THESE PROGRAMS INCLUDED DEMOCRACY EDUCATION AND A CIVIL LIBERTIES LAW FELLOW PROGRAM. AMONG THE MANY ACHIEVEMENTS OF GRANTEES FUNDED IN THIS PROGRAM: THE ISRAELI DEFENSE FORCE (IDF) CREDITED NIF PARTNER B'TSELEM AND OTHER NIF-SUPPORTED HUMAN RIGHTS GROUPS FOR REPORTS AND INFORMATION THAT

CONTRIBUTED TO ITS NEW, MORE CIVILIAN-CONSCIOUS POLICY. ACCORDING TO A LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

JOINING VOICES WITH NIF GRANTEE ISRAEL RELIGIOUS ACTION CENTER ALONG WITH THE MAJORITY OF NORTH AMERICAN JEWS INCLUDING THE REFORM,

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

TO ACHIEVE THESE OBJECTIVES, NIF CONDUCTED THE FOLLOWING ACTIVITIES IN 2010:

- NIF PROVIDED GRANTS IN THE AMOUNT OF \$6,777,707 TO 127 ORGANIZATIONS.
- TECHNICAL ASSISTANCE WAS PROVIDED TO ORGANIZATIONS AT A COST OF 032212 01-24-11

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

Employer identification number 94-2607722

\$1,532,037 INCLUDING 6197 CONSULTING HOURS TO 520 ORGANIZATIONS.

- NIF CONDUCTED ITS OWN PROGRAMS THAT PROMOTE SOCIAL JUSTICE AT A COST OF \$1,324,487 THAT INCLUDED A SOCIAL ENTREPRENEURSHIP PROGRAM.

AMONG THE MANY ACHIEVEMENTS OF GRANTEES FUNDED IN THIS PROGRAM:

NIF GRANTEES SCORED A SERIES OF IMPORTANT SUCCESSES THAT WILL ENSURE

ACCESS TO AFFORDABLE HOUSING FOR ISRAELIS WITH LIMITED FINANCIAL MEANS.

AFFORDABLE HOUSING PROJECTS ARE NOW PLANNED FOR TEL AVIV, ASHDOD,

RA'ANANA AND JERUSALEM. THESE ACHIEVEMENTS ARE DUE TO THE WORK OF THE

COALITION FOR AFFORDABLE HOUSING, COMPRISED OF NGOS INCLUDING NIF

GRANTEES BIMKOM: PLANNERS FOR PLANNING RIGHTS, ASSOCIATION FOR

DISTRIBUTIVE JUSTICE, COMMUNITY ADVOCACY: GENESIS ISRAEL, ACRI AND

SHATIL.

IN A MAJOR VICTORY AGAINST DISCRIMINATION, FIVE ETHIOPIAN IMMIGRANT

FAMILIES DEFENDED THE RIGHT OF THEIR CHILDREN TO PARTICIPATE AS EQUALS

IN ISRAELI SCHOOLS. IN 2004 THE CHILDREN WERE EXPELLED FROM AN

ORTHODOX KINDERGARTEN IN ARAD BECAUSE THERE WERE "TOO MANY ETHIOPIANS

ENROLLED". REPRESENTED BY NIF GRANTEE TEBEKA - CENTER FOR LEGAL AID

AND ADVOCACY FOR ETHIOPIAN JEWS IN ISRAEL, THE FAMILIES WILL EACH

RECEIVE \$16,250 TO BE SPENT ON EDUCATIONAL TOOLS AND ENRICHMENT FOR THE

CHILDREN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

EXPENSES \$ 6,548,110. INCL GRANTS OF \$ 4,366,173. REVENUE \$ 267,052.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE

NEW ISRAEL FUND

Employer identification number 94-2607722

OUTSIDE ACCOUNTANTS AND REVIEWED BY THE FINANCE AND EXECUTIVE COMMITTEES.

IT WAS THEN SENT TO ALL MEMBERS OF THE BOARD FOR REVIEW PRIOR TO FILING

WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS, OFFICERS, MEMBERS
OF GRANTS COMMITTEES AND EXECUTIVE STAFF MEMBERS MUST DISCLOSE IN WRITING
ANNUALLY ANY OUTSIDE FINANCIAL INTERESTS OR BUSINESS ARRANGEMENTS WHICH
MIGHT INFLUENCE OR APPEAR TO INFLUENCE THEM CARRYING OUT THEIR DUTIES,
INCLUDING ANY DIRECT OR INDIRECT INTEREST IN OR ARRANGMENT WITH ANY
COMPETITOR, GRANTEE, OUTSIDE PROVIDER OR SUPPLIER OF GOODS OR SERVICES TO
THE ORGANIZATION. WHEN CONFLICTS ARE IDENTIFIED, UNLESS APPROVED IN
ADVANCE BY THE BOARD OF DIRECTORS, INDIVIDUAL DIRECTORS MAY NOT PARTICIPATE
IN ANY TRANSACTION IN WHICH THERE IS A POSSIBILITY OF CONFLICT BETWEEN
THEIR PERSONAL INTEREST AND THE INTERESTS OF NIF.

FORM 990, PART VI, SECTION B, LINE 15: SENIOR MANAGEMENT REVIEWS

BENCHMARKING STUDIES AT THE TIME KEY EMPLOYEES OR OFFICERS OF THE

ORGANIZATION ARE HIRED TO DETERMINE IF COMPENSATION IS COMPARABLE TO OTHER

LIKE SIZED/SITUATED ORGANIZATIONS. COMPENSATION LEVELS ARE REVIEWED

ANNUALLY AND APPROVED BY THE BOARD AT THE TIME THE ANNUAL BUDGET IS

APPROVED.

SENIOR MANAGEMENT REVIEWS BENCHMARKING STUDIES AT THE TIME KEY EMPLOYEES OR OFFICERS OF THE ORGANIZATION ARE HIRED TO DETERMINE IF THE COMPENSATION IS COMPARABLE TO OTHER LIKE SIZED/SITUATED ORGANIZATIONS. SUCH STUDIES ARE REVIEWED AT THE TIME KEY EMPLOYEE AND OFFICER COMPENSATION IS UNDER REVIEW. COMPENSATION LEVELS ARE APPROVED ANNUALLY BY THE BOARD AT THE TIME THE ANNUAL BUDGET IS APPROVED.

032212

Name of the organization  NEW ISRAEL FUND	Employer identification number 94-2607722
ANY ISSUES OR ACTIONS INVOLVING COMPENSATION WOULD BE REC	CORDED IN THE
MINUTES OF THE RESPECTIVE MEETING.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MH,	NJ,NM,NY,NC,ND,OH
OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMEN	NTS ARE MADE
AVAILABLE TO THE PUBLIC VIA THE NIF WEBSITE AND CHARITY F	RATING AGENCIES
SUCH AS GUIDESTAR. GOVERNING DOCUMENTS AND THE CONFLICT O	OF INTEREST POLICY
ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	1,141,335.