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Form *990
Department of the Treasury

## Return of Organization Exempt From Income Tax

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



	arvice I ine organization may have to use a copy of this return to satisfy s	state reporting requi	irements inspection									
A For the 2009	calendar year, or tax year beginning, and ending											
B Check if applicabl	Please C Name of organization		D Employer identification number									
Address change	USE IRS ONE ISRAEL FUND, LTD											
	label or		11-3195338									
Name change												
Initial return	type.         Number and street (or P O box if mail is not delivered to street address)           See         1175         NECT         DOADWAY         Street         10	Room/suite	E Telephone number									
Specific 510-259-9202												
	<b>G</b> Gross receipts \$ 1,807,123											
Amended return tions HEWLETT NY 11557												
Application pendi	F Name and address of principal officer		H(a) Is this a group return for									
Application perior												
			H(b) Are all affiliates									
<u> </u>			If "No," attach a list (see instructions)									
I Tax-exempt s	itus X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527											
J Website: 🕨	WWW.ONEISRAELFUND.ORG		H(c) Group exemption number									
K Type of organiza	on X Corporation Trust Association Other ►	L Year of formation	M State of legal domicile NY									
There are a second s	Summary											
		····	·····									
	describe the organization's mission or most significant activities											
g Se	e Schedule O											
aŭ												
E												
2 Check	this box $\blacktriangleright$ if the organization discontinued its operations or disposed of more tha	n 25% of its net as	sets									
U 3 Numb		1 2070 07 h3 het as.										
	r of voting members of the governing body (Part VI, line 1a)		3 4									
	r of independent voting members of the governing body (Part VI, line 1b)		4 4									
5 Total	umber of employees (Part V, line 2a)		<b>5</b> 5									
5 6 Total	umber of volunteers (estimate if necessary)		6									
	ross unrelated business revenue from Part VIII, column (C), line 12		7a									
C b Net u	related business taxable income from Form 990-T, line 34		<b>7b</b> 0									
		Prior Yea										
8 Contri	utions and grants (Part VIII, line 1h)		5,446 1,748,650									
		<u> </u>	<u>J,440 1,740,050</u>									
C 9 Progra	m service revenue (Part VIII, line 2g)		<u> </u>									
	nent income (Part VIII, column (A), linesEC EnVED	3	6,316 26,076									
11 Other	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											
12 Total	evenue – add lines 8 through (Chustiequal Part Vitingolum QA), line 12)	1,82	1,762 1,774,726									
13 Grant 14 Benef 15 Saları 26 16a Profes	and similar amounts paid (Part IX, column (A), lines 1-3)	1.29	4,624 1,082,940									
14 Benef	s paid to or for members (Par IX, column (A),-line-4)											
15 Solari	s, other compensation, employee benefits (Part N, column (A), lines 5–10)	20	3,568 288,982									
		20	200, 902									
	sional fundraising fees (Part IX, column (A), line 11e)											
b Total	undraising expenses (Part IX, column (D), line 25) ► 223, 301											
<sup>II</sup> 17 Other	expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	40	4,600 434,020									
18 Total	xpenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,792 1,805,942									
	ue less expenses Subtract line-18 from line-12 -		1,03031,216 -									
28		Beginning of Cui										
20 Total Balances of Parageses Parages Parages Parages Parages Parages Parageses Parages Parages Parages Parages Par	ssets (Part X, line 16)		6,145 885,143									
	abilities (Part X, line 26)		7,752 7,966									
	sets or fund balances Subtract line 21 from line 20	90	8,393 877,177									
	Signature Block											
	Inder penalties of penury, Leclare that I have examined this return, including accompanying sched	ules and statements, a	and to the best of my knowledge									
	ind belief, it is true our and complete Declaration of preparer (other than officer) is based on a	Il information of which	preparer has any knowledge									
Sign	and		1									
Here	Signature of officer	r										
	STEVEN S. ORLOW, Presiden	t										
		<u> </u>	(11213									
	Type or print name and title		• •									
	Preparer's C'Ultra Date	1 Check	rf Preparer's identifying number									
Paid		DID self- employ	yed ► □ (see instructions) P00122903									
Preparer's⊢	Morgenster Baer (PA's PC		00 4107425									
Use Only												
-	self-employed), 40 Exchange Pl Ste 1820		Phone									
	ddress, and ZIP+4 New York, NY 10005-2732		<u>no</u> ▶212-925-9490									
May the IRS dis	uss this return with the preparer shown above? (see instructions)		X Yes No									
	and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2009)									
DAA		$\cap$	17									
		/~										

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Form 990 (2009) ONE I	SRAEL FUND. 1	מיי	11-3195338			Page <b>2</b>
		e Accomplishments	11 515550			Fage Z
1 Briefly describe the org See Schedule	anization's mission.	• • • • • • • • • • • • • • • • • • •				
<ul> <li>the prior Form 990 or 9</li> <li>If "Yes," describe these</li> <li>Did the organization ce services?</li> <li>If "Yes," describe these</li> <li>Describe the exempt p Section 501(c)(3) and 5</li> </ul>	90-EZ? e new services on Schedu ase conducting, or make e changes on Schedule O urpose achievements for 501(c)(4) organizations ar	significant changes in how it c	onducts, any program e largest program services by e required to report the amour	-	_	X No X No
<b>4a</b> (Code ) (Ex SUPPORT OF PI AMBULANCES, I	penses \$ 1,44 ROJECTS, INCL DAY CARE CENI SCHOOL EQUIF	2,745 including grants o JUDING EMERGENC ERS, SENIOR CI MENT, IMMIGRAN	f\$ 1,082,940 Y MEDICAL CARE, FIZEN CENTERS,			)
4b (Code ) (Ex	penses \$	including grants o	ff \$	) (Revenue \$		)
4c (Code ) (Ex	penses \$	including grants o	 f \$	) (Revenue \$	<u> </u>	)
4d Other program service (Expenses \$ 4e Total program service	incluc	0) ling grants of \$ L , 4 4 2 , 7 4 5	) (Revenue \$		)	

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Form 990 (2009)

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Form	990 (2009) ONE ISRAEL FUND, LTD 11-3195338		Pa	age 3
	Int 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			17
_	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	6		Х
-	complete Schedule D, Part I	-		<u></u>
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
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		<u></u>
8	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	<u> </u>		~ ~ ~
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1
	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	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	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			
•	Did the organization report an amount for other assets related 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			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	ļ
474	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12	Δ	
128	Was the organization included in consolidated, independent audited financial statements for the tax year?       Yes       No         If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional       12A       X			l
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
-	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			[
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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		ĺ	1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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Pa	art 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		res	
21	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24-		25		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
		24a		X
L	24b through 24d and complete Schedule K If "No," go to line 25	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?			<u> </u>
	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	250		
	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	0.51		v
	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 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_ <u>28a</u>		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	<b> </b>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	<b>_</b>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	L	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	-
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_	<b>_</b>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	1

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Pa	Rt V Statements Regarding Other IRS Filings and Tax Compliance		Vaa	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	
	U S Information Returns Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	10		
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 5			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			l
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country  Israel			ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			ł
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts 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			Í
	and services provided to the payor?	7a		<b> </b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	70		
f	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			<u> </u>
••	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a		12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form	990 (2009) ONE ISRAEL FUND, LTD 11-3195338		Ρ	age <b>6</b>
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be	elow, ar		
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cl			
	Schedule O. See instructions.	-		
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			37
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		v	
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			х
<u> </u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	<u>^</u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)		Yes	No
40-	Deep the experimentary have legal chaptery branches, or efflicted?	10a	165	No X
10a	Does the organization have local chapters, branches, or affiliates?	IVa		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10ь		
44	affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
11	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	1	X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>	
v	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	_ 15a	-	X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY	_	_	_
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 for public inspection Indicate how you make these available Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► ONE ISRAEL FUND LTD 1175 WEST BROADWAY			
<u> </u>	EWLETT NY 11557			
DAA		For	m 99(	) (2009

Form 990 (2009) ONE ISRAE	L FUND,	LI	D					11-319	5338	Page 7
				ors,	Tru	ste	es,	Key Employees, Hig		
Employees, and	<u>d Independe</u>	nt C	on	trac	tor	5				
Section A. Officers, Directors,	Trustees, Key	Emp	loye	es,	and	High	iest (	Compensated Employees	<b>i</b>	
1a Complete this table for all person	is required to be	liste	dR	ерог	t cor	nper	nsatio	on for the calendar year en	iding with or within the	
organization's tax year Use Schedul	e J-2 if addition	al spa	ace	is ne	ede	d				
<ul> <li>List all of the organization's cu</li> </ul>	rrent officers, d	irecto	ors, t	trust	ees	(whe	ther	individuals or organizations	s), regardless of amount	
of compensation Enter -0- in column	ns (D), (E), and	(F)	no c	comp	ens	ation	was	paid		
<ul> <li>List all of the organization's cu</li> </ul>	• •	•						• • •		
<ul> <li>List the organization's five curi</li> </ul>	rent highest con	npen	sate	d en	nploy	/ees	(othe	er than an officer, director,	trustee, or key employee)	
who received reportable compensation	on (Box 5 of For	mΨ	-2 a	nd/o	r Bo	x 7 o	f For	m 1099-MISC) of more that	an \$100,000 from the	
organization and any related organiz	ations									
<ul> <li>List all of the organization's for</li> </ul>						-			who received more than	
\$100,000 of reportable compensation	-				-			-		
<ul> <li>List all of the organization's for</li> </ul>										
the organization, more than \$10,000										
List persons in the following order in	idividual trustee	soro	direc	tors,	Inst	itutio	nal t	rustees, officers, key empl	oyees, highest	
compensated employees, and forme	r such persons									
X Check this box if the organization	n did not compe	nsate	e an	y cui	rent	offic	er, d	rector, or trustee		·····
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per			-		hat a		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	from	from related	other
		rect	1 tr	Ĕ	em	loye	ner	the organization	organizations (W-2/1099-MISC)	compensation from the
		익별	naf		bloy	ë ç		(W-2/1099-MISC)	(······,	organization
		ste	trustee		ee	per				and related organizations
		0	tee			Isat				
						ä				
JAY KESTENBAUM										
TRUSTEE		X						0	0	0
ELLIOTT ROBINSON										
TRUSTEE		X						0	0	0
STANLEY ROSENBER	<b>F</b>									
TRUSTEE		X						0	0	0
STEVEN S. ORLOW										
PRESIDENT				X				0	0	0
			ł				ļ			
	]									
	}		ł							
	]									
	]									
	]		1							
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	ļ		<u> </u>		<u> </u>					
	1		1					1		
		1	1	1	1	1	1			1

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	(1)	<u> </u>	stees, Key Employees, a							,,				
(A) Name and Title	(B) Average hours per			chec	k all t	that ap		compensation	(E) Reportable compensation	Estim	(F) Estimated amount of			
	week	or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth comper from organi and re organiz	the the zation			
		+								·····				
······														
	-													
	•		í.											
b Total     Total number of individuals (i     reportable compensation from				thos	se lis	ted a	bov	e) who received more than	n \$100,000 in					
				ruct			mol		tod		Yes			
employee on line 1a? If "Yes, For any individual listed on lir	" complete Sch ne 1a, is the sur	edule n of re	J for port	<sup>,</sup> suc able	h ind con	dividu npens	ual satio	on and other compensation	from	3	<u> </u>			
<ul> <li>the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person</li> </ul>								- 4	 					
Section B. Independent Contract		<u>, co</u>					, 101				<u> </u>	<u> </u>		
Complete this table for your f compensation from the organ	nization	pensa	ated	inde	peno	dento	cont							
(A) Name and business address							$\left  \right $	Descri	(B) ption of services	(	(C) Compensa	ation		
	<u>.</u>													
	, <u>_</u>													
							1							

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Form 990 (2009)	ONE	ISRAEL	FUND	LTD

]	[]	 · 3	1	9	5	3	3	8	

Pa	rt VI	il Statem	nent of Reve	nue				r		
					z		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
លល	1a	Federated carr	naions	1a						
nu		Membership di		1b						
<u>p</u> el		Fundraising ev		1c		155,647				
ints Inta		Related organi		1d		100,047				
<u>nig</u>		_								
siz		Government grants (		1e						
		All other contribution and similar amounts			1					
Contributions, gifts, grants and other similar amounts						593,003				
	-		ns included in lines 1a-	If S	5		1 740 650			
	h	Total. Add line	es 1a-11			•	1,748,650			
Program Service Revenue						Busn. Code				
eve	2a									
e R	b									
i Si	С									
Sel	d									
an	е									
-B0	f	All other progra	am service reve	nue						
ā	g	Total. Add line	s 2a-2f			►				
	3	Investment inc	come (including	dıvıder	ids, intere	st, and				
		other similar a	mounts)				26,076	26,076		
	4	Income from I	nvestment of tax	(-exem	pt bond pr	oceeds 🕨				
	5	Royalties				►				
			(ı) Real		(ii) Pi	ersonal				
	6a	Gross Rents								
	b	Less rental exps					i			
	С	Rental Inc or (loss)				-				
	d	Net rental inco	ome or (loss)			►				
	7a	Gross amount from	(i) Securitie	s	(11)	Other				
		sales of assets other than inventory								
	b	Less cost or other								
		basis & sales exps								
	с	· ·								
	d	Net gain or (lo				►				
			om fundraising eve	ents						
anu			155,							
ver			reported on line 1c							
Re		See Part IV, line	•	a		32,397				
Other Reven	h	Less direct ex		b		32,397				
ŏ			(loss) from fund	-	events	•=				
-			om gaming activitie		,					
	34	See Part IV, line		сэ. а						
	Ь	Less direct ex		b						
			r (loss) from gan	-	tivities	•				
			f inventory, less			F				
	IVa	returns and al	-	а						
	<b>"</b>	Less cost of		b						
			r (loss) from sale							
	<u> </u>		ellaneous Revenu		ventory	Busn. Code	· · · · · · · · · · · · · · · · · · ·			
	44-		chancous Revenu	-		2051. 0000				ŧ
	11a									
	b									<u> </u>
	C .	A.U 41-				<u> </u>		·		
	d	All other reven				L				
	e	-					1 774 700	26 076	0	
	12	i otal Revenu	ie. See instruction	ons			1,774,726	26,076	U	0

rm 990 (2009) ONE ISRAEL FUND,		11-319	5338	Page 1
Part IX Statement of Functional Expe		ations must complete all	oolumno.	
All other organizations must co	(3) and 501(c)(4) organiza nplete column (A) but are	e not required to complete all	te columns (B), (C), and (D)	).
Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to governments and				
organizations in the U.S. See Part IV, line 21	36,000	36,000		
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	1 040 040	1 046 040		
U S See Part IV, lines 15 and 16	1,046,940	1,046,940		
Benefits paid to or for members		~		
5 Compensation of current officers, directors,				
trustees, and key employees				
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	222,014	170,169	20,245	31,60
Pension plan contributions (include section 401(k)		<u> </u>	207210	
and section 403(b) employer contributions)				
Other employee benefits	45,865	28,077	10,481	7,30
) Payroll taxes	21,103	16,177	1,924	<u>7,30</u> 3,00
Fees for services (non-employees)	21/100			
a Management				
b Legal				
c Accounting	6,000		6,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
2 Advertising and promotion	10,252	33	138	10,08
3 Office expenses				
Information technology				
5 Royalties				
6 Occupancy	21,845		21,845	
7 Travel	30,984	12,687	3,340	14,95
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest	141		141	
1 Payments to_affiliates				
2 Depreciation, depletion, and amortization	2,075		2,075	
3 Insurance				
A Other expanses Itomize expenses not				
4 Other expenses Itemize expenses not				
covered above (Expenses grouped together		1		
and labeled miscellaneous may not exceed				
5% of total expenses shown on line 25 below ) a PROMOTIONAL & VIDEO EXPEN	88,598			88,59
	67,048	26,154	14,740	26,15
	56,605	27,182	4,039	25,38
d MISSION EXPENSE	22,478	22,478		20,00

17,082

56,848 1,442,745

110,912 1,805,942

25	Total functional expenses. Add lines 1 through 24
26	Joint costs. Check here

Joint costs. Check here ► \_\_\_\_\_\_ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

<u>16,218</u> 223,301

17,082

37,846

139,896

## Form 990 (2009) ONE ISRAEL FUND, LTD

11-3195338

Page 11

<u> </u>	art X	Balance Sheet			(A) Beginning of year		(B) End of year
	4	Cook non interest bearing			396,202	1	243,641
	1	Cash—non-interest bearing		ŀ	550,202	2	210,011
	2	Savings and temporary cash investments		-		3	135,490
	3	Pledges and grants receivable, net		-			155,450
	4	Accounts receivable, net		4	·····		
	5	Receivables from current and former officers, directors,					
	ļ	employees, and highest compensated employees Com					
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined					
		4958(f)(1)) and persons described in section 4958(c)(3)					
S		Part II of Schedule L		ŀ		6	<u> </u>
Assets	7	Notes and loans receivable, net		ŀ	·	7	
¶S:	8	Inventories for sale or use		ŀ		8	
	9	Prepaid expenses and deferred charges	1 1			9	
	10a	Land, buildings, and equipment cost or		CO 047			
		other basis Complete Part VI of Schedule D	10a	68,347	0 7 6 0		C 0 1
	b	Less accumulated depreciation	10b	67,656	2,769		691
	11	Investments—publicly traded securities		-	502,500	11	502,500
	12	Investments—other securities See Part IV, line 11		-		12	
	13	Investmentsprogram-related See Part IV, line 11		-	·	13	
	14	Intangible assets	Ļ		14		
	15	Other assets See Part IV, line 11	-	14,674		2,821	
_	16	Total assets. Add lines 1 through 15 (must equal line 3	916,145		885,143		
	17	Accounts payable and accrued expenses	-	7,752		7,966	
	18	Grants payable		ļ		18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete Part IV	of Schedule D		·····	21	
Liabilities	22	Payables to current and former officers, directors, trust	ees, key				
abi		employees, highest compensated employees, and disc	jualified				
Ë	İ	persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated this	rd parties			23	
	24	Unsecured notes and loans payable to unrelated third p	parties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			7,752	26	7,966
es			X and				
С С		complete lines 27 through 29, and lines 33 and 34.					
ala	27	Unrestricted net assets			908,393	27	877,177
Net Assets or Fund Balances	28	Temporarily restricted net assets		28	-		
р	29	Permanently restricted net assets	<u></u>			29	
Ъ		Organizations that do not follow SFAS 117, check he	ere 🕨 🔄				
2		and complete lines 30 through 34.					
ŝ	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equipme				31	
As	32	Retained earnings, endowment, accumulated income,	or other funds			32	
et '	33	Total net assets or fund balances			908,393		877,177
Ž	34	Total liabilities and net assets/fund balances			916,145	34	<u>885,</u> 143

Form 990 (2009)

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Form 9	 90 (2009) ONE ISRAEL FUND, LTD 11-3195338		Pa	ge <b>12</b>
	Part Xi       Financial Statements and Reporting         1       Accounting method used to prepare the Form 990       Cash       X Accrual       Other			
			Yes	No
1 A	Accounting method used to prepare the Form 990 🗌 Cash 🛛 Accrual 🗌 Other			
1	f the organization changed its method of accounting from a prior year or checked "Other," explain in			
5	Schedule O			
2a \	Vere the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b١	Vere the organization's financial statements audited by an independent accountant?	2b	Х	
C I	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
1	f the organization changed either its oversight process or selection process during the tax year, explain in			
5	Schedule O			
dl	f "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
1	ssued on a consolidated basis, separate basis, or both			
	K Separate basis Consolidated basis Both consolidated and separate basis			
3a /	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
t	he Single Audit Act and OMB Circular A-133?	3a		Х
b I	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
ſ	equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990-EZ)	Pub	lic Charity Status	and	Publi	ic Sı	ірро	rt				
	Complet	e if the organization is a section				or a sec	tion		20	)09	)
Department of the Treasury	► At	4947(a)(1) nonexem -tach to Form 990 or Form 990	=			truction	S.			to Pul	
Internal Revenue Service										pection	A 
Name of the organization	ONE ISRAEL F	TUND, LTD						-	ntification nur 5338	noer	
Part I Reaso		Status (All organizations	must c	omplet	e this	part.) \$					
The organization is not a	private foundation becaus	se it is (For lines 1 through 11, c	heck only	one box	)				· · · · · · · · · · · · · · · · · · ·		
1 🗌 A church, conv	ention of churches, or ass	ociation of churches described	in section	170(b)(1	l)(A)(i).						
2 A school descr	ubed in section 170(b)(1)(	A)(ii). (Attach Schedule E)									
3 A hospital or a	cooperative hospital servi	ce organization described in sec	tion 170	(b)(1)(A)(	iii).						
<i>_</i>	arch organization operate	d in conjunction with a hospital of	described	in sectio	n 170(b	)(1)(A)(i	ii). Ente	r the ho	ospital's name	•	
city, and state											
	•	• •	or operate	eo by a g	overnme	entai uni	t descri	pea in			
	(1)(A)(iv). (Complete Part	iovernmental unit described in si	ection 17	0(5)(1)(4	)/v)						
		substantial part of its support fro				from the	aenera	ublic			
	ection 170(b)(1)(A)(vi). (C						<b>J</b>				
8 A community t	rust described in section '	170(b)(1)(A)(vi). (Complete Part	II )								
9 🗌 An organizatio	n that normally receives (	1) more than 33 1/3 % of its sup	port from	contribut	ions, me	embersh	ıp fees,	and gro	oss		
receipts from a	ectivities related to its exer	npt functions—subject to certain	exception	ns, and (2	2) no mo	ore than	33 1/3 9	% of its			
		nd unrelated business taxable in	•			() from b	usiness	ses			
· ·	•	0, 1975 See section 509(a)(2).	• •		•						
	•	exclusively to test for public safe exclusively for the benefit of, to ;	•								
•	•	ted organizations described in se				-			1		
		the type of supporting organization									
a 🗍 Type I	b Type II	c Type III–Functiona		•	d		e III-Ot	her			
e By checking th	is box, I certify that the org	ganization is not controlled direct	tly or indir	ectly by d	one or m	ore disq	ualified				
persons other	than foundation managers	and other than one or more put	olicly supp	ported org	janizatio	ns desc	ribed in	section	ı		
,	ction 509(a)(2)										
		ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				
organization, c		Alon accorded any off as contact		6 41							l
g Since August	-	ition accepted any gift or contrib	ution from	any of u	le						
<b>U</b> 1		ontrols, either alone or together	with perso	ons descr	ubed in (	m)				Yes	No
		of the supported organization?	man perot	0110 00001		,			11g(i)		
· · ·	nember of a person descri								11g(ii)		
(iii) A 35% co	ntrolled entity of a person	described in (i) or (ii) above?							11g(iii		
h Provide the fo	llowing information about i	the supported organization(s)									
(i) Name of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi) organizat	is the	(vii) Am		
organization		(described on lines 1–9 above or IRC section		sted in your document?	- coi (i)	of your	(i) organi	zed in the	supt -	лоп — —	
		(see instructions))	Yes	No	sup Yes	port?	Yes	57 No			
			105		162		res				
				<u> </u>	†						
			1		ļ	ļ			<u>-</u>		
						1					
				ŧ							
Total				1							

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

Schedule A (Form 990 or 990-EZ) 2009

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	dule A (Form 990 or 990-EZ) 2009 ONE					-3195338	Page <b>2</b>
Pa	rt II Support Schedule for Or				(1)(A)(iv) and <sup>.</sup>	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box o	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support	<del></del>		r			
Cal	endar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,475,386	1,552,129	1,255,461	1,785,446	1,748,650	7,817,072
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,475,386	1,552,129	1,255,461	1,785,446	1,748,650	7,817,072
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)						149,645
6	Public support. Subtract line 5 from line 4						7,667,427
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	( <b>d</b> ) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,475,386	1,552,129	1,255,461	1,785,446	1,748,650	7,817,072
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,680	39,346	36,453	36,316	26,076	165,871
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	Ļ	I				7,982,943
12	Gross receipts from related activities, etc	•		4 COL	504	<u>  12  </u>	58,473
13	First five years. If the Form 990 is for the		second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	
800	organization, check this box and stop her tion C. Computation of Public Su						
				. (0)			
14	Public support percentage for 2009 (line 6	•••	•	ו (ד))		14	96.05%
15	Public support percentage from 2008 Sch			2 and line 14 is 2	2 1/2 9/ or more		93.46%
16a	33 1/3 % support test—2009. If the organ			15, and the 14 is 3	55 175 % OF INDIE, 9	CHECK THIS DOX	►X
L	and stop here. The organization qualifies 33 1/3 % support test—2008. If the organ			or 165, and line 1	5 is 33 1/3 % or m	ore check this	
b	box and stop here. The organization qual				J IS 33 1/3 /6 01 11	iore, check this	
17a	10%-facts-and-circumstances test-200				a or 16b and line	14 is 10% or	• 🗀
174	more, and if the organization meets the "fa	•					
	organization meets the "facts-and-circums			•	•		▶□
b	10%-facts-and-circumstances test-200						
U	more, and if the organization meets the "fa	-					
18	organization meets the "facts-and-circums Private foundation. If the organization did	stances" test The o	rganization qualifi	es as a publicly su	pported organizati	on	
				,,,			

Schedule A (Form 990 or 990-EZ) 2009

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Part III

1	1-3	10	52	20
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Page 3

	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)			
	tion A. Public Support		· · · ·			- <b>-</b>	
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		-				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						1
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			· · · · · ·			
C	Add lines 7a and 7b		1		1	}	
8	Public support (Subtract line 7c from line 6)					:	
	tion B. Total Support		1		<b>I</b>		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or - loss from the sale of capital assets (Explain in Part IV )	-					
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	)1(c)(3)	▶ [
Sec	tion C. Computation of Public Su		tage				· • • • • • • • • • • • • • • • • • • •
15	Public support percentage for 2009 (line 8	-		mn (f))		15	%
16	Public support percentage from 2008 Sch			· · · · · · · · · · · · · · · · · · ·		16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2009 (I	ine 10c, column (f	) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2008					18	%
19a							. –
	17 is not more than 33 1/3 %, check this t					-	
b	33 1/3 % support tests—2008. If the orga line 18 is not more than 33 1/3 %, check t						
	Inde to is not more man 33 1/3 %. Check t	uis dux and stop t	uere, i ne oroaniza	anno cuannes as a	UDDISCIV SUDDOTE	o organization	

	and to be not more than of the to, show the box and blop hole. The eigenheader qualities up a publicly supported eigen	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

►

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. Schedule A (Form 990 or 990-EZ) 2009 ONE ISRAEL FUND, LTD

Schedule A (Form 990 or 990-EZ) 2009	ONE	ISRAEL	FUND,	LTD	11-3195338	Page 4
Part IV Supplemental Info	ormatio	n. Complete	e this pa	rt to provide th	ne explanations required by Part II, line 10;	
Part II, line 17a or	17b; ar	nd Part III, li	ne 12. P	rovide any oth	ner additional information. See instructions.	

SCHEDULE D

(Form 990)

## 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.

Department of the Treasury Internal Revenue Service Name of the organization

ONE ISRAEL FUND, LTD		11-3195338
Part I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	
the organization answered "Yes" to Form 9		
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
<ul> <li>Aggregate value at end of year</li> <li>Did the organization inform all donors and donor advisors in writing</li> </ul>	that the assets held in donor advised	
-		Yes No
<ul><li>funds are the organization's property, subject to the organization's</li><li>Did the organization inform all grantees, donors, and donor adviso</li></ul>		
used only for charitable purposes and not for the benefit of the dol		
	nor or donor advisor, or for any other	Yes No
purpose conferring impermissible private benefit?           Part II         Conservation Easements. Complete if the	organization answered "Ves" to F	
1 Purpose(s) of conservation easements held by the organization (c		umportant land area
Preservation of land for public use (e g , recreation or pleasure	Preservation of certified histo	
Protection of natural habitat		
Preservation of open space	encountries contribution in the form of a si	
2 Complete lines 2a through 2d if the organization held a qualified c easement on the last day of the tax year	onservation contribution in the form of a co	onservation
easement on the last day of the tax year		Hold at the End of the Tax Year
		Held at the End of the Tax Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified historic structure		2c 2d
d Number of conservation easements included in (c) acquired after		
3 Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the orga	nization during
the taxable year	1 1 1 1 1 A	
4 Number of states where property subject to conservation easeme		
5 Does the organization have a written policy regarding the periodic		
violations, and enforcement of the conservation easements it hold		
6 Staff and volunteer hours devoted to monitoring, inspecting, and e	enforcing conservation easements during t	he year
•		
7 Amount of expenses incurred in monitoring, inspecting, and enfor	cing conservation easements during the ye	ear
▶ \$		
8 Does each conservation easement reported on line 2(d) above sa	itisfy the requirements of section	
170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		
9 In Part XIV, describe how the organization reports conservation e		
balance sheet, and include, if applicable, the text of the footnote t	o the organization's financial statements th	hat describes
the organization's accounting for conservation easements		
Part III Organizations Maintaining Collections of Complete if the organization answered "Ye		ier Similar Assets.
1a If the organization elected, as permitted under SFAS 116, not to r		
art, historical treasures, or other similar assets held for public exh		ce of public service,
provide, in Part XIV, the text of the footnote to its financial statem		
<b>b</b> If the organization elected, as permitted under SFAS 116, to repo		
historical treasures, or other similar assets held for public exhibiting	on, education, or research in furtherance o	n public service,
provide the following amounts relating to these items		
(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
(ii) Assets included in Form 990, Part X		▶ \$
2 If the organization received or held works of art, historical treasure	-	n, provide the
following amounts required to be reported under SFAS 116 relating	ng to these items	
a Revenues included in Form 990, Part VIII, line 1		▶ \$
b Assets included in Form 990, Part X		▶ \$

OMB No 1545-0047

**Open to Public** 

Inspection

Employer identification number

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11/12/	2010 12 42 PM							
Scho	, quie D (Form 990) 2009 ONE ISRAEL	FUND, LTD		11-31	L95338		Dar	ge <b>2</b>
	式相 Organizations Maintaining (		Historical Trea			(contini		
3	Using the organization's acquisition, accession collection items (check all that apply)			· · · · ·				
а	Public exhibition	d 🗌 Loan (	or exchange program	ns				
b	Scholarly research	e Other	i exenange program	113				
c	Preservation for future generations							
4	Provide a description of the organization's colle Part XIV	ections and explain how	they further the orga	anization's exempt p	urpose in			
5	During the year, did the organization solicit or r assets to be sold to raise funds rather than to b	eceive donations of art, be maintained as part of	historical treasures, the organization's c	or other similar ollection?		Ye	s 🗍	No
Pa	rt IV Escrow and Custodial Arrar	-			"Yes" to Form	990, Par	t	
	IV, line 9, or reported an amo	-	•			•		
1a	Is the organization an agent, trustee, custodian			her assets not				
	included on Form 990, Part X?	,				Ye	s П	No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	a table					
-	······································	··· ··· · · · · · · · · · · · · · · ·	<b>,</b>			Amount		
с	Beginning balance				1c	-		_
ď	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on For	m 990. Part X. line 21?				Ye		No
	If "Yes," explain the arrangement in Part XIV						•	
	rt V Endowment Funds. Comple	te if organization a	nswered "Yes"	to Form 990, Pa	art IV, line 10,			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships					1		
e	Other expenditures for facilities			_				
	and programs							
f	Administrative expenses							
a	End of year balance							
2	Provide the estimated percentage of the year e	end balance held as	·····	- <b>I</b>	<b>A</b>			
a	Board designated or quasi-endowment	%						
b	Permanent endowment > %							
c	Term endowment > %							
3a	Are there endowment funds not in the possess	sion of the organization the	hat are held and adr	ministered for the				
	organization by	·				Γ	Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(II), are the related organizations I	listed as required on Sch	edule R?			3b		
4	Describe in Part XIV the intended uses of the o				-	- -	_	
Pa	rt VI Investments-Land, Buildir			0. Part X. line 1	10.			
	Description of investment	(a) Cost or other basis	(b) Cost or of		cumulated	(d) Book	value	
		(investment)	basis (othe	r) dep	preciation			
1a	Land	Ì		1				
	Buildings							
	Leasehold improvements		1		[			
	Equipment				1			
	Other		68	,347	67,656		6	91
	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, co			•			91

Schedule D (Form 990) 2009

11/12/2010 12 42	2 PM			
	orm 990) 2009 ONE ISRAEL FUND, L	TD	<u>11-3195338</u>	Page 3
Part VII	Investments-Other Securities. See Forn			
	<ul> <li>(a) Description of secunty or category         <ul> <li>(including name of secunty)</li> </ul> </li> </ul>	(b) Book value	(c) Method c Cost or end-of-ye	
Financial deriv	ratives			
Closely-held e	quity interests		<u></u>	
<b>•</b> ··				
				<u></u>
				<u> </u>
			······	
<del>~</del>				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. See For			<u></u>
	(a) Description of investment type	(b) Book value	(c) Method c Cost or end-of-ye	
<u> </u>				
Table (Oalise				
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, line	15		
TAILIA	(a) Description			(b) Book value
		с. <u>а.</u> с		
			·	· · · · · · · · · · · · · · · · · · ·
		· ··· - · ··		
			······································	
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		▶	
Part X	Other Liabilities. See Form 990, Part X, li	ine 25.		
1	(a) Description of liability	(b) Amount		
Federal incom	ne taxes			
	· • • • • • • • • • • • • • • • • • • •			
·				
	in (b) must equal Form 990, Part X, col (B) line 25)		L	
	potnote. In Part XIV, provide the text of the footnote to the	e organization's financial stateme	nts that reports the	
organization's	liability for uncertain tax positions under FIN 48			

i.

equie D (Form 990) 2009 ONE ISRAEL FUND, LTD		<u>-3195338</u>	Page
art XI Reconciliation of Change in Net Assets from Form	990 to Audited Finan	cial Statements	
Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,774,72
Total expenses (Form 990, Part IX, column (A), line 25)		2	<u>1,805,94</u>
Excess or (deficit) for the year Subtract line 2 from line 1		3	<u> </u>
Net unrealized gains (losses) on investments		4	<u> </u>
Donated services and use of facilities		5	
Investment expenses		6	
Prior period adjustments		7	<u> </u>
Other (Describe in Part XIV)		8	
Total adjustments (net) Add lines 4 through 8		9	
Excess or (deficit) for the year per audited financial statements Combine line		10	
art XII Reconciliation of Revenue per Audited Financial S	tatements With Rever	nue per Return	
Total revenue, gains, and other support per audited financial statements		1	<u>1,774,72</u>
Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	<u>1,774,72</u>
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			1,774,72
art XIII Reconciliation of Expenses per Audited Financial	Statements With Expe	enses per Return	
Total expenses and losses per audited financial statements		1	1,805,94
Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	1,805,94
Amounts included on Form 990, Part IX, line 25, but not on line 1:	[ ]		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4c	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	1,805,94
Part XIV Supplemental Information	<u> </u>	······	
mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9,	Part III, lines 1a and 4. Part	IV. lines 1b	
I 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and P			
s part to provide any additional information			-
· · · · · · · · · · · · · · · · · · ·			
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Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009 ONE ISRAEL FUND, LTD Part XIV Supplemental Information (continued)	11-3195338	Page
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Schedule F (Form 990) Department of the Internal Revenue S	Treasury	Staten	► Comple	Construction of Activities Outside the United States       OMB № 1545-0047         Sector of Activities Outside the United States       2009         Part IV, line 14b, 15, or 16.       Open to Public Inspection         Attach to Form 990.       See separate instructions.				
Name of the orga	nization	_ • , , • • •				Employer identific	ation number	
Part I		NE ISRAE		LTD Outside the United States.		11 - 31953		
		rm 990, Part			Complete il tile o	iyanization ai		
assistance		eligibility for the		rds to substantiate the amount of thistance, and the selection criteria u			X Yes 🗌 No	
United Sta	ates		-	s procedures for monitoring the use	e of grant funds outside	the		
3 Activities   (a) Region	per Region (Us (b) Numbe offices in t region	rof (C)N he emp ag	(Form 990) if umber of loyees or ents in egion	additional space is needed ) (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity list a program s describe spec service(s) in	ervice, fic type of	(f) Total expenditures for region	
MIDDLE E	AST					·	1 046 04	
				FUNDING	EDUCATIONAL	,/HUMANIT	1,046,940	
			_					
-								
				· · · ·		1		
			-	-				
<u> </u>	<u></u>						<u></u>	
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	<u> </u>							
Totals	1						1,046,940	

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

Schedule F (Form 990) 2009

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11-3195338	
LTD	
FUND,	
ONE ISRAEL	
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Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 P Schedule F (Form 99 Part II

Use Sched	Use Schedule F-1 (Form 990) if additional space is n	390) if additions	al space is needed.					•
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	<ul> <li>(i) Method of valuation</li> <li>(book, FMV, appraisal, other)</li> </ul>
		MIDDLE EAST	MEDICAL	50,282	CHECKS			
			SECURITY ST	10,800	CHECKS			
			SECURITY ST	22, 913	CHECKS			
			SECURITY ST	13,113	CHECKS			
			SECURITY ST	10,784	CHECKS			
		MIDDLE EAST	EDUCATIONAL ST	21,413	CHECKS			
		MIDDLE EAST	EDUCATIONAL ST	11,875	CHECKS			
		MIDDLE EAST	EDUCATIONAL ST	10,000	CHECKS			
		MIDDLE EABT	EDUCATIONAL ST	162,000	CHECKS			
		MIDDLE EAST	EDUCATIONAL ST	180,000	CHECKS			
		MIDDLE EAGT	EDUCATIONAL ST	13,000	CHECKS			
		E MIDDLE EAST	EDUCATIONAL ST	7,089	CHECKS			
		E MIDDLE EAST	EDUCATIONAL ST	100,000	CHECKS			
		MIDDLE EAST	EDUCATIONAL ST	40,000	CHECKS			
		MIDDLE EAST	EDUCATIONAL ST	8, 500	CHECKS			
		MIDDLE EAST	EDUCATIONAL	10,000	CHECKS			

Schedule F (Form 990) 2009

36

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

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Page 3

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Page	<sup>-</sup> orm 990, Part IV, line 16.	
11-3195338	Dutside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.	ice is needed.
LTD	riduals (	onal spa
FUND,	to Indiv	if additi
ONE ISRAEL FUND,	Assistance	Use Schedule F-1 (Form 990) if additional space is
ONE	d Other	Iule F-1
Schedule F (Form 990) 2009	Grants and Other Assistance to Individuals Outs	Use Sched
Schedule F	Part III	

Use Schedule F-1 (Form 990) if additional space is needed.	m 990) if addi	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	<ul><li>(f) Amount of non-cash</li></ul>	(g) Description of non-cash	(n) Method of . valuation
	) - -	recipients	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
	-						
	-						
	-						
	_:						
	-					Schedule	Schedule F (Form 990) 2009

	11/12/2010 12 42 PM
	Schedule F (Form 990) 2009 ONE ISRAEL FUND, LTD 11-3195338 Page 4
•	Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.
	Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds
	One Israel Fund, Inc. maintains a staff of two who continuously visit and
	review the work done by the recipient organizations and report back to its
	New York office. In addition, officers and directors of One Israel, Inc.
	travel to Israel and visit, construction sites, parks, libraries, schools
	etc. to verify that monies are being spent according to that which the
	funds were allocated.

SCHEDULE (Form 990) Department of the Internal Revenue			► Attac Schedule	ion Sheet for Schedule ch to Form 990 to list additional info F (Form 990) Part I, line 3; Part II, lir See Instructions for Schedule F (For	ormation for ne 1; or Part III. rm 990).	OMB No 1545-0047 2009 Open to Public Inspection
Name of the org			SRAEL FUND,		11-3	r identification number 195338
Part I (a) Region	(b) Nui offices	mber of s in the jion	(C) Number of employees or agents in region	ion. (Schedule F (Form 990) (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	, Part I, Inte S) (e) If activity listed in (d) i: a program service, describe specific type of service(s) in region	expenditures for
	<u> </u>					
		<u></u>				
Totals						

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Schedule F-1 (Form 990) 2009 Part II Continuatio	ି କ	d Other Assis	LTD stance to Organizations or En	11-3195338 anizations or Entities Outside the United States	United States	(Schedule F	(Form 990), Part II.	=
(a) Na organ	(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	(n) Description of non-cash assistance	(I) memod or valuation (book, FMV, appraisal, other)
		MTDDLE EA	EDUCATIONAL	10,000	CHECKS			
		E A	EDUCATIONAL	8,850	CHECKS			
			EDUCATIONAL	48,850	CHECKS			
		1.D	EDUCATIONAL	53,227	CHECKS			
			EDUCATIONAL	20,571	CHECKS			
		EA	EDUCATION AL	6,428	CHECKS			
			EDUCATIONAL	11,571	CHECKS			
			EDUCATIONAL	067,6	CHECKS			
			HUMANITARIAN	25,257	CHECKS			
		E A		16,850	CHECKS			
		EA	HUMANITARIAN ST	10,285	CHECKS			
		EA	HUMANITARIAN ST	5,142	CHECKS			
		MIDDLE EA	PLAYGROUND ST	16,800	CHECKS	5		
		MIDDLE EA	PLAYGROUND 5T	9,000	CHECKS			
		_						
							Schedule F	Schedule F-1 (Form 990) 2009

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Page 3	<ul> <li>(h) Method of</li> <li>valuation</li> <li>(book, FMV, appraisal, other)</li> </ul>	 							 			Schedule F-1 (Form 990) 2009
	0), F at till. (g) Description of non-cash assistance							c 				Schedule
odulo E /Eorm 00	(f) Amount of non-cash assistance											
<u>11-3195338</u>	disbursement (e) Mainner of cash disbursement											
	(d) Amount of cash grant											
LTD	SSISTANCE TO INGIV (c) Number of recipients											
ISRAEL FUND,	(b) Region					-						
Schedule F-1 (Form 990) 2009 ONE IS	Part III         Continuation of Grants and Other Assistance to individuals Outside the Office data out of the Manuer of the Office data out of the Manuer of the Office data out of the Manuer of the Office data out of the Manuer of the Office data out of the Manuer of the Office data out of the Manuer of the Office data out of the Manuer of the Office data out of the Manuer of the Office data out office data out office data out office data out office data out office data out office data out office data out office data out office data ou											

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SCHEDULE G	Suppl	emental Inf	orm	atio	n Regarding		OMB No 1545-0047
Form 990 or 990-EZ)	Fun	draising or	Gan	ning	Activities		2009
Department of the Treasury ntemal Revenue Service	Complete if the organizati organizati Attach	on entered more th to Form 990 or Form 9	an \$15, 90-EZ	000 oi ● Se	n Form 990-EZ, line 6a. e separate instructions.	or 19, or if the	Open To Public Inspection
Name of the organization							fication number
	ISRAEL FUND, L					11-3195	
	g Activities. Complete i				ered "Yes" to Forr	n 990, Part IV, I	ine 17.
	anization raised funds through				Check all that apply		
a Mail solicitations		e Solicitation	of no	n-gove	ernment grants		
b Internet and email se	olicitations	f Solicitation		-	-		
c Phone solicitations		g Special fui					
d In-person solicitation	IS	•		•			
	e a written or oral agreement w	with any individual (	includ	na off	icers, directors, trustee	es	
or key employees listed	in Form 990, Part VII) or entity	in connection with	profes	siona	I fundraising services?	)	Yes No
b If "Yes," list the ten high to be compensated at le	est paid individuals or entities ( ast \$5,000 by the organization	fundraisers) pursu	ant to a	agreer	ments under which the	fundraiser is	
(i) Name o	f individual	(ii) Activity		fund- have	(Iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (	undraiser)		custo	dy or 🛛	from activity	(or retained by) fundraiser listed in	(or retained by) organization
			contrib			col (I)	
			Yes	No			
	· ·						
			1				
			-				
	<u></u>						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

11/12	2/20	10 12 42 PM				
****	- · · ·		2009 <u>ONE ISRAEL</u> Events. Complete if the orga 5,000 on Form 990-EZ, line	anization answered "Yes	" to Form 990, Part IV, I	
		mole than \$ 10	(a) Event #1	(b) Event #2	(c) Other events <u>None</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	188,044			188,044
ιr.	2	Less Charitable contributions	155,647			155,647
	3	Gross revenue (line 1 minus line 2)	32,397			32,397
	4	Cash prizes				
	5	Noncash prizes				
oenses	6					
Direct Expenses	7	-	32,397			32,397
ā	8					
	10		y Add lines 4 through 9 in column	(d)	•	(32,397)
P	11 ar	t III Gaming. Com	<u>combine line 3, column (d), and line</u> iplete if the organization and on Form 990-EZ, line 6a.	10 swered "Yes" to Form 99	● 0, Part IV, line 19, or re	ported more
Revenue		<u>(1811 \$ 15,000</u>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (C))
Rev	1	Gross revenue				
ses	2	2 Cash prizes				
Direct Expenses	3	8 Noncash prizes				
Direc		Rent/facility costs				<u> </u>
		5 Other direct expenses	Yes %	Yes %	Yes %	
		Volunteer labor	Add lines 2 through 5 in column	(d)	No	
			y Add lines 2 through 5 in column nmary Combine line 1, column d, a		•	<u>_</u>
9 a b	1	Enter the state(s) in which the	he organization operates gaming ac to operate gaming activities in eacl	ctivities		Yes No 9a
10a b		Were any of the organizatio If "Yes," Explain	n's gaming licenses revoked, susp	ended or terminated during the	tax year?	10a
11 12	ļ		ate gaming activities with nonmemb r, beneficiary or trustee of a trust or able gaming?		other entity	11

Schedule G (Form 990 or 990-EZ) 2009

11/12/2	2010 12 42 PM				
Sche	dule G (Form 990 or 990-EZ) 2009 ONE ISRAEL FUND, LTD	11-319533			age <b>3</b>
13 a b 14	Indicate the percentage of gaming activity operated in The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records	13a % 13b %		Yes	<u>No</u>
	Name 🕨				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$	and the			
С	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				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		17a		ļ
b	retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
U	In the organization's own exempt activities during the tax year <b>s</b>				i
		Schedule G (Form 99	0 or 99	0-EZ)	2009

SCHEDULE I (Form 990)		Grants and ( Governments, Complete if the organiz	nd Oth nts, an <sub>ganization</sub>	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.</sup>	to Organizatic n the United S <sup>corm 990, Part IV, line</sup>	ons, itates is 21 or 22.		OMB No 1545-0047 2009 Open to Public
Internal Revenue Service				Attach to Form 990.	-	Employer	Employer identification number 1 1 – 31 여도 3 3.8	
Pari 1 General Ir	ormation on Grants a	Assistance				+		
1 Does the organization I the selection criteria us	Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance? Describe in Dart IV has organization's proceedings for montoring the use of grant	e amount of the gr ce?	ants or ass	or assistance, the grantees' eligibility for the grants or assistance, and funds in the United States	eligibility for the grants	s or assistance, an	p	X Yes
	Frank we observe a process of moments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	vernments and cipient that red	d Organi	izations in the Un lore than \$5,000.	<mark>ited States</mark> . Com Check this box if	plete if the org no one recipie	anization ansv nt received mo	vered "Yes" to bre than \$5,000. Use
1 (a) Name and a	(a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash grant	(f) Method of valuation assistance (book, FMV, apprasa)	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF Y 11134 CROSS CORNER RD	AMERICAN FRIENDS OF YESHIVA SHAVEI 11134 CROSS CORNER RD					Laura		EDUCATION
ASHLAND	VA 23005	54-1683512	m	36,000				
2 Enter total number of section 501(c)(3) ar	Enter total number of section 501(c)(3) and government organizations	organizations			i			
For Privacy Act and Paper	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ie Instructions for	Form 990					Schedule I (Form 990) 2009

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	ONF
11/12/2010 12 42 PM	Schodulo 1 (Ecr. 800) 2000

	wered "Yes" to Form 990, Part IV, line 22.	
11-3195338	s in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	litional space is needed.
LTD	ividuals	990) if a
FUND,	se to Ind	1 (Form
ONE ISRAEL	Assistan	ichedule I-
ONE	I Other	/ and S
Schedule I (Form 990) 2009 ONE ISI	Grants and Other Assistance to Individuals	Use Part IV and Schedule I-1 (Form 990) if add
Schedule I (	Part III	

Use Part IV and Schedule I-1 (Form 990) If additional space is needed.	(d) Amount of (e)	recipients cash grant non-cash assistance FMV, appraisal, other)				surfacement reformation. Complete this part to provide the information required in Part 1 line 2 and any other additional information.
Form 990) if additional space is nee	(b) Number of (c) Amount of					mulate this part to provide the inform
Use Part IV and Schedule I-1 (	(a) Type of grant or assistance					1
	(a	•				Ni wed

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service		C	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.				
Name of the organization	ONE ISRAEL FUND, LT			TD		mployer identification number 1–3195338	

Form 990 - Organization's Mission or Most Significant Activities TO FACILITATE THE BONDING OF JEWS AND NON-JEWS OF THE UNITED STATES WITH THE JEWS OF ISRAEL'S HEARTLAND BY DEVELOPING EDUCATIONAL PROGRAMS IN BOTH COUNTRIES.

TO RAISE FUNDS FOR HUMANITARIAN NEEDS SUCH AS FOR HEALTHCARE AND EMERGENCY MEDICAL EQUIPMENT, PREVENTIVE SECURITY, SOCIAL WELFARE, RECREATIONAL ACTIVITIES, IMMIGRANT ABSORPTION AND EDUCATIONAL NEEDS.

TO PUBLISH AND DISSEMINATE INFORMATIONAL MATERIALS RELATING THERETO AND TO SPONSOR PUBLIC LECTURES RELATING TO THESE EXPRESSED GOALS.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries Israel

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 FORM 990 IS GIVEN TO AND REVIEWED BY TRUSTEES BEFORE ISSUANCE OF TAX FORM.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE DISCLOSED UPON REQUEST AND ON CHARITY NAVIGATOR

11/12/2010 12 42 PM										
AFGO	1	De	epreciation	and /	Amortiza	atior	)			OMB No 1545-0172
Form 4562		(Inclu	Iding Informa	tion o	n Listed P	rope	rty)			2009
Department of the Treasury Internal Revenue Service (99	9)	See separa	te instructions.		Attach t	to you	r tax retur	n.		Attachment Sequence No 67
Name(s) shown on return			TUD							umber E 2 2 0
Business or activity to which th		RAEL FUND,	LTD						319	5338
Indirect Dep	preciati									
	•	se Certain Prop	•							
1 Maximum amount S		iny listed proper			petore you	I con	iplete Pa	art I.	1	250,000
2 Total cost of section		•		100000					2	200,000
3 Threshold cost of se	ction 179 prop	erty before reduction	n in limitation (see	Instruct	ions)				3	800,000
4 Reduction in limitation	on Subtract lin	ne 3 from line 2 If ze	ro or less, enter -	0-					4	
5 Dollar limitation for tax y	year Subtract line	e 4 from line 1 If zero o	r less, enter -0- If m	arried filin	g separately, s	ee instr	uctions		5	
6	(a) Description	of property		(b) Cost	t (business use	only)	(c) E	lected cost		
7 Listed property Enter	er the amount	from line 29				7				
8 Total elected cost of	section 179 p	roperty Add amount	s ın column (c), lı	nes 6 an	d 7				8	
9 Tentative deduction	Enter the sma	aller of line 5 or line	8						9	
10 Carryover of disallow	ved deduction	from line 13 of your	2008 Form 4562						10	
		the smaller of busine	•			5 (see	instruction	s)	11	
12 Section 179 expense					ine 11				12	
13 Carryover of disallow Note: Do not use Part II or		to 2010 Add lines 9			▶	13				
*****		on Allowance a				tinc	ludo list	d prop		(See instr.)
		qualified property (o						su prop	erty.j	
during the tax year (				openy) r	naceu în sen	VICE			14	
15 Property subject to s		•							15	
16 Other depreciation (		•							16	2,075
		ion (Do not inclu	ude listed proj	perty.)	(See instr	uctio	ns.)			
			Sec	tion A						
17 MACRS deductions	for assets place	ced in service in tax	years beginning b	efore 20	09				17	<u> </u>
18 If you are electing to gro		laced in service during t								
	Section B-A	Assets Placed in Se				Gene	rai Depre	clation Sy	stem	1
(a) Classification of p	property	(b) Month and year placed in service	(C) Basis for depi (business/investri only-see instru	nent use	(d) Recovery period	(e) C	onvention	(f) Met	hod	(g) Depreciation deduction
19a 3-year property										
b 5-year property										
c 7-year property										
d 10-year property		4			}					
e 15-year property		4					-			
f 20-year property		1			25 100			S/L		
g 25-year property h Residential rental					25 yrs 27 5 yrs		мм	5/L		
property					27 5 yrs		MM			·
i Nonresidential real					39 yrs		MM	S/L		
property					<u> </u>		MM	S/L		
	Section C—As	sets Placed in Serv	vice During 2009	Tax Yea	r Using the /	Alterna	ative Depr	eciation	Systen	n 1
20a Class life		-				<b> </b>		S/L		
b_12-year					12 yrs			S/L		
c 40-year Part IV Summa	ry (See ins	L structions )	1		40 yrs	L	MM	S/L	-	I
21 Listed property Ent									21	I
		lines 14 through 17, I	lines 19 and 20 in	column	(a) and line	21 Fr	iter here		<b>⊢</b> <u></u>	<u> </u>
		ur return Partnership							22	2,075
		ed in service during t								
portion of the basis		-				23				
										- AECO Inco

For Paperwork Reduction Act Notice, see separate instructions.