Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Open to Public Inspection

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All er organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements and ending For the 2008 calendar year, or tax year beginning Check if applicable R D Employer identification number C Name of organization Please use IRS Address label or 26-0492682 Name Change FRIENDS OF ISRAEL SCI-TECH SCHOOLS, nnnt or type Number and street (or P O box, if mail is not delivered to street address) E Telephone number X Initial return Room/suite Specific 1405 212-840-1166 Termin O PERRY DAVIS 25 WEST 45TH STREET Instruc-City or town, state or country, and ZIP + 4 Amended F Group Exemption Application pending NEW YORK, NY 10036 Number > G Accounting method X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website. ▶ WWW.ISRAEL-SCITECH-SCHOOLS.ORG H Check X if the organization is not Organization type (check only one)— X = 501(c) (3) (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check ▶ X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return 5,299. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Part I 5,296. 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 3. 4 Investment income 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ [Gross revenue (not including \$ of contributions reported on line 1) 6a 6b Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 70 8 Other revenue (describe 5,299 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 Other expenses (describ RECEIVED 16 17 Total expenses Add lines 10 through 16 17 5,299. Excess or (deficite for the year (Sobtrace) in eg 7 from the 9)

Net assets or fund balances at beginning of year (trop) line 27, column (A)) 18 18 Net Assets (must agree with end-of-year-figure-reported-on-phots/ear's return) 19 Other changes in net assets of furtility alances (lattach explanation) 20 20 5,299 21 21 Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (B) End of year (A) Beginning of year 5,299. 0. 22 Cash, savings, and investments 22 23 23 Land and buildings 24 Other assets (describe 24 5,299. 25 25 Total assets 26 26 Total liabilities (describe 5,299. 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Forr	m 990-EZ (2008) FRIENDS OF ISRAEL SCI-TEC	CH SCHOOLS, IN	IC.	26-	04926	82 Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III)		E	xpenses
Wha	at is the organization's primary exempt purpose?TO SUPPORT EDU	JCATION IN ISR	AEL		(Required	for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In					rganizations and) trusts, optional
	vided, the number of persons benefited, or other relevant information for each p				for others	
	ACHIEVED THE GROUNDWORK AND FOUNDAT		E DONATIO	NS		
	AND PROJECTS					
	THO TROOLETO				1	
	/O		•	$\overline{}$	28a	
~~	(Grants \$) If this amount includes foreign	grants, check here		لـــا	208	
29			- · · · · · · · · · · · · · · · · · · ·			
				 ,		
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	ليبا	29a	
30						
					1 1	
	(Grants \$) If this amount includes foreign	grants, check here	•		30a	
31	Other program services (attach schedule)					
•	(Grants \$) If this amount includes foreign	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)	gramo, oncon nore		<u> </u>		
	ert IV List of Officers, Directors, Trustees, and Key I	Employees List cost cost	von if not compensated			for Dort IV/
LE	are 14 List of Officers, Directors, Trustees, and Rey 1	Littpioy CC3: List each one e	Ven il not compensated	1	ontributions	T
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
		position	-0)		leferred	other allowances
				com	pensation	1
	OITH EVERETT, C/O FISTS 25 WEST	PRESIDENT				
45	TH STREET, NEW YORK, NY 10036	1.00	0.		0.	0.
BP	ARRY BERELOWITZ, C/O FISTS 25 WEST	TRUSTEE				
	TH STREET, NEW YORK, NY 10036	1.00	0.		0.	0.
	ARLOTTE FRANK, C/O FISTS 25 WEST	TRUSTEE				
	TH STREET, NEW YORK, NY 10036	1.00	0.		0.	0.
	I LANDMAN, C/O FISTS 25 WEST 45TH	TRUSTEE		 		<u> </u>
	TREET, NEW YORK, NY 10036	1.00	0.		0.	0.
	ERZEL LAOR, C/O FISTS 25 WEST 45TH	TRUSTEE	0.	├		
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_	BERT POLLACK, C/O FISTS 25 WEST	TRUSTEE		ļ	•	
	OTH STREET, NEW YORK, NY 10036	1.00	0.	1	0.	0.
	OY SHAY, C/O FISTS 25 WEST 45TH	TRUSTEE		ĺ		_
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Pa	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	•		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ►			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	ļ	X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958	-		
d	Enter amount of tax on line 40c reimbursed by the organization	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed NY	40 1	1	
42 a	The books are in care of ▶ PERRY DAVIS Telephone no ▶ 212-8	40-1	166	<u> </u>
	Located at ► 25 WEST 45TH STREET, NEW YORK, NY ZIP+4 ►	1003	<u> </u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			1
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	 	X
	If "Yes," enter the name of the foreign country	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			Х
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country	-		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year	IN/ A	<u></u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44	<u></u>	Х
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 000 F7	AE	1	Y

Form 990-EZ (2008)

Part VI	Section 501(c)(3) organizations only. All section 5			s 46-49 and co		e e		
	tables for lines 50 and 51.		4			•		
46 Did th	e organization engage in direct or indirect political campaign activities of	n behalf of or in opposition to o	candidates for public		Ye	s No		
	? If "Yes," complete Schedule C, Part I		•	[46	X		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
49a Did the organization make any transfers to an exempt non-charitable related organization?								
	s," was the related organization(s) a section 527 organization?				49b			
	plete this table for the five highest compensated employees (other than o	fficers, directors, trustees and	key employees) who	each received m	ore than \$	100,000		
of co	mpensation from the organization off there is none, enter "None"							
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred	(E) Ex accou other all	pense nt and owances		
	NONE	-		compensation	<u> </u>			
T-A-1	er of other employees paid over \$100,000			-				
-	olete this table for the five highest compensated independent contractors ne, enter "None " NONE	who each received more than	\$100,000 of compe	nsation from the	organizatio	n If there		
	(a) Name and address of each independent contractor paid more t	han \$100,000	(b) Type of se	rvice (c) Compen	sation		
			-					
Total numb	per of other independent contractors each receiving over \$100,000 Under penalties of periury, I declare that I have examined this return, including acc	companying schedules and statemen	nts, and to the best of m	y knowledge and be	lief. it is true.			
Sign Here	correct, and complete Declaration of prepater (other than officer is-based on all in	formation of which preparer has any	knowledge	Date 1	109	<u> </u>		
	Type or print name and title. Type or print name and title.					<u></u>		
Paid Preparer's	Preparer's signature ► Conc.	Date Che 11/11/09 em		parer's Identifying N	umber (See i	nstr)		
Use Only	Firm's name (or UNIUS CYWIAK & COMPANY		EIN		··-			
	Till Stiglic (or yours	UITE 510	Phor	ne ►	764-3	884		
May the ID	S discuss this return with the preparer shown above? See instructions			<u> </u>	X Yes	No		
iviay tile in	O OISONS THIS LEGITLE MITH THE PLEMBLE SHOWIL BROKE. SEE HISTINGHOUS				Form 990-l			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

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

OMB No 1545-0047

Inspection

Name	of	the	organ	iization

Employer identification number

		FRIENDS	OF ISRAEL S	<u> </u>	CH SC	<u>HOOL</u> S	, INC	•	<u> </u>	<u>-0492</u>	<u>682</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t.) (see ins	tructions)				
The organ	nization is not a	private foundation	because it is. (Please ch	eck only o	ne organiz	ation.)						
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	١.				
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii) . (Ati	tach Sche	dule H.)			
4 🔲	A medical res	search organization o	operated in conjunction	with a hos	pital descr	ıbed ın s e	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	e,
	city, and stat	e:										
5 🗔	An organizati	on operated for the	benefit of a college or u	niversity ov	wned or op	erated by	a governr	mental unr	t described	d In		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🔲	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1)(A)(v).					
7 🗔	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	ribed i	n
	section 170(b)(1)(A)(vi) . (Comple	te Part II.)									
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support fr	om contr	ibutions, m	nembershi	p fees, and	d gross red	eipts '	from
	activities rela	ted to its exempt fur	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	1/3% of its	support fi	rom gross	ınvest	ment
	income and t	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	nization af	ter June 3	0, 197	' 5.
	See section	509(a)(2). (Complete	the Part III.)									
10 🛄			perated exclusively to te									
11 🗔	An organizati	ion organized and op	perated exclusively for the	he benefit	of, to perfo	rm the fu	nctions of,	or to carr	y out the p	ourposes c	of one o	or
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(a	2). See se c	ction 509(a)(3). Chec	ck the box	that	
	describes the	e type of supporting	organization and compl	lete lines 1	1e through	11h.						
	a Type				e III • Func	-	-			Type III - 0		
e 📖			it the organization is not									n
		-	han one or more publicl						9(a)(1) or s	ection 509	ı(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										L
9	-		organization accepted a	• •		-						
	(i) A perso	n who directly or ind	lirectly controls, either a	lone or tog	ether with	persons of	described	ın (ıı) and (III) below,		Yes	No
	•		upported organization?							11g(i)		
		•	n described in (i) above?							11g(ii)		
		•	person described in (i)							11g(iii)	L	
h	Provide the f	ollowing information	about the organizations	s the organ	lization sup	oports.						
		T	(iii) Type of	· · · · · ·								
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your		u notify the tion in col	(vi) Is organization	on in col	(vii) An		f
org	anization		(described on lines 1-9		document?	•	r support?	(i) organız U S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(500 man sections)/		-			1				
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Total												
	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for F	orm 990		Schedul	e A (Form	990 or 99)0-EZ	2008
	aug mut at	upuuuu					-					

(Complete only if you checked						
Section A. Public Support						
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 · 3			ļ			
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)					,	
6 Public Support. Subtract line 5 from line 4						
Section B. Total Support		,	1			1
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on		1				
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on				<u> </u>	ļ	
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						<u> </u>
12 Gross receipts from related activities,	etc. (see instruct	ions)			12	
13 First five years. If the Form 990 is for	r the organization'	s first, second, th	ird, fourth, or fifth t	tax year as a section	on 501(c)(3)	
organization, check this box and stor						<u> </u>
Section C. Computation of Publ					1	
14 Public support percentage for 2008 (line 6, column (f) c	divided by line 11,	column (f))		14	
15 Public support percentage from 2007		•			15	
16a 33 1/3% support test - 2008. If the o				14 is 33 1/3% or i	more, check this b	ox and
stop here. The organization qualifies		•				▶∟.
b 33 1/3% support test - 2007. If the c				d line 15 is 33 1/39	% or more, check t	his box
and stop here. The organization qual	• •			10.10		▶ [_
17a 10% -facts-and-circumstances tes						
and if the organization meets the "fac					art IV how the orga	nization
meets the "facts-and-circumstances"						▶∟
b 10% -facts-and-circumstances tes						
more, and if the organization meets the						e
organization meets the "facts and circ		•	•			
18 Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17		and see instruction edule A (Form 99)	

Schedule A (Form 990 or 990-EZ) 2008 FRIENDS OF ISRAEL SCI-TECH SCHOOLS, INC. 26-0492682 Page 3 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 5,296. 5,296. 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 5,296. 5,296. 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 5,296. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (b) 2005 (c) 2006(d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (f) Total 5,296. 5,296. 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 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.) 5,296. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 100.00 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 16 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Section D. Computation of Investment Income Percentage .00 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 <u>%</u> 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

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