efile	GRAPHIC	print - DO NOT PROCESS As Filed Data -			LN: 9					
C	990	Return of Organization Exempt From	Incom	e Tax		MB No 1545-0047				
rm 🗳		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu	e Code (ex	xcept private		2013				
-	nt of the Treasury	► Do not enter Social Security numbers on this form as it may be made public By law, the IRS								
	evenue Service	generally cannot redact the information on the ▶ Information about Form 990 and its instructions is at www.IRS.gov				Inspection				
For	the 2013 cal	endar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31								
	ck if applicable	C Name of organization	2010	D Employ	er ider	ntification number				
	ess change	UNITED STATES COMMITTEE SPORTS FOR ISRAEL INC		13-18	10938	3				
Name	e change	Doing Business As								
Initia	il return	Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telepho	ne num	her				
Term	ninated	1511 WALNUT STREET SUITE 401		(215)						
Amer	nded return	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19102		(215)	201-0	900				
Applı	cation pending			G Gross re	ceipts \$	5 10,764,387				
		F Name and address of principal officer		this a group	return	for				
		RONALD CARNER 1511 WALNUT STREET SUITE 401	su	ibordinates?		🔽 Yes 🔽 No				
		PHILADELPHIA,PA 19102		re all subordır	ates	Yes No				
Tay-	-exempt status	✓ 501(c)(3)		cluded? "No " attach	a list i	(see instructions)				
	-									
We	bsite: 🕨 WM	/W MACCABIUSA COM	H(c) G	roup exempti	on nun	nber 🕨				
	_	🔽 Corporation 🗌 Trust 🗍 Association 🗍 Other 🕨	L Year o	of formation 194	8 M	State of legal domicile				
ar	t I Sum	mary								
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Sign	Į,	Signature of officer									
Here	RONALD CARNER PRESIDENT										
	7	Type or print name and title									
Paid		Print/Type preparer's name JOHN J NIHILL CPA	Preparer's signature								
Prepare	r	Firm's name 🕨 ELKO & ASSOCIATES L	ΓD								
Use Onl		Firm's address 🏲 2 WEST BALTIMORE AV	Firm's address Þ 2 WEST BALTIMORE AVE SUITE 210								
		MEDIA, PA 19063	MEDIA, PA 19063								

May the IRS discuss this return with the preparer shown above? (see instructio

	990 (2013)				Page 2
Par	t III Statement of Pr Check if Schedule O			s Part III	ম
1	Briefly describe the organi	zation's missior)		
COM AWA	IMUNITY BY ENCOURAGIN RENESS OF ISRAEL AND J	G JEWISH PRI EWISH IDENTI	DE, STRENGTHENING JEWIS TY OUR VOLUNTEER ORGA	RPETUATE AND PRESERVE THE H BONDS AND BY CREATING A H NIZATION SEEKS TO ENRICH TH ATHLETIC, CULTURAL AND EDU	IEIGHTENED SENSE OF IE LIVES OF JEWISH
2			ant program services during t	ne year which were not listed on	
	If "Yes," describe these ne	w services on S	chedule O		
3	services?			w it conducts, any program	. 🔽 Yes 🔽 No
4	expenses Section 501(c)(program servic 3) and 501(c)(4	e accomplishments for each o	f its three largest program service: report the amount of grants and a d	
4 a	•			of \$ 301,152) (Revenue \$ 5 IN ISRAEL EVERY FOUR YEARS AND TO P	6,630,018) ARTICIPATE IN MACCABIAH
4b	(Code)	(Expenses \$	including grants o	f \$) (Revenue \$)
4c	(Code)	(Expenses \$	including grants o	f\$)(Revenue\$)
4d	Other program services ((Expenses \$		edule O) luding grants of \$) (Revenue \$	١
	Total program service exp		9,391,763) (Kevenue \$)
	iotai piografii service exp	C113C3 F			Form 990 (2013)

Par	t 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)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😨	2	Yes	
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		No
4		4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part 1</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😨	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😨	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😼	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🔁	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🔂	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a	Yes	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 😨	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
			L	1

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> 🔞	28c	Yes	
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Dıd the organızatıon lıquıdate, termınate, or dıssolve and cease operatıons? <i>If "Yes," complete Schedule N,</i> Part I	31		No
32	DId the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 🔞	35b	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 😨	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
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Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 19		103	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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 and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
f	contract?	7e 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	-		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans 13b	_		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or chang See instructions.			ule O.
	Check if Schedule O contains a response or note to any line in this Part VI	•	• • •	ন
Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			No
E	filed?	4 5		No
5				No
6 7-	Did the organization have members or stockholders?	6		No
	more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
		15b	Yes	
-	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed PA, AL, AR, AZ, CA, CO, CT, FL, G. MD, MA, MI, MN, MS, NC, NH, NJ, I OR, RL, SC, TN, VA, WA, WV, WI			

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization
	▶ ORGANIZATION 1511 WALNUT STREET SUITE 401
	PHILADELPHIA, PA 19102 (215)561-6900

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

+ List all of the organization's current key employees, if any See instructions for definition of "key employee "

◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han c on is	one l both	oox, an d	heck unless officer stee)	;	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organızatıons below dotted lıne)	Individual trustaa or dilector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organızatıon and related organızatıons
										Form 990 (2013)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han c n is	one l both	oox, an c	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W-	/-	(F) Estima amount o compens from t	ted fother atıon he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC		rganızatı relate organıza	ed
1b	Sub-Total	<u> </u>	<u> </u>	<u> </u>	<u> </u>			•						
c	Total from continuation sheet	s to Part VII, S	ection /	۰. ۱				►						
d	Total (add lines 1b and 1c) .							•		226,221		0		0
2	Total number of individuals (in \$100,000 of reportable comp	-					d abov	e) wl	ho receive	d more th	an			
													Yes	No
3	Did the organization list any f e on line 1a? <i>If "Yes," complete S</i>					key	emplo	yee, •	, or highes	t compen	sated employee	3		No
4	For any individual listed on lin organization and related organ individual											4	Yes	
5	Did any person listed on line 1	a receive or acc	crue con	npen	- sati	- on fr	om an	- / unr	related org	anızatıon	or individual for	4	185	
-	services rendered to the organ											5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fir	ve highest comp												
	compensation from the organi	zation Report co (A)	ompens	ation	fort	the c	alenda	arye	ar ending	with or wi	thin the organizat (B)	ion's	tax year (C	
	N RAVEL GROUP 1511 WALNUT STREET P	lame and business								Des TRAVEL	cription of services		Comper	, sation ,935,517

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶1

Form 99									Page 9
Part \	/111	Statement of		enon	se or note to any lin	e in this Part VIII			Г
				500		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campa	aigns	1a					
unts	ь	Membership due:	s	1b	44,214				
20 0 22	c	Fundraising even	nts	1c	344,796				
r A	d	Related organiza		1d	753,000				
nila		Government grants (
Sin's	e			1e					
er .	f	All other contribution similar amounts not	s, gifts, grants, and included above	1f	2,679,456				
Q th O th O	g	Noncash contribution 1a-1f \$	is included in lines		İ				İ
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines :	1a-1f			3,821,466			
	<u> </u>				₽ Business Code				
Program Service Revenue	2a	ANNUAL GAMES			711300	6,644,018	6,630,018		14,000
je ve	ь			-		-,	-,,		
С Э С	с			-					
erwa	d			-					
с С	e			-					
Č Tai	f	All other program	n service revenue	5					
ž	g	Total. Add lines 3	2a-2f	. '	►	6,644,018			
	3	Investment inco				328			328
	4	and other similar Income from investn			-				
	5	Royalties			•				
		Ē	(ı) Real		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	с	Rental income or (loss)							
	d	Net rental incom	e or (loss)	•	· · · · •				
			(I) Securities		(II) Other				
	7a	Gross amount from sales of							
		assets other than inventory							
	Ь	Less cost or other basis and							
	c	sales expenses Gain or (loss)							
	d	∟ Net gaın or (loss)		· · · ·				
nue	8a	Gross income fro events (not inclu \$ 344,7	dıng						
Other Revenue		of contributions r See Part IV , line	 reported on line 1	c)					
č		See Part IV, Ille	10	а	155,076				
thei	ь	Less direct expe	enses	ь	207,552				
δ	с	Net income or (lo	oss) from fundrais	sing e	events 🕨	-52,476			-52,476
	9a	Gross income fro See Part IV, line		ies					
				а	100				
	b	Less direct expe	enses	ь	5,500				
	c	Net income or (lo	oss) from gaming	activ	vities 📭	-5,400			-5,400
	10a	Gross sales of in returns and allow							
				a	141,791				
	b	Less costofgoo		ь [82,640				
	c	Net income or (lo		finve		59,151			59,151
	11a	Miscellaneous	ĸevenue		Business Code 711300	1,608			1,608
	b	MISC INCOME		-		_,_ ;;			_,
	c			-					
	d	All other revenue		-					
	e	Total. Add lines	11a-11d	. '	F	1,608			
	12	Total revenue. Se	ee Instructions		· · · •	10,468,695	6,630,018		0 17,211
	_					10,400,093	5,550,010		-1 -1,211

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	IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must com	lete column (A)	
Sectl	Check if Schedule O contains a response or note to any line in this				
	t include amounts reported on lines 6b,		 (B)	(c)	<u></u> (D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV , line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	224,152	224,152		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	77,000	77,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	226,221	142,519	52,031	31,671
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,935,517	1,935,517		
7	Other salaries and wages	412,678	259,987	94,916	57,775
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	66,948	52,400	2,904	11,644
10	Payroll taxes	47,884	30,167	11,013	6,704
11	Fees for services (non-employees)				
а	Management				
b	Legal	18,500		18,500	
с	Accounting	74,529		74,529	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	85,506			85,506
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,855		2,855	
12	Advertising and promotion	56,160		56,160	
13	Office expenses	55,118		55,118	
14	Information technology	7,811		7,811	
15	Royalties				
16	Occupancy	68,691		68,691	
17	Travel	42,811			42,811
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,224		16,224	
20	Interest	15,680		15,680	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,807		7,807	
23	Insurance	105,518		105,518	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	19TH ANNUAL GAMES	6,532,182	6,532,182		
b	MACCABI WORLD UNION	105,323	105,323		
с	FUNDRAISING	74,258			74,258
d	NEWS LETTER	43,559		43,559	
е	All other expenses	41,066	32,516	8,550	
25	Total functional expenses. Add lines 1 through 24e	10,343,998	9,391,763	641,866	310,369
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ►				
		-	-		rm 990 (2013)

Balance Sheet

Part X

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(A) (B) Beginning of year End of year Cash-non-interest-bearing 460,539 100,271 1 1 2 1.597 2 Savings and temporary cash investments 127,551 3 з Pledges and grants receivable, net 4 230.877 4 223.299 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 24,546 9 40,634 10a Land, buildings, and equipment cost or other basis Complete 101,163 10a Part VI of Schedule D 92,517 b Less accumulated depreciation 10b 13,857 10c 8,646 10.500 33.000 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 16 740,319 16 534,998 **Total assets.** Add lines 1 through 15 (must equal line 34) . 17 160,832 59,283 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 0 25 7,500 26 Total liabilities. Add lines 17 through 25 160,832 66,783 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔽 and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 579,487 27 360,200 0 108,015 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🦵 and complete lines 30 through 34. 5 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds Net 33 579,487 33 468,215 34 Total liabilities and net assets/fund balances 740.319 534,998 34

Form	990	(201	3)
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Par	t XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,4	168,695
2	Total expenses (must equal Part IX, column (A), line 25)	2		10 3	343,998
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			.24,697
_		4		5	579,487
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	8		-2	235,969
5		9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	68,215
Par	t XII Financial Statements and Reporting Check If Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual Cother If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	🔽 Separate basis 🔰 Consolidated basis 👘 Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th	e	n -		NLa
F	Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a 3b		No
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		עכ		

Software ID:Software Version:EIN:13-1810938Name:UNITED STATES COMMITTEE SPORTS FOR ISRAEL INC

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations			oth a ctor/	ox, u an oi 'trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustae or dilector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
MR RONALD CARNER	15 00	x		x				0	0	0	
OFFICER-PRES MR JEFFREY BUKANTZ	0 00										
OFFICER-1ST VP	0 00	х		х				0	0	0	
MR LELAND FAUST	1 00	x		x				0	0	0	
OFFICER-VP MS DONNA ORENDER	0 00 1 00										
OFFICER-VP	0 00	X		х				0	0	0	
MRS JODI REFF	1 00	x		x				0	0	0	
OFFICER-VP MR JEFFREY SCHULMAN	0 00										
OFFICER-VP	0 00	x		х				0	0	0	
MR MARC ROSENBERG OFFICER-ASSOC TREASURER	5 00	x		x				0	0	0	
MR DONALD KENT	0 00 5 00	x		x				0	0	0	
OFFICER-SEC'Y MR BENJAMIN FOX	0 00										
OFFICER-TREASURER MRS TONI WORTMAN	0 00	×		x				0	0	0	
PAST PRES	0 00	×						0	0	0	
MR ROBERT E SPIVAK PAST PRES/CHAIRMAN	15 00 1 00	x						0	0	0	
MR FRED COHEN	5 00	x						0	0	0	
REGIONAL VP MR BARRY T GURLAND	0 00	x						0	0	0	
REGIONAL VP	1 00							0	0		
MR MARK KNUE REGIONAL VP	5 00	x						0	0	0	
MR KEN SCHWARTZ	0 00 5 00	×						0	0	0	
REGIONAL VP MR SAMUEL SPORN	0 00										
REGIONAL VP	0 00	×						0	0	0	
MRS CAROLYN BALLAN WASSERMAN REGIONAL VP	5 00 0 00	x						0	0	0	
MR MARK RABINOWITZ	5 00	x						0	0	0	
COUNSEL MS BETH ADLER	0 00 1 00	x						0	0	0	
JR MR DAVID BINSTOCK	0 00										
JR MR SCOTT ELFENBEIN	0 00	×						0	0	0	
JR	1 00 0 00	x						0	0	0	
MR ZACHARY ELFENBEIN JR	1 00 0 00	x						0	0	0	
MR HART GLIEDMAN	1 00	x						0	0	0	
JR MS MIA GLIEDMAN	0 00 1 00	x						0	0	0	
JR MR JORDAN GREENBERG	0 00										
JR	0 00	х						0	0	0	

	ependent Cor									I I
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	nan (nan o n is b	ne b oth : ctor/	ox, u an oi ⁄trus	inless ficer tee)	_	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustse or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-11130)	2/1099-11130)	related
MS RACHEL JAFFE	1 00	x						0	0	0
JR MS LIBBY JUBAS	0 00 1 00	x						0	0	
JR MS MOLLY JUBAS	0 00	^						0	0	0
JR	1 00 0 00	х						0	0	0
MR BRIAN KAUFMAN	1 00	x						0	0	0
JR MR TRAVIS ROHER	0 00 1 00	x						0	0	0
JR MR LEE ROSEN	0 00	^						0	0	
JR	1 00 0 00	x						0	0	0
MS ABBY TUFTS	1 00	x						0	0	0
JR MR MAX WEIN	0 00	x						0	0	0
JR MR JESSE BERKOWSKY	0 00									
JR MS JARA COHEN	0 00	X						0	0	0
JR	0 00	x						0	0	0
MR PETER COHEN JR	1 00 0 00	х						0	0	0
MR JONATHAN DEUTSCH	1 00	x						0	0	0
JR MS DANNIELLE DIAMANT	0 00	x						0	0	0
JR MS MARLEE EHRLICH	0 00									
JR	0 00	x						0	0	0
MS JULIA FISHER JR	1 00 0 00	x						0	0	0
MS BIZZY GART JR	1 00	x						0	0	0
MS ARIEL GERBER	1 00	x						0	0	0
JR MR JARRYD GOLDBERG	0 00	x						0	0	0
JR MR JEREMIAH JOSEPH	0 00									
	0 00	x						0	0	0
MS JANEY JUBAS JR	1 00 0 00	x						0	0	0
MS LISA KAPLIN JR	1 00	x						0	0	0
MR JONATHAN LESLIE	1 00	x						0	0	0
JR MS AMANDA MADDAHI	0 00 1 00	x						0	0	0
JR MR JORDAN MENDELSON	0 00							0	0	
JR	0 00	x						0	0	0
MS MARGOT MOINESTER JR	1 00 0 00	x						0	0	0

Compensated Employees, and 1		ntracto I					1	I	I	I I
(A) Name and Title	(B) Average hours per week (list any hours	Posit more tl perso and a	nan (nan o n is b	ne b ooth ctor,	ox, u an oi	inless fficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	Individual trustae or dilector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MR NOAH RATNER	1 00	x						0	0	0
JR MR ALEXANDER REISLEY	0 00	x						0	0	0
JR MR ARI RICHMAN	0 00	x						0	0	0
JR MR SCOTT ROWLING	0 00	x						0	0	0
JR MS ANDREA SAMLIN	0 00	x						0	0	0
JR MR MATTHEW SHERMAN	0 00	x						0	0	0
JR MR TANNER TANANBAUM	0 00	x						0	0	0
JR MR DAVID WEINSTEIN	0 00 1 00	x						0	0	0
JR MR JUDD HOWARD	0 00 1 00	×						0	0	0
JR MRS ELLEN ATLAS	0 00	x						0	0	0
TRUSTEE MR SETH BARON	0 00									
TRUSTEE MR WALTER KLORES	0 00	×						0	0	0
TRUSTEE MR MAX LEVINE	0 00	×						0	0	0
TRUSTEE MR JEFFREY C SIMON	0 00	×						0	0	0
TRUSTEE MR MATTHEW SUSSON	0 00	X						0	0	0
TRUSTEE MS SARAH SUSSON	0 00	X						0	0	0
TRUSTEE MR JORDAN WEINSTEIN	0 00	x						0	0	0
TRUSTEE MR RICHARD ADER	0 00	x						0	0	0
TRUSTEE	1 00	x						0	0	0
MS JORDANA ADLER TRUSTEE	1 00 0 00	x						0	0	0
MRS JANICE ALBERT TRUSTEE	1 00 0 00	x						0	0	0
MR ALAN APPELBAUM TRUSTEE	1 00	x						0	0	0
MR SIMON ATLAS TRUSTEE	1 00 0 00	x						0	0	0
MR PETER M BARTFELD TRUSTEE	1 00 0 00	x						0	0	0
MR JASON BAUER TRUSTEE	1 00 0 00	х						0	0	0
DR MAX BEHR TRUSTEE	1 00 0 00	x						0	0	0
			-					1		•

Compensated Employees, and Ind		ntracto						I	I	1 1
(A) Name and Title	(B) Average hours per week (list any hours	Posit more th perso and a	non (nan o n is b	ne b oth a	ox, u an of	ınless fficer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organızatıons below dotted lıne)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MS JO ANN BENDETSON	1 00	x						0	0	0
TRUSTEE MR ARNIE BENGIS	0 00									
TRUSTEE	0 00	x						0	0	0
DR BENJAMIN BERGER	1 00									
TRUSTEE	0 00	x						0	0	0
MR STEPHEN BERLINER	1 00	x						0	0	0
TRUSTEE MR ALEX BLAVATNIK	0 00									
TRUSTEE	0 00	x						0	0	0
MR MARTY BLOOM	1 00									
TRUSTEE	0 00	X						0	0	0
MRS SANDI BLOOMBERG	1 00	x						0	0	0
TRUSTEE MR JAY BLUMENFELD	0 00									
TRUSTEE	0 00	x						0	0	0
MR GARY BOMZER	1 00									
TRUSTEE	0 00	x						0	0	0
MR SAM BOREK	1 00	x						0	0	0
TRUSTEE MR ROBERT BRESSMAN	0 00									
TRUSTEE	0 00	x						0	0	0
MR JAMES BRONNER	1 00	x						0	0	0
TRUSTEE	0 00							Ŭ		
MR MICHAEL BRONSTEIN	1 00	x						0	0	0
TRUSTEE MS NANCY BROWN	0 00									
TRUSTEE	0 00	X						0	0	0
MR JAMES J CALMAS	1 00	x						0	0	0
TRUSTEE	0 00									
DR JOEL CARTER	1 00	x						0	0	0
TRUSTEE MR GERALD CHAIT	0 00									
TRUSTEE	0 00	X						0	0	0
MS LISA CHAJET	1 00	x						0	0	0
TRUSTEE MR MEL CHASKIN	0 00									
TRUSTEE	0 00	x						0	0	0
MR SAMUEL CHERIS	1 00									
TRUSTEE	0 00	X						0	0	0
MR GLEN COBLENS	1 00	x						0	0	0
TRUSTEE MR EDWARD B COHEN	0 00									
TRUSTEE	0 00	x						0	0	0
MR JEFFREY COHN	1 00									
TRUSTEE	0 00	X						0	0	0
MR MARVIN COTLER	1 00	x						0	0	0
TRUSTEE MR ROB DELMAN	0 00									
TRUSTEE	0 00	x						0	0	0
		L			i	I		1		L,

Compensated Employees, and In		ntracto						I	I	ı ı
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more tl perso and a	non (nan o n is b	ne b oth a	ox, u an of	ınless fficer	i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-M12C)	organization and related organizations
MR HOWARD DORMAN	1 00	x						0	0	0
	0 00									
MR LEO EISNER	1 00	x						0	0	0
TRUSTEE MS EVE ELLIS	0 00									
TRUSTEE	0 00	X						0	0	0
MR JEREMY EPSTEIN	1 00	x						0	0	0
TRUSTEE	0 00	^						0		
MRS BARBARA FELDMAN	1 00	x						0	0	0
TRUSTEE MR ARNOLD FIELKOW	0 00									
TRUSTEE	0 00	x						0	0	0
MR JERRY FINESTONE	1 00							_		
TRUSTEE	0 00	X						0	0	0
MR PHILIP FISHEL	1 00	x						0	0	0
TRUSTEE	0 00							Ű		
MR MARK FISHMAN	1 00	x						0	0	0
TRUSTEE MR JEFF FLEISHMAN	0 00									
TRUSTEE	0 00	x						0	0	0
MR JESS E FORREST	1 00									
TRUSTEE	0 00	X						0	0	0
MR ERIC FORSETER	1 00	x						0	0	0
TRUSTEE MR ALLEN FOX	0 00									
	1 00	x						0	0	0
TRUSTEE MS LORI FOX	0 00									
TRUSTEE	0 00	X						0	0	0
MRS SUZAN FOX	1 00	x						0	0	0
TRUSTEE	0 00	^								
MRS LEAH FRANKEL	1 00	x						0	0	0
TRUSTEE MR MARC FREIMUTH	0 00									
TRUSTEE	0 00	x						0	0	0
MR JONATHAN FRIEDER	1 00	<u> </u>								
TRUSTEE	0 00	X						0	0	0
DR ARNOLD FRIEDMAN	1 00	x						0	0	0
	0 00									
DR HAROLD FRIEDMAN	1 00	x						0	0	0
TRUSTEE MRS HARLEE GASMER	0 00									
TRUSTEE	0 00	X						0	0	0
DR STEVEN GELLMAN	1 00	x			1			0	0	0
TRUSTEE	0 00	^						0	0	
MS MARILYN GLASER	1 00	x						0	0	0
TRUSTEE DR MICHAEL GLASSMAN	0 00									
TRUSTEE		x						0	0	0
MR ALAN GOLDBERG	0 00		<u> </u>		\vdash				<u> </u>	<u> </u>
TRUSTEE	0 00	X						0	0	0

Compensated Employees, and Ind	1	ntracto						I	I	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more tl perso and a	tion (han o n is t	ne bo ooth a ctor/	ox, u an of ′trus	inless fficer tee)	-	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	_,,	_,,	related organizations
MR NORMAN GOLDBLOOM	1 00	x						0	0	0
TRUSTEE MR PRESTON GOLDFARB	0 00									
		x						0	0	0
TRUSTEE DR ADAM GOLDSTEIN	0 00									
TRUSTEE	0 00	x						0	0	0
MR BRENT GOLDSTEIN	1 00									
TRUSTEE	0 00	X						0	0	0
MR MARK GOLDSTEIN	1 00	x						0	0	0
TRUSTEE	0 00	^						0	0	0
MR MICHAEL G GOLDSTEIN	1 00	x						0	0	0
TRUSTEE	0 00								-	
MR MICHAEL GRAFF	1 00	x						0	0	0
TRUSTEE MR BRIAN GREENE	0 00									
TRUSTEE		x						0	0	0
MR RICHARD GRODIN	0 00	x						0	0	0
TRUSTEE MR YRAM GROFF	0 00									
	1 00	x						0	0	0
TRUSTEE DR STEPHEN GROFF	0 00									
TRUSTEE	0 00	x						0	0	0
MR MICHAEL GROSS	1 00									
TRUSTEE	0 00	X						0	0	0
MS BETSY GROSSMAN	1 00	x						0	0	0
TRUSTEE	0 00	^						0	0	0
MR GERALD GROSSMAN	1 00	x						0	0	0
TRUSTEE	0 00									
MR ALAN HAHN	1 00	x						0	0	0
TRUSTEE MR MATTHEW HALPERN	0 00									
TRUSTEE	0 00	x						0	0	0
MRS IRIS HAMI	1 00									
TRUSTEE	0 00	X						0	0	0
MR JOEL HIRSCH	1 00	x						0	0	0
TRUSTEE	0 00	^						0	0	
MR ELIE HIRSCHFELD	1 00	x						0	0	0
TRUSTEE	0 00									
MR DOUG HOMER	1 00	x						0	0	0
TRUSTEE DR DANIEL INDECH	0 00									
		x						0	0	0
TRUSTEE MR JESSE ITZLER	0 00									
TRUSTEE	0 00	x						0	0	0
MR TODD JACOBSON	1 00							_		
TRUSTEE	0 00	X						0	0	0
MR LEO JALENAK JR	1 00	x						0	0	0
TRUSTEE	0 00							0	0	
MR IRA KAMENS	1 00	x						0	0	0
TRUSTEE	0 00									

Compensated Employees, and Ind	1	ntracto I						I	I	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	nan (nan o n is b	ne b ooth a ctor/	ox, u an oi /trus	inless fficer tee)	-	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organızatıons below dotted lıne)	or director	Institutional Trustee	Officei	Ke; emplo;ee	Highest compensated employee	Former			related organizations
MR JOSH KAMIN	1 00	x						0	0	0
TRUSTEE DR LAWRENCE KANTER	0 00									
TRUSTEE	1 00 0 00	x						0	0	0
MS KAREN KARPER	1 00	x						0	0	
TRUSTEE	0 00							0	0	0
DR JANE KATZ	1 00	x						0	0	0
TRUSTEE MR CHARLES KAUFMAN	0 00									
TRUSTEE	0 00	X						0	0	0
DR BONNIE KAY	1 00	x						0	0	0
TRUSTEE MR MARK KITAEFF	0 00									
TRUSTEE	0 00	X						0	0	0
MR PAUL KLAPPER	1 00	x						0	0	0
TRUSTEE MR BARRY KLEIMAN	0 00	x						0	0	0
TRUSTEE MR LENNY KRAYZELBURG	0 00	x						0	0	0
TRUSTEE MR JEFFREY KRIEGER	0 00									
TRUSTEE	0 00	X						0	0	0
MR ERIC KRIFTCHER TRUSTEE	1 00	x						0	0	0
MR BRIAN KRONICK	1 00	x						0	0	0
TRUSTEE RABBI IRWIN KULA	0 00							, , , , , , , , , , , , , , , , , , ,		
TRUSTEE	1 00 0 00	x						0	0	0
DR HAROLD KURTZ	1 00	x						0	0	0
TRUSTEE MR CHARLES LEBOVITZ	0 00									
TRUSTEE	0 00	×						0	0	0
MR STEPHEN LEBOVITZ TRUSTEE	1 00	x						0	0	0
MR HARVEY LEFF	0 00									
TRUSTEE MR LAWRENCE LEFF	0 00	×						0	0	0
TRUSTEE	0 00	X						0	0	0
MSCAREN LESSER TRUSTEE	1 00	x						0	0	0
MS SHERRY LEVIN	0 00	x						0	0	0
TRUSTEE RABBI DARREN LEVINE	0 00	x						0	0	0
TRUSTEE MR IRVING LEVINE	0 00									
TRUSTEE MR DAN LEVINSON	0 00	×						0	0	0
TRUSTEE	0 00	×						0	0	0
MR HOWARD LEVY TRUSTEE	1 00 0 00	x						0	0	0
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Compensated Employees, and I	1	ntracto						I	I	ı ı
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more tl perso and a	tion (han o n is t	ne b ooth a ctor/	ox, u an oi /trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2000 11000)	2,2000 11000)	related organizations
MS DEB LICHTENFELD	1 00	x						0	0	0
TRUSTEE MR DOUG LIFTMAN	0 00									
TRUSTEE	0 00	x						0	0	0
MR ALAN LIPP	1 00									
TRUSTEE	0 00	X						0	0	0
MR GEORGE LIPPMAN	1 00	x						0	0	0
TRUSTEE	0 00							Ű		
MS ROBIN L LONG	1 00	x						0	0	0
TRUSTEE MR DAVID LORRY	0 00									
TRUSTEE	0 00	x						0	0	0
DR DAVID LOWENTHAL	1 00									
TRUSTEE	0 00	X						0	0	0
DR LAZAR LOWINGER	1 00	x						0	0	0
TRUSTEE MR ALAN MAGERMAN	0 00	x						0	0	0
TRUSTEE MR JOEL MAGERMAN	0 00									
TRUSTEE MR JERRY MANKO	0 00	X						0	0	0
TRUSTEE	0 00	X						0	0	0
MR MICHAEL MARINOFF	1 00	х						0	0	0
MRS CHRIS MCPHERSON	1 00	x						0	0	0
TRUSTEE MR ALAN MELTZER	0 00									
TRUSTEE		x						0	0	0
DR DAVID MENCHE	0 00	x						0	0	0
TRUSTEE MR EDWARD MENDELSON	0 00									
TRUSTEE	0 00	x						0	0	0
MR BRIAN MERMELSHTEIN	1 00	x						0	0	0
TRUSTEE MS KIM MERTENS	0 00									
	0 00	X						0	0	0
MR JONATHAN MILLER	1 00	x						0	0	0
TRUSTEE MR MELVYN K MILLER	0 00	x						0	0	0
	0 00									
MR MILTON MILLER TRUSTEE	1 00 0 00	x						0	0	0
MR MICHAEL L MILSTEIN TRUSTEE	1 00 0 00	x						0	0	0
MR ARNOLD MINKOFF	1 00	x						0	0	0
TRUSTEE MR JESS MOGUL	0 00	x	-					0	0	0
TRUSTEE	0 00									
MRS SUSAN MORGAN TRUSTEE	1 00	х						0	0	0
			•	-	•		-	•		

Compensated Employees, and Ind		ntracto						I	I	I I
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	non (nan o n is b	ne b oth a	ox, u an of	ınless fficer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and
	for related organızatıons below dotted lıne)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MR HARVEY MORGAN	1 00	x						0	0	0
TRUSTEE MR JEFF MOSHAL	1 00									
	1 00	x						0	0	0
TRUSTEE MR LOUIS MOYERMAN	0 00									
TRUSTEE	0 00	x						0	0	0
MRS NANCY NEFF	1 00									
TRUSTEE	0 00	X						0	0	0
MR LAWRENCE NORMAN	1 00	x						0	0	0
TRUSTEE	0 00									
DR DEANE PENN	1 00	x						0	0	0
TRUSTEE MRS SUSAN PENN	0 00									
TRUSTEE		x						0	0	0
MR BRYAN POLLACK	0 00									
TRUSTEE	0 00	X						0	0	0
DR PETER POLLAT	1 00									
TRUSTEE	0 00	x						0	0	0
MR TERRY L POSNER	1 00	x						0	0	0
TRUSTEE	0 00								-	
MR STUART PRESS	1 00	x						0	0	0
TRUSTEE MR JOHN PRESSMAN	0 00									
TRUSTEE	0 00	x						0	0	0
MS BETTE QUIAT	1 00									
TRUSTEE	0 00	X						0	0	0
MR H LEWIS RAPAPORT	1 00	x						0	0	0
TRUSTEE	0 00	^						0	0	
DR RICHARD REFF	1 00	x						0	0	0
TRUSTEE MR DANIEL REICH	0 00									
TRUSTEE		x						0	0	0
MR LEONARD REIFMAN	0 00									
TRUSTEE	0 00	X						0	0	0
MRS ANGELA RETELNY	1 00	x						0	0	0
TRUSTEE	0 00	^						0	0	
MR MICHAEL ROCKOWER	1 00	x						0	0	0
	0 00									
MS MERYL ROMEU	1 00	x						0	0	0
TRUSTEE MR JOEL ROODYN	0 00									
TRUSTEE	0 00	x						0	0	0
MR RICHARD ROTHMAN	1 00									
TRUSTEE	0 00	X						0	0	0
MR LOWELL ROTHSCHILD	1 00	x						0	0	0
TRUSTEE	0 00		<u> </u>							
MR JEFF ROTTER	1 00	x						0	0	0
TRUSTEE DR BEN RUBIN	0 00									
	1 00	x						0	0	0
TRUSTEE	0 00		I		I	1				

Compensated Employees, and In		ntracto						I	I	ı ı
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and a	tion (han o n is t	one b both ctor,	ox, u an oi /trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	_,,	_,,	related organizations
MRS BARBARA SABIN	1 00	x						0	0	0
TRUSTEE	0 00									
DR HAROLD SACKS	1 00	x						0	0	0
TRUSTEE MR ROY SALTER	0 00									
TRUSTEE	0 00	x						0	0	0
MS JOSIE SANDLER	1 00									
TRUSTEE	0 00	X						0	0	0
MR JOSHUA SCHACHTER	1 00	x						0	0	0
TRUSTEE	0 00							0	0	0
MR DAN SCHAYES	1 00	x						0	0	0
TRUSTEE	0 00									
MR NEIL SCHECHTER	1 00	x						0	0	0
TRUSTEE MR BRIAN SCHIFF	0 00									
TRUSTEE		x						0	0	0
MR ROBERT SELTZER	0 00	x						0	0	0
TRUSTEE MR CHARLES SHECHTMAN	0 00									
TRUSTEE	0 00	×						0	0	0
DR MICHAEL SHEFF	1 00	x						0	0	0
DR MURRAY SHELDON	0 00 1 00							0	0	0
	0 00	×						0	0	0
MR GARY SHEMANO	1 00	x						0	0	0
TRUSTEE MR ADAM SHERMAN	0 00						-			
TRUSTEE	0 00	x						0	0	0
MR ALAN SHERMAN	1 00									
TRUSTEE	0 00	X						0	0	0
MR DENNIS SHIELDS	1 00	x						0	0	0
TRUSTEE MRS RUTHIE SHLEIFER	0 00		<u> </u>							
TRUSTEE		x						0	0	0
MR LENNY SILBERMAN	0 00									
TRUSTEE	0 00	X						0	0	0
DR ROY SILVER	1 00	x						0	0	0
TRUSTEE	0 00							0	0	0
DR MARK SILVER	1 00	x						0	0	0
TRUSTEE MS CAROL SIMON	0 00									
	1 00	x						0	0	0
TRUSTEE DR JOSEPH SINGER	0 00 1 00	x						0	0	0
TRUSTEE MR MORTON SLOAN	0 00	Ļ			 		-			
		x						0	0	0
TRUSTEE MR ROBERT SOCKOLOV	0 00	<u> </u>		\vdash	\vdash		-			
TRUSTEE	0 00	×						0	0	0
MR HOWARD SOLOMON	1 00	x						0	0	0
TRUSTEE	0 00			<u> </u>						ľ ř

Compensated Employees, and In		ntracto						I	I	I I
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more tl perso and a	nan (nan o n is b i dire	ne b ooth a ctor/	ox, u an oi /trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organızatıons below dotted lıne)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
MRS TRACEY SPECTER	1 00	x						0	0	0
TRUSTEE MR MICHAEL SPECTOR	0 00									
TRUSTEE	0 00	х						0	0	0
MR MARK SPITZ	1 00									
TRUSTEE	0 00	х						0	0	0
MR PAUL STANDER	1 00	x						0	0	0
TRUSTEE MR WILLIAM STEERMAN	0 00									
	1 00	х						0	0	0
TRUSTEE MS JESSICA STEGMAN	<u> </u>									
TRUSTEE	0 00	х						0	0	0
MR MARC STEIN	1 00	x						0	0	0
TRUSTEE	0 00	^								
MR ELLIOT STEINMETZ	1 00	x						0	0	0
TRUSTEE MR BRIAN STEINWURTZEL	0 00	x						0	0	0
TRUSTEE DR ALEX STERNBERG	0 00 1 00	x						0	0	0
TRUSTEE MR DOV STERNBERG	0 00	x						0	0	0
TRUSTEE	0 00	^						0	0	
DR RUSSELL STOCH	1 00	x						0	0	0
MR DAVID STONE	1 00	x						0	0	0
TRUSTEE	0 00	~						, , , , , , , , , , , , , , , , , , ,		
MRS DANA SUSSON	1 00	x						0	0	0
TRUSTEE MR MARK SUSSON	0 00 1 00	x						0	0	0
	0 00									
MR HARRY SWIMMER TRUSTEE	1 00 0 00	х						0	0	0
MR PETER TILL	1 00	x						0	0	0
TRUSTEE MR CLIFFORD M TOPOL	0 00									
TRUSTEE	0 00	x						0	0	0
MR NEIL TRAMER	1 00	x						0	0	0
TRUSTEE MR ROBERT M TUFTS	0 00							0	0	
TRUSTEE	0 00	X						0	0	0
MRS KATHY VAENBERG	1 00 0 00	x						0	0	0
MR HOWARD B WALZER	1 00	x						0	0	0
TRUSTEE MR BRYAN WEINGARTEN	0 00	x						0	0	0
TRUSTEE MS ROSE WEINSTEIN	0 00									
TRUSTEE	0 00	x						0	0	0
MR LEONARD WEISS TRUSTEE	1 00	x						0	0	0
			•		•		•			•

							1		l i i i i i i i i i i i i i i i i i i i	
(A) Name and Title	(B) A verage hours per week (lıst any hours	Posit more th persoi and a	non (d nan o n is b	ne bo oth a	ox, u an of	inless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustèè	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
DR STEVEN B WERTHEIM	1 00	x						0	0	0
TRUSTEE	0 00									
	1 00	x						0	0	0
TRUSTEE	0 00									
DR PRESTON WOLIN	1 00	х						0	0	0
TRUSTEE	0 00									
MR GERALD WOLKOFF	1 00	x						0	0	0
TRUSTEE	0 00									
MR WALTER WORTMAN	1 00	x						0	0	0
	1 00									
DR PAMELA YABLON TRUSTEE	1 00	x						0	0	0
IRUSTEE MR SEYMOUR ZUCKERMAN	0 00									
	1 00	х						0	0	0
	0 00									
MR JED MARGOLIS	40 00			x				226,221	0	0
EXECUTIVE DIRECTOR	0 00									

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		DULE			-		nd Publi				3 No 154	5-0047
(For	m 990	or 990E	Z) Con	nplete if the organiz		ction 501(c)(empt charita		ion or a sect	ion 4947(a)([1]	201	3
Treas		of the enue Servio	ce	 Attach to I Informatio 	n about Sche		n 990 or 990-				pen to P Inspect	
Nam	e of th	ne organi	zation						Employer i	ident if icat io	n number	
UNITE	D STAT	ES COMMI	ITTEE SPORTS	FOR ISRAEL INC								
Da	rt I	Deac	on for Pu	blic Charity Sta	tue (All or	anizations	must com	nlata this n	13-18109			
				te foundation becaus							•	
1			-	ion of churches, or a	-				-			
2	, L			d in section 170(b)(1					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3	ŗ			perative hospital se				n 170(b)(1)	(A)(iii).			
4	, L			h organization operat	_					1)(A)(iii), F	nter the	
•	,			ity, and state	ieu in conjun	ceron wien a	nospital aco			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	incer che	
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college	e or universit	ty owned or o	perated by a	a government	al unit desc	rıbed ın	
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)							
6	Γ	A feder	al, state, or	local government o	government	tal unit desc	rıbed ın secti	on 170(b)(1)(A)(v).			
7 8	지 기	describ	ed in sectio	at normally receives on 170(b)(1)(A)(vi). : described in sectio i	(Complete F	Part II)			ntal unit or fi	rom the gene	eral public	5
9	, L		-	at normally receives			-	-	utions mem	harshin faas	and area	- c
5	,			vities related to its e								
				oss investment inco								
				ganization after June							511165565	
10				ganized and operated								
11	ŗ	An orga one or the box a	anization or more public that descri Type I	ganized and operated ly supported organiz ibes the type of supp b Type II c	d exclusively ations descr oorting organ Type II	for the bene ibed in secti ization and c I - Function	efit of, to perf on 509(a)(1) complete line ally integrate	orm the func) or section 1 s 11e through d d 1	ctions of, or t 509(a)(2) So gh 11h Type III - No	ee section 5	09(a)(3). Ily integra	. Check ated
e f	Γ	other th section If the o check t	nan foundati 1509(a)(2) rganization this box	ox, I certify that the ion managers and ot received a written d	her than one etermination	or more pub	licly support S that it is a	ed organızat Type I, Type	ions describe e II, or Type	ed in sectioi	n 509(a)(1)or
g			ig persons?	2006, has the organ	zation accer	oted any grit	or contributi	on from any	orthe			
				irectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	cribed in (ii)		Yes	No
		and (III) below, the	governing body of th	e supported	organizatior	، ا			11g	(i)	
		(ii) A fa	amily memb	er of a person descr	bed in (i) ab	ove?				11 g	(ii)	
		(iii) A 🕻	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g(iii)	
h		Provide	e the follown	ng information about	the support	ed organizati	ion(s)					
	i) Nan suppoi rganiz	rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is organizati col (i) Iis your gove docume	ion in ted in rning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is to organizati col (i) orga in the U	ion in anized	mon	nount of etary port
				instructions))	Yes	No	Yes	No	Yes	No	1	
Tota	I											

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

Schedule /	Λ.	(Form	000	or Q	<u>م</u> م_	EZ)	201	2
schedule A	9		990	019	90-		201	Э

С

_	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	ITT II Support Schedule fo						
	(Complete only if you o Part III. If the organiza						uality under
	ection A. Public Support			lesis listed belo	w, please com		
	endar year (or fiscal year beginning			() = = ()	(
	in) 🏲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	6,404,785	2,012,510	3,657,110	3,375,868	3,821,466	19,271,739
2	ınclude any "unusual grants ") Tax revenues levied for the						
Z	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	6,404,785	2,012,510	3,657,110	3,375,868	3,821,466	19,271,739
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						52,822
6	(f) Public support. Subtract line 5 from line 4						19,218,917
S	ection B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	A mounts from line 4	6,404,785	2,012,510	3,657,110	3,375,868	3,821,466	19,271,739
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	10,446	546	490	523	328	12,333
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on				293,109	1,275	294,384
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)						19,578,456
12	Gross receipts from related activiti	es, etc (see instr	ructions)			12	6,678,696
13	First five years. If the Form 990 is	for the organization	on's first, second	, third, fourth, or fi	fth tax year as a	501(c)(3) organi	zation, check
	this box and stop here						
_S	ection C. Computation of Pub						
14	Public support percentage for 2013	6 (lıne 6, column (f) divided by line	11, column (f))		14	98 160 %
15	Public support percentage for 2012	Schedule A, Par	t II, line 14			15	99 810 %
16a	33 1/3% support test—2013. If the	organization did n	ot check the box	on line 13, and li	ne 14 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua 33 1/3% support test—2012. If the	ilifies as a publicl organization did r	y supported orga not check a box o	nızatıon n lıne 13 or 16a, a			eck this
17a	box and stop here. The organization 10%-facts-and-circumstances test - is 10% or more, and if the organiza	– 2013. If the orga	anization did not d	check a box on lin			▶
	In Part IV how the organization mee	ets the "facts-and	l-cırcumstances"	test The organız	atıon qualıfıes as	a publicly suppo	
b	organization 10%-facts-and-circumstances test - 15 is 10% or more, and if the organ						▶
	Explain in Part IV how the organization	tion meets the "fa	acts-and-circums	stances" test The	organızatıon qua	lifies as a public	ly ▶
18	Private foundation. If the organizat instructions	ion did not check	a box on line 13	, 16a, 16b, 1/a, o	rı/b, cneck this	pox and see	►□

Part	Support Schedule for Organizations Described in Section 509(a)(2)
	Support Schedule for Siguilizations Beschibed in Section Sos(a)(2)

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

 alendar year (o Gifts, grant membershi include any Gross rece merchandis performed, any activity organizatio purpose Gross rece are not an u business ui Tax revenu organizatio paid to or e behalf The value of furnished b the organiz Total. Add Ta A mounts in received frod disqualified the greater amount on c Add lines 7 Public supp from line 6 Section B. T alendar year (o 9 A mounts fr Gross inco dividends, securities 1 Net income business a in line 10b, business is Other income gain or loss capital ass IV) Total support 	Public Support (or fiscal year beginning in) ▶ ants, contributions, and ship fees received (Do not any "unusual grants ") ceipts from admissions, dise sold or services ad, or facilities furnished in	1				mplete Part II.)
 Gifts, grant membershi include any Gross rece merchandis performed, any activity organizatio purpose Gross rece are not an u business ui Tax revenu organizatio paid to or e behalf The value of furnished b the organiz Total. Add A mounts in received fro disqualified the greater amount on c Add lines 7 Public supp from line 6 Section B. T alendar year (o A mounts fr Gross inco dividends, securities lincome sources Unrelated b income (les from busines sources Unrelated b income (les from busines sources s in line 10b, business is capital ass IV) Total support 	in) ► ants, contributions, and ship fees received (Do not any "unusual grants ") ceipts from admissions, dise sold or services				1	1	
 Gifts, grant membershi include any Gross rece merchandis performed, any activity organizatio purpose Gross rece are not and business uit Tax revenu organizatio paid to or e behalf The value of furnished b the organizatio Total. Add A mounts in received fro disqualified the greater amount on c Add lines 7 Public supp from line 6 Section B. T alendar year (o A mounts fr and income sources Unrelated b income (les from busine june 30, 10 c Add lines 1 Net income business a in line 10b, business is 0 Other incol gain or loss capital ass IV) Total support 	ants, contributions, and ship fees received (Do not any "unusual grants") ceipts from admissions, dise sold or services	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
 Include any Gross rece merchandis performed, any activity organizatio purpose Gross rece are not an u business uit Tax revenu organizatio paid to or e behalf The value of furnished b the organizatio Total. Add A mounts in received fird disqualified the greater amount on A dd lines 7 Public supp from line 6 Section B. T alendar year (o A mounts fr Gross inco dividends, securities 1 A mounts fr and income sources Unrelated b income (les from busine June 30, 10 Net income business a in line 10b, business is Other income gain or loss capital ass IV) Total support 	ny "unusual grants ") ceipts from admissions, dise sold or services						
 Gross recemerchandis performed, any activity organizatio purpose Gross recement are not an organizatio purpose Gross recement are not an organizatio paid to or emeters Tax revenu organizatio paid to or emeters The value of furnished bithe organizatio paid to or emeters Total. Add Amounts in received from line 6 Section B. T Indiana growth and income sources Unrelated bin income (less from busines and income sources Unrelated bine and income sources Net income and income sources Add lines 1 Net income sources Other income sources Other income sources Other income sources Net income sources Net income sources Net income sources Other income sources Other income sources Net income sources Net income sources 	ceipts from admissions, dise sold or services						
merchandis performed, any activity organizatio purpose Gross rece are not an in business un Tax revenu organizatio paid to or e behalf The value of furnished b the organiz Total. Add Ta Amounts in and 3 recei persons Amounts in received fro disqualified the greater amount on c Add lines 7 B Public supp from line 6 Section B. T lendar year (o Amounts fr Gross inco dividends, securities and income sources Unrelated t income (les from busines June 30, 14 Add lines 1 Net income business a in line 10b, business is O ther income gain or loss capital ass IV) Total suppo	dise sold or services						
performed, any activity organizatio purpose Gross rece are not an u business un Tax revenu organizatio paid to or e behalf The value of furnished b the organiz Total. Add Ta Amounts in and 3 recei persons Amounts in received fro disqualified the greater amount on C Add lines 7 B Public supp from line 6 Section B. T lendar year (o Amounts fr Gross inco dividends, securities and income sources Unrelated t income (les from busines June 30, 14 Add lines 1 Net income business a in line 10b, business is O ther incol gain or loss capital ass IV) B Total support							
any activity organizatio purpose Gross rece are not an u business un Tax revenu organizatio paid to or e behalf The value of furnished b the organiz Total. Add Ta Amounts in and 3 recei persons b Amounts in received fro disqualified the greater amount on c Add lines 7 B Public supp from line 6 Section B. T lendar year (o A mounts fr Gross inco dividends, securities and income sources Unrelated t income (les from busines June 30, 14 Add lines 1 Net income business a in line 10b, business is O ther incol gain or loss capital ass IV) B Total support	a, or facilities furnished in						
organizatio purpose Gross rece are not an u business un Tax revenu organizatio paid to or e behalf The value of furnished b the organiz Total. Add Ta Amounts in and 3 recei persons Amounts in received fro disqualified the greater amount on C Add lines 7 B Public supp from line 6 Section B. T Ilendar year (o Amounts fr Gross inco dividends, securities and income sources Unrelated t income (les from busines June 30, 14 Add lines 1 Net income business a in line 10b, business is O ther incol gain or loss capital ass IV) Total support	vity that is related to the						
purpose Gross rece are not an u business un Tax revenu organizatio paid to or e behalf The value of furnished b the organiz Total. Add Ta Amounts in and 3 recei persons b Amounts in received fro disqualified the greater amount on c Add lines 7 B Public supp from line 6 Section B. T add lines 7 B Public supp from line 6 Section B. T and income sources b Unrelated t income (les from busines June 30, 14 c Add lines 1 Net income business a in line 10b, business is 0 Other incol gain or loss capital ass IV) 5 Total support	tion's tax-exempt						
 Gross rece are not an u business uil Tax revenu organizatio paid to or e behalf The value of furnished b the organiz Total. Add A mounts in and 3 recei persons A mounts in received fro disqualified the greater amount on C Add lines 7 Public supp from line 6 Section B. T Idendar year (or a Gross inco dividends, securities I and income sources Unrelated ti income (les from busines june 30, 14 Add lines 1 Net income business a in line 10b, business is O ther incol gain or loss capital ass IV) Total support 							
are not an u business un organizatio paid to or e behalf The value of furnished b the organiz Total. Add Ta Amounts in and 3 recei- persons b Amounts in received fro- disqualified the greater amount on c Add lines 7 B Public supp from line 6 Section B. T and income sources 0 Amounts fr a Gross inco dividends, securities I and income sources 0 Unrelated to income (less from busines June 30, 14 c Add lines 1 Net income business a in line 10b, business is 0 Other incol gain or loss capital ass IV) 3 Total support	ceipts from activities that						
 Tax revenu organizatio paid to or e behalf The value of furnished b the organiz Total. Add Amounts in and 3 receipersons Amounts in received fro disqualified the greater amount on Add lines 7 Public supp from line 6 Section B. T Idendar year (or a Gross inco dividends, securities i and income sources Unrelated b income (less from busines june 30, 14 Add lines 1 Net income business a in line 10b, business is Other incol gain or loss capital ass IV) Total support 	n unrelated trade or						
organizatio paid to or e behalf The value of furnished b the organiz Total. Add A mounts in and 3 receipersons A mounts in received fro disqualified the greater amount on C Add lines 7 Public supp from line 6 Section B. T ilendar year (o A mounts fr Gross inco dividends, securities and income sources Unrelated b income (less from busines June 30, 14 Add lines 1 Net income business a in line 10b, business is O Other incol gain or loss capital ass IV) Total support	under section 513						
paid to or e behalf The value of furnished b the organiz Total. Add A mounts in and 3 receipersons A mounts in received fro disqualified the greater amount on C Add lines 7 Public supp from line 6 Section B. T alendar year (o A mounts fr Gross inco dividends, securities and income sources Unrelated t income (less from busines June 30, 14 C Add lines 1 Net income business a in line 10b, business is O ther incol gain or loss capital ass IV) Total support	nues levied for the						
 behalf The value of furnished by the organiz Total. Add A mounts in and 3 receipersons A mounts in received frod disqualified the greater amount on c Add lines 7 Public suppfrom line 6 Section B. Talendar year (or a Gross inco dividends, securities land income sources Unrelated by income (less from busines a in line 10b, business a in line 10b, business is 0 other income gain or loss capital ass IV) Total support 	tion's benefit and either						
 The value of furnished by the organiz Total. Add A mounts in and 3 receipersons A mounts in received frod disqualified the greater amount on C Add lines 7 Public supp from line 6 Section B. Talendar year (of a Gross inco dividends, securities la and income sources Unrelated by income (less from busines and income grom business and income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income sources Unrelated by income source	r expended on its						
furnished b the organiz 5 Total. Add 7a Amounts in and 3 recei- persons b Amounts in received fro disqualified the greater amount on c Add lines 7 8 Public supp from line 6 Section B. T alendar year (o 9 Amounts fr a Gross inco dividends, securities a and income sources b Unrelated b income (les from busine June 30, 1 c Add lines 1 Net income business a in line 10b, business is 0 Other incol gain or loss capital ass IV) 3 Total support	e of services or facilities						
the organiz Total. Add A mounts in and 3 recei- persons A mounts in received fro- disqualified the greater amount on C Add lines 7 Public supp from line 6 Section B. T alendar year (o A mounts fr a Gross inco dividends, securities 1 and income sources Unrelated b income (less from busines June 30, 14 C Add lines 1 Net income business a in line 10b, business is O ther incol gain or loss capital ass IV) 3 Total support	by a governmental unit to			1			
 Total. Add Amounts in and 3 receipersons Amounts in received fro disqualified the greater amount on Add lines 7 Public supp from line 6 Section B. T Iendar year (o Amounts fr Gross inco dividends, securities in and income sources Unrelated b income (les from busine June 30, 14 Add lines 1 Net income business a in line 10b, business is Other incoing gain or loss capital ass IV) Total support 	nization without charge			1			
 A mounts in and 3 receipersons A mounts in received frod disqualified the greater amount on A dd lines 7 Public supp from line 6 Section B. T Mounts fra Gross inco dividends, securities and income sources Unrelated bincome (less from busines income (less from busines a in line 10b, business a in line 10b, business is O ther income gain or loss capital ass IV) Total support 	Id lines 1 through 5						
and 3 recei persons b Amounts in received fro disqualified the greater amount on c Add lines 7 B Public supp from line 6 Section B. T ilendar year (o A mounts fr Gross inco dividends, securities I and income sources Unrelated I income (les from busine June 30, 1 c Add lines 1 Net income business a in line 10b, business is O ther income gain or loss capital ass IV) B Total support	s included on lines 1, 2,				1		
 Amounts in received froe disqualified the greater amount on Add lines 7 Public supp from line 6 Section B. Talendar year (or Amounts fra Gross inco dividends, securities la and income (les from busines sources) Unrelated bincome (les from busines June 30, 14 Add lines 1 Net income business a in line 10b, business is Other incol gain or loss capital ass IV) Total support 	ceived from disqualified						
received fro disqualified the greater amount on c Add lines 7 B Public supp from line 6 Section B. T alendar year (o D A mounts fr a Gross inco dividends, securities l and income sources D Unrelated H income (les from busine June 30, 19 C Add lines 1 Net income business a in line 10b, business is O Other incol gain or loss capital ass IV) B Total support							
disqualified the greater amount on c Add lines 7 8 Public supp from line 6 Section B. T alendar year (o 9 A mounts fr a Gross inco dividends, securities l and income sources 9 Unrelated H income (les from busine June 30, 19 c Add lines 1 L Net income business a in line 10b, business is 0 Other incol gain or loss capital ass IV) 3 Total support	included on lines 2 and 3			1			
the greater amount on c Add lines 7 8 Public supp from line 6 Section B. T alendar year (o 9 A mounts fr a Gross inco dividends, securities and income sources 9 Unrelated I income (les from busine June 30, 1 c Add lines 1 L Net income business a in line 10b business is 2 Other incol gain or loss capital ass IV) 3 Total suppo	from other than						
amount on c Add lines 7 8 Public supp from line 6 Section B. T alendar year (o 9 A mounts fr a Gross inco dividends, securities la and income sources 9 Unrelated H income (les from busine June 30, 19 c Add lines 1 1 Net income business a in line 10b, business is 2 Other incol gain or loss capital ass IV) 3 Total support	ied persons that exceed						
 c Add lines 7 8 Public supp from line 6 Section B. T alendar year (o A mounts fr a Gross inco dividends, securities li and income sources b Unrelated B income (les from busine June 30, 10 c Add lines 1 L Net income business a in line 10b, business is c Other income gain or loss capital ass IV) 3 Total support 	ter of \$5,000 or 1% of the on line 13 for the year						
B Public supp from line 6 Section B. T ilendar year (o A mounts fr Gross inco dividends, securities l and income sources Unrelated l income (les from busine June 30, 10 Add lines 1 Net income business a in line 10b, business is O ther income gain or loss capital ass IV) B Total support							
from line 6 Section B. T alendar year (o A mounts fr Gross inco dividends, securities and income sources Unrelated f income (les from busine June 30, 19 Add lines 1 Net income business a in line 10b, business is O ther income gain or loss capital ass IV) B Total suppo	ipport (Subtract line 7c						
Section B. T alendar year (o A mounts fr Gross inco dividends, securities and income sources Unrelated B income (les from busine June 30, 10 Add lines 1 Net income business a in line 10b, business is O ther income gain or loss capital ass IV) Total support							
 A mounts fr A mounts fr Gross incodividends, securities and income sources Unrelated from busine June 30, 14 Add lines 1 Net income business a in line 10b, business is O ther income gain or loss capital ass IV) Total support 	Total Support	1	•	1	1	•	1
 9 A mounts fr Gross inco dividends, securities l and income sources b Unrelated b income (les from busine June 30, 14 c Add lines 1 1 Net income business a in line 10b, business is 2 O ther incol gain or loss capital ass IV) 3 Total support 	(or fiscal year beginning	(a) 2009	(b) 2010	(a) 2011	(d) 2012	(a) 2012	
 a Gross inco dividends, securities and income sources b Unrelated b income (les from busine June 30, 14 c Add lines 1 I Net income business a in line 10b, business is 2 Other incol gain or loss capital ass IV) 3 Total support 	in) 🕨	(a) 2009	(B) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
dividends, securities and income sources Unrelated B income (les from busine June 30, 19 Add lines 1 Net income business a in line 10b, business is O ther incol gain or loss capital ass IV) Total suppo	s from line 6						
securities and income sources Unrelated to income (les from busine June 30, 1 Add lines 1 Net income business a in line 10b, business is O ther income gain or loss capital ass IV) Total suppo	come from interest,						
and income sources Unrelated b income (les from busine June 30, 14 Add lines 1 Net income business a in line 10b, business is Other incol gain or loss capital ass IV) 3 Total suppo	s, payments received on						
sources Unrelated b income (less from busine June 30, 14 Add lines 1 Net income business a in line 10b, business is O ther incol gain or loss capital ass IV) 3 Total support	es loans, rents, royalties						
 b Unrelated b income (less from busine June 30, 14 c Add lines 1 1 Net income business a in line 10b, business is 2 Other incol gain or loss capital ass IV) 3 Total support 	me from similar						
income (les from busine June 30, 19 Add lines 1 Net income business a in line 10b, business is Other incol gain or loss capital ass IV) 3 Total supp	d business taxable						
from busine June 30, 1 Add lines 1 Net income business a in line 10b business is Other incol gain or loss capital ass IV) Total suppo	less section 511 taxes)						
June 30, 14 c Add lines 1 1 Net income business a in line 10b, business is 2 Other incol gain or loss capital ass IV) 3 Total suppo	inesses acquired after						
 Net income business a in line 10b, business is Other incol gain or loss capital ass IV) Total support 							
business a in line 10b, business is 0 Other incol gain or loss capital ass IV) 3 Total suppo	s 10a and 10b						
In line 10b, business is O ther incol gain or loss capital ass IV) 3 Total supp	me from unrelated						
business is O ther incol gain or loss capital ass IV) 3 Total supp	s activities not included						
2 Other Incol gain or loss capital ass IV) 3 Total suppo	Ob, whether or not the						
gaın or loss capıtal ass IV) 3 Total supp	s is regularly carried on						
capital ass IV) 3 Total suppo	come Do not include						
IV) 3 Total suppo	oss from the sale of ssets (Explain in Part						
B Total suppo							
11, and 12	port. (Add lines 9, 10c,						
		for the organızatı	on's fırst, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	12) years. If the Form 990 is f						▶
	12) 2 years. If the Form 990 is f is box and stop here			10 1 (0)		- I - I	
Public supp	12) years. If the Form 990 is f is box and stop here Computation of Publ	(line 8, column (f) divided by line	13, column (f))		15	
Public supp	12) 2 years. If the Form 990 is f is box and stop here		art III, lıne 15			16	
Section D. C	12) years. If the Form 990 is f is box and stop here Computation of Publ	.2 Schedule A, P		ae			
	12) years. If the Form 990 is f is box and stop here Computation of Publ ipport percentage for 2013		me Percenta		(17	
	12) e years. If the Form 990 is f is box and stop here Computation of Publ upport percentage for 2013 upport percentage from 201	estment Inco			ın (f))	1 1/ 1	
	12) e years. If the Form 990 is f is box and stop here Computation of Publ upport percentage for 2013 upport percentage from 201 Computation of Inve ent income percentage for 2	estment Inco 2013 (line 10c, c	olumn (f) dıvıded	by line 13, colum	in (f))		
	12) e years. If the Form 990 is f is box and stop here Computation of Publ upport percentage for 2013 upport percentage from 201 Computation of Inve ent income percentage for 2 ent income percentage from	estment Inco 2013 (line 10c, ca n 2012 Schedule	olumn (f) dıvıded A, Part III, lıne 1	by line 13, colum 7		18	
	12) e years. If the Form 990 is f is box and stop here Computation of Publ upport percentage for 2013 upport percentage from 201 Computation of Inve ent income percentage for 2 ent income percentage from support tests—2013. If the	estment Inco 2013 (line 10c, co n 2012 Schedule organization did	olumn (f) divided A , Part III , line 1 not check the bo	by line 13, colum 7 x on line 14, and	line 15 is more t	18 han 33 1/3%, and	
IS not more	12) e years. If the Form 990 is f is box and stop here Computation of Publ upport percentage for 2013 upport percentage from 201 Computation of Inve ent income percentage for 2 ent income percentage from	estment Inco 2013 (line 10c, co n 2012 Schedule organization did and stop here. Th	olumn (f) divided A , Part III , line 1 not check the bo e organization qu	by line 13, colum 7 x on line 14, and alifies as a public	line 15 is more t cly supported org	18 han 33 1/3%, and anization	►

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test									
Return Reference	Explanation								

Schedule A (Form 990 or 990-EZ) 2013

efil	e GRAPHIC p	print - DO NOT PROCESS As F	iled Data -			DLN:	93493321	107674
	IEDULE D m 990)			al Statements			омв № 15 20	
		Part IV, line 6, 7, 8, 9, 1	10, 11a, 11b, 11c	ered "Yes," to Form 990 c, 11d, 11e, 11f, 12a, or 1	12b			IJ
	nent of the Treasury Revenue Service	🕨 Attach to Form 990. 🕨 See separate	instructions. 🕨	Information about Sche <u>irs.gov/form990</u> .	dule D	(Form 990)	Open to Inspe	
	me of the organi TED STATES COMMI	ization ITTEE SPORTS FOR ISRAEL INC				-	ification num	ber
Pa	rt I Organ	izations Maintaining Donor Adv	vised Funds	or Other Similar F		<u>1810938</u> or Accou	nts. Comp	lete if the
		zation answered "Yes" to Form 990	<u>, Part IV, line</u>	6.			-	
1	Total number a	t and of year	(a) Dor	or advised funds		(b) Funds a	and other acc	ounts
1 2		tributions to (during year)						
2		nts from (during year)						
4		le at end of year						
5	Did the organiz	zation inform all donors and donor adviso irganization's property, subject to the or			nor advi	ised	∏ Yes	5 – No
6	Did the organiz used only for c	zation inform all grantees, donors, and de haritable purposes and not for the benef ermissible private benefit?	onor advisors in	writing that grant funds			∏ Yes	s ∏ No
Par	t III Conse	rvation Easements. Complete if	the organizat	ion answered "Yes" t	o Forn	n 990, Par	rt IV, line 7.	
1	Preservation	conservation easements held by the org on of land for public use (e g , recreation of natural habitat		<all <ul="" apply)="" that=""> Preservation of an Preservation of a </all>				a
	Preservation	on of open space						
2		s 2a through 2d If the organization held a he last day of the tax year	a qualified conse	ervation contribution in t	the forn			
_	Total number o	of conservation easements			2a	Held at	the End of t	he Year
a b		restricted by conservation easements			2a 2b			
c		servation easements on a certified histo	oric structure in	cluded in (a)	20 2c			
d	Number of con	servation easements included in (c) acq ure listed in the National Register		()	20 2d			
3		servation easements modified, transferr	ed, released, ex	tinguished, or terminate	ed by th	ne organizat	tion during	
4	Number of stat	es where property subject to conservation	ion easement is	located 🕨				
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic mor	nitoring, inspection, hand	dlıng of	violations,	and [Yes	No
6	Staff and volun ▶	teer hours devoted to monitoring, inspe	cting, and enfor	cıng conservatıon easer	nents c	luring the y	ear	
7	-	enses incurred in monitoring, inspecting	, and enforcing	conservation easement	s durin	g the year		
8	Does each con and section 17	servation easement reported on line 2(o '0(h)(4)(B)(ii)?	d) above satisfy	the requirements of sec	tion 17	70(h)(4)(B)	(I)	5 🔽 No
9	balance sheet, the organizatio	escribe how the organization reports cor and include, if applicable, the text of the n's accounting for conservation easeme	e footnote to the ents	e organızatıon's fınancıal	l stater	ments that (describes	
Par		izations Maintaining Collection ete if the organization answered "Y			or Ot	her Simil	ar Assets.	
1a	If the organizat works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le, in Part XIII, the text of the footnote t	16 (ASC 958), ts held for publi	not to report in its revei c exhibition, education,	or rese	arch in furt		
b	If the organizat works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le the following amounts relating to thes	16 (ASC 958), ts held for publi	to report in its revenue	statem	ent and bal		ıblıc
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1				►\$		
		iuded in Form 990, Part X						
2	If the organizat	tion received or held works of art, histor nts required to be reported under SFAS				· —		
а	Revenues inclu	uded in Form 990, Part VIII, line 1				►\$		
b		ed in Form 990, Part X				► \$		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
FOR Paperwork Reduction Act Notice, see the Instructions for Form 550.	

Cat No 52283D Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013									Page 2
Part	Organizations Maintaining Co	ollections of Art	t, Hist	torical T	reasur	es, or O	ther	Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	eck any of	the follo [,]	wing that a	re a s	significant use	ofits	
а	Public exhibition		d	┌── Loan	orexcha	ange progr	ams			
b			е		r					
с	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expla	ain how	they furth	er the or	ganızatıon	's exe	mpt purpose ı	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								– Yes	∏ No
Par	t IV Escrow and Custodial Arrang					answered	d "Ye	s" to Form 9	90,	
4 -	Part IV, line 9, or reported an ar						-			
1a	Is the organization an agent, trustee, custor included on Form 990, Part X?				itions or	other ass	ets no		— Yes	∏ No
Ь	If "Yes," explain the arrangement in Part XI	II and complete the	e follow	ing table		Г		A	ount	
~						-	1c		ount	
с d	Beginning balance						10 1d			
u e	Additions during the year						10 1e			
f	Distributions during the year						le 1f			
	Ending balance		1 -			L	<u> 1</u>		- Yes	
2a	Did the organization include an amount on F								res	
b	If "Yes," explain the arrangement in Part XI								• • •	. '
Ра	rt V Endowment Funds. Complete	if the organizatio		wered "Ye Prior year				IV, line 10. Tree years back	(e)Four	years back
1a	Beginning of year balance	7,872,691	(2).	7,017,281		6,860,807		6,709,819	(0): 00:	5,938,258
b	Contributions	273,631		58,025		280,563		76,701		241,482
с	Net investment earnings, gains, and losses	2 644 602		4 475 400		24.0.000		704 422		4 020 050
d	Grants or scholarships	2,641,692 825,132		1,175,132 183,444		210,090 193,762		784,123 4,560		1,029,050
u e	Other expenditures for facilities							.,		
-	and programs	123,935		125,943		34,540		18,052		45,093
f	Administrative expenses	26,324		68,360		105,877		687,224		287,066
g	End of year balance	9,812,623		7,872,691		7,017,281		6,860,807		6,709,819
2	Provide the estimated percentage of the cur	rent year end balan	ce (lin	e 1g, colum	nn (a)) he	eld as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨 100 000 %									
с	Temporarily restricted endowment - The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation t	hat are hel	d and ad	ministered	l for tl	he	Ye	s No
	(i) unrelated organizations							3a(i)	No
	(ii) related organizations							3a(i	ii) Ye	s
	If "Yes" to 3a(11), are the related organization				• •		•	3b	Ye	5
4	Describe in Part XIII the intended uses of t	-						000 0		1
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		the or	ganizatio	n answe	ered Yes	to F	orm 990, Pa	rt IV,	line
	Description of property	10.		(a) Cost basis (inve		(b)Cost or basis (oth		(c) Accumulate depreciation	ed (d)	Book value
<u>1</u> a	Land			1						
	Buildings									
	Leasehold improvements									
	Equipment					10	1,163	92,	517	8,646

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. . Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other .

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chedule	D (Form	990)	2013

8,646

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	(Form 990) 2013		Page 3		
Part VII	Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.		
	(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value		
(1)Financia	Il derivatives				
	held equity interests				
Other					
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Co See Form 990, Part X, line 13.	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11c.		
	(a) Description of investment	(b) Book value	(c) Method of valuation		
			Cost or end-of-year market value		
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization), Part IV, line 11d See Form 990, Part X, line 15		
	(a) Descri	ption	(b) Book value		
	mn (b) must equal Form 990, Part X, col.(B) line 15				
Part X	Other Liabilities. Complete if the orga Form 990, Part X, line 25.	nızatıon answered 'Yes' t	o Form 990, Part IV, line 11e or 11f. See		
1	(a) Description of liability	(b) Book value			
Federal inc	ome taxes				
DUE TO/FF	ROM ENDOWMENT FUND	7,500			
_					

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Þ.

7,500

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

Schee	lule D (Form 990) 2013		Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete If
1	Total revenue, gains, and other support per audited financial statements	1	10,533,681
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	1	
b	Donated services and use of facilities	1	
с	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
е	Add lines 2a through 2d	2e	106,461
3	Subtract line 2e from line 1	3	10,427,220
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	1	
b	Other (Describe in Part XIII)	1	
с	Add lines 4a and 4b	4 c	41,475
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,468,695
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses If the organization answered 'Yes' to Form 990, Part IV, line 12a.	; per	Return. Complete
1	Total expenses and losses per audited financial statements	1	10,408,984
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 18,321		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII) 88,140		
е	Add lines 2a through 2d	2e	106,461
3	Subtract line 2e from line 1	3	10,302,523
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	41,475
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,343,998
Dar	XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
,	THE ENDOWMENT IS HELD BY THE ENDOWMENT FUND OF MACCABI USA SPORTS FOR ISRAEL INC TO SUPPORT QUALIFIED CHARITABLE ORGANIZATIONS
	INCOME TAXES - THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE PROVISIONS THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION THE ORGANIZATION'S FEDERAL FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR FISCAL 2010, 2011 AND 2012 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THE TAX RETURNS WERE FILED
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOOD SOLD 82,640 GAMING 5,500
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 41,475
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOOD SOLD 82,640 GAMING 5,500
PART XII, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 41,475

Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

Schedule D (Form 990) 2013

efile GRAPHIC pri	int - DO NOT	PROCESS	As Filed Da	ta -	DLN:	93493321107674		
SCHEDULE F (Form 990)	Stat	Statement of Activities Outside the United Sta				OMB No 1545-0047		
		► Complete i	f the organizatio Part IV, line	990,	2013			
Department of the Treasury		► Attac	h to Form 990. 🕨					
Internal Revenue Service	► Informatio	on about Schedu	le F (Form 990) a	nd its instructions is at w	ww.irs.gov/form990.	Open to Public Inspection		
Name of the organization Name of the organization UNITED STATES COM		TS FOR ISRAE	LINC		Employer ider	Employer identification number		
					13-1810938			
		n on Activiti rt IV, lıne 14b		he United States. C	omplete if the organi	zation answered		
other assistance	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
2 For grantmake assistance outs			ganızatıon's p	rocedures for monitor	ng the use of its grai	nts and other		
3 Activites per Reg	uon (The follow	ung Part I, line :	3 table can be d	uplicated if additional sp	ace is needed)			
(a) Regior	1	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region		
(1) MIDDLE EAST A AFRICA		0	0	PROGRAM SERVICES	MACCABI 19TH ANNUAL GAMES	6,532,182		
(2) MIDDLE EAST A AFRICA	ND NORTH	0	0	GRANTS TO RECIPIENTS IN THE REGION	MACCABI WORLD UNION - FUNDS TO SUPPORT BULGARIAI AND ROMANIAN TEAMS	77,000		
(3)								
(4)								
(5)								
3a Sub-total		0				6,609,182		
b Total from contin to Part I	uation sheets	0	0			0		
c Totals (add lines	3a and 3b)	0	0			6,609,182		

Schedule F (Form 990) 2013

Page **2**

Part II 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. Part II can be duplicated if additional space is needed.									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1)		MIDDLE EAST AND NORTH AFRICA	PROVIDE SUPPORT FOR BULGARIAN AND ROMANIAN TEAMS	77,000	WIRE TRANSFER				
(2)									
(3)									
(4)									
tax-exempt by	y the IRS, or f	or which the grante	ted above that are r e or counsel has pro tities	wided a section 501	.(c)(3) equivalency	letter 🕨		1	
							Schedule F	(Form 990) 2013	

Part III can be duplicated if additional space is needed. (c) Number of (d) A mount of (e) Manner of cash (a) Type of grant or (b) Region (f) A mount of (g) Description (h) Method of cash grant disbursement of non-cash valuation assistance recipients non-cash (book, FMV, assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

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

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

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

Schedule F (Form 990) 2013

Software ID:

Software Version:

EIN: 13-1810938

Name: UNITED STATES COMMITTEE SPORTS FOR ISRAEL INC

Schedule F (Form 990) 2013

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

efile GRAPHIC print - DO NOT PROCESS As File					-	DLN:	93493321107674
CHEDULE G		Supple	ementa	al Infor	mation Regar	ding	OMBNo 1545-0047
Form 990 or 990-EZ)		••			aming Activiti	-	2013
				-	Form 990, Part IV, lines 17,		2013
partment of the Treasury					15,000 on Form 990-EZ, line EZ. 🏲 See separate instruct		Open to Public
ernal Revenue Service	▶:				Z) and its instructions is at t		Inspection
ame of the organization						Employer ider	tification number
NITED STATES COMM	111166 5	SPORTS FOR ISRAE	ELINC			13-1810938	
Part I Fundraisi	na Acti	vities Complete	uf the o	roanizati	on answered "Yes"	to Form 990, Part IV	line 17
		are not required					, me 17.
Indicate whether the	ne organi	zation raised funds !	through a	nv of the f	ollowing activities Ch	eck all that apply	
a 🔽 Mail solicitatio			5	e		n-government grants	
b 🔽 Internet and er		itations		f	Solicitation of go		
c 🔽 Phone solicitat	ions			g	Special fundraisi	ng events	
d 🔽 In-person solio	tations						
a Did the organizatio	n have a	written or oral agree	ement wit	n anv indi	vidual (including office	ers, directors, trustees	
or key employees l	isted in F	⁻ orm 990, Part VII)	or entity	in connec	tion with professional	fundraising services?	
				fundraıser	s) pursuant to agreen	nents under which the fu	ndraiser is
to be compensated	at least	\$5,000 by the orga	nızatıon				
(i) Name and addres	s of	(ii) Activity	()))) Did	(iv) Gross receipts	(v) A mount paid to	(vi) A mount paid to
individual	5 01			serhave	from activity	(or retained by)	(or retained by)
or entity (fundraise	r)			ody or		fundraiser listed in	organization
				rol of outions?		col (i)	
			Yes	No			
1 DRAKE'S BAY		DIRECT MAIL FUNDRAISING					
FUNDRAISING IN							
1100 LARKSPUR LANDING CIRCLE	SUITE			No	261,81	85,506	176,310
LARKSPUR, CA 94	939						
2							
3							
		ļ					
4							
5							
6							
_		ļ					
7							
8		1	1	1		1	
8							
8							
9							
9							

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Pai	rt II	Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribut			
			(a) Event #1 <u>GOLF TOURNAMENTS</u> (event type)	(b) Event #2 <u>LEGENDS GALA - DC</u> (event type)	(c) O ther events <u>3</u> (total number)	(d) Total events (add col (a) through col (c))
θŅ	1	Gross receipts	312,753			499,872
Revenue	2	Less Contributions	183,950			
ž	3	Gross income (line 1 minus line 2)	128,803			
	4	Cash prizes				
မ	5	Noncash prizes				
Expenses	6	Rent/facility costs	74,630	42,681	6,750	124,061
ŏ Ă	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .	33,231	. 44,563	5,697	83,491
	10	Direct expense summary Add lin	es 4 through 9 ın columr	(d)		(207,552)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)	🕨	- 5 2 ,4 7 6
Par	t II	I Gaming. Complete if the or \$15,000 on Form 990-EZ, In		"Yes" to Form 990, Pa	irt IV, line 19, or repo	rted more than
Revenue		,,	(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			100	100
19eS	2	Cash prizes				
Expenses	3	Non-cash prizes				
Drea D	4	Rent/facility costs				
ā	5	Other direct expenses			5,500	5,500
	6	Volunteer labor	└ Yes%_ └ No	└ Yes%_ └ No	✓ Yes100 000 % ✓ No	
	7	Direct expense summary Add line	s 2 through 5 in column (d)		5,500
	8	Net gaming income summary Subt	rract line 7 from line 1 co	dumn (d)		-5,400
					<u></u>	I
9 a b	Ist	ter the state(s) in which the organiza the organization licensed to operate 'No," explain	gaming activities in eac	h of these states?		
LOa b		re any of the organization's gaming 'Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

Schedule G (Form 990 or 990-EZ) 2013

						1
Does	s the organiza	ation operate gaming activit	ies with nonmembers	°		└ Yes └ No
12	Is the orga	nızatıon a grantor, benefıcıa	ry or trustee of a trus	t or a member of a partnership or other enti	ity	
	formed to a	dminister charitable gaming	°			Г _{Үез} Г _{No}
13	Indicate th	e percentage of gaming acti	vity operated in			
а	The organiz	zation's facility			. 13a	%
b	An outside	facility			. 13b	%
14	Enter the n	ame and address of the pers	on who prepares the	organization's gaming/special events book	s and rec	cords
	Name 🕨	MR JED MARGOLIS EXE	CUTIVE DIRECTO			
	Address 🕨	1511 WALNUT STREET	SUITE 401			
15a		-		n whom the organization receives gaming		
						··Γγes ΓΝο
b				ne organization 🕨 \$	and the	
	amount of g	aming revenue retained by	the thırd party 🏲 \$			
с	If"Yes," er	nter name and address of the	e third party			
	Name 🕨					
	Address 🕨					
16	Gamıng ma	nager information				
	Name 🕨	MR JED MARGOLIS EXEC	CUTIVE DIRECTO			
	Gamıng ma	nager compensation 🏲 \$				
	Descriptior	n of services provided 🕨 BC	OKKEEPING			
	D Irecto	r/officer	- Employee	☐ Independent contractor		
17	Mandatory	distributions		·		
а	Is the orga	nızatıon required under stat	e law to make charıta	ble distributions from the gaming proceeds	to	
	retain the s	tate gaming license?				┌ _{Yes} ┍ _{No}
b	Enter the a	mount of distributions requi	red under state law dı	stributed to other exempt organizations or	spent	
	in the orgar	nızatıon's own exempt actıvı	ties during the tax ye	ear 🕨 \$	·	
Pai	rt IV Sup Part	plemental Informatio	on. Provide the exp b, 15c, 16, and 17	planations required by Part I, line 2b, b, as applicable. Also complete this p		
	Ret	urn Reference		Explanation		

Page **3**

efile GRAPHIC print	- DO NOT	PROCESS As	Filed Data -					3493321107674 No 1545-0047	
Schedule I (Form 990) Department of the Treasury Internal Revenue Service		Gov Complet	ernments and the organization	Individuals in t answered "Yes," to Form Attach to Form 990	Organizations, he United State n 990, Part IV, line 21 or ions is at <u>www.irs.gov</u> /	S 22.	2013 Open to Public Inspection		
Name of the organization UNITED STATES COMMI ⁻	TTEE SPOR	TS FOR ISRAEL IN	с				Employer identificati	on number	
 Does the organizatio the selection criteria Describe in Part IV t Part II Grants and 	n maintain re used to awa he organizat Other As	rd the grants or ass ion's procedures for sistance to Gov	ate the amount of the sistance? r monitoring the use o rernments and O	f grant funds in the Unite rganizations in the	e grantees' eligibility for ed States United States. Cor irt II can be duplicate	nplete if the organ	nızatıon answered "Y	ি Yes ি No es" to	
(a) Name and address organization or government	of	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIP FOR ATHLETES TO COMPETE AT GAMES	138	224,152		воок	
Part IV Supplemental Inform	ation. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanation				

Schedule I (Form 990) 2013

efil	e GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -		DLN: 934	9332	1107	674
Sch	edule J	Со	mpensation Ir	nformation	ОМЕ	3 No 1	545-0	047
Form	n 990)	For certain Officer	s, Directors, Trustees Compensated Em	s, Key Employees, and Highest		20	13	ļ
		Complete if the orga	-	res" to Form 990, Part IV, line 2	3.	-	_	
	ent of the Treasury Revenue Service			eparate instructions.		oen to Inspe		
	ne of the organiz		J (Form 990) and its	instructions is at <u>www.irs.gov/</u> Emp	loyer identificati			
		TTEE SPORTS FOR ISRAEL INC			loyer identificati		ibei	
				13-1	1810938			
Pa	t I Questi	ons Regarding Compensa	tion				X	
4							Yes	No
1a		opiate box(es) if the organization Section A, line 1a Complete Par						
		or charter travel		allowance or residence for pers				
	Travel for o	companions		ts for business use of personal r				
	Tax idemni	ification and gross-up payments	☐ Health o	or social club dues or initiation fe	es			
	Discretion	ary spending account	Persona	l services (e g , maid, chauffeur,	chef)			
b		xes in line 1a are checked, did th or provision of all of the expense				1b		
2	-	ation require substantiation prior	-					
	directors, trust	ees, officers, including the CEO/I	Executive Director, r	egarding the items checked in lii	ne 1a?	2	Yes	
3		, if any, of the following the filing on CEO/Executive Director Check at the character of			e			
		ed organization to establish comp			ın Part III			
	Compensa	tion committee	Vritten	employment contract				
		nt compensation consultant		isation survey or study				
	Form 990 (of other organizations	🔽 Approva	I by the board or compensation	committee			
4	During the year or a related org	r, dıd any person lısted ın Form 99 anızatıon	90, Part VII, Section	A, line 1a with respect to the fil	ıng organızatıon			
а	Receive a seve	rance payment or change-of-con	trol payment?			4a		No
b	Participate in, d	or receive payment from, a supple	emental nonqualified	retirement plan?		4b		No
с	Participate in, d	or receive payment from, an equit	y-based compensati	on arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the applica	ble amounts for each item in Par	rt III			
_		and 501(c)(4) organizations only	-					
5		ted in Form 990, Part VII, Sectio contingent on the revenues of	n A, line 1a, did the d	organization pay or accrue any				
а	The organizatio					5a		No
	Any related org					5a 5b		No
		e 5a or 5b, describe in Part III				50		110
6	For persons list	ted in Form 990, Part VII, Sectio		organization pay or accrue any				
		contingent on the net earnings of						
	The organizatio					6a		No
	Any related org					6b		No
		e 6a or 6b, describe in Part III						
7		ted in Form 990, Part VII, Sectio lescribed in lines 5 and 6? If "Ye			ed	7		No
8	subject to the i	nts reported in Form 990, Part V nitial contract exception describe			' describe			
	ın Part III					8		No
9	If "Yes" to line section 53 495	8, did the organization also follov 58-6(c)?	w the rebuttable pres	umption procedure described in	Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred In prior Form 990
	(i) (ii)	226,221 0	0 0	0 0		0	226,221 0	0 0

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference

Explanation

Schedule J (Form 990) 2013

efile GRAPH	IC prin	nt - DO	NOT PR	OCESS	As Filed I	Data -				DLN	: 9349	3321:	107674
Schedule L			Г	[ransact	tions wit	h Interest	ed Perso	ons			омв	No 154	5-0047
Form 990 or 99	90-EZ)		_	► Co on Form 99	omplete if th 90, Part IV, li	e organization a nes 25a, 25b, 20 Part V, line 38a	answered 6, 27, 28a, 28b		-,			201	3
epartment of the Treasu ternal Revenue Service	·	Þ		tach to Forn	n 990 or Form chedule L (Fo	n 990-EZ. ► See orm 990 or 990-E s.gov/form990	separate inst Z) and its ins			t		en to nspec	Public tion
Name of the or UNITED STATES C				INC				E	Employ	/er ident	tificatio	n numb	er
UNITED STATES C	OMMITTEE	SPURIS	FUR ISRAEL	. INC				1	L3-18	10938			
						(3) and sectio						4.01	
1 (a) Nam						90, Part IV, line en disqualified	(c) Des						rrected?
1 ()			F		on and orgar		(-)					Yes	No
													_
													-
													-
													_
													-
													_
				-	-	r dısqualıfıed pe	-		r unde	r sectio	n		
4958 . 3 Enter the :						• • • • • • • • • • • • • • • • • • •			• •	► \$ ► \$			
								• •	• •	- 7			
		-			ed Person	S. 990-EZ, Part \	/ luna 295 or	Earm 0			na 26	oriftho	
						, line 5, 6, or 22		FUIIII 9	90, F	aitiv, ii	ine 20,	or in the	
(a) Name of Interested		b)	(c) Purpose	(d) Loar		(e)Original	(f) Balance due	(g) In defaul		(h)	(a d		rıtten ment?
person		onship ith	loan	organizat		principal amount	aue	laeiaui	L'	A pprov by	/eu	agree	mentr
	organı	Ization								board or			
										commi	ttee?		
				Το	From	_		Yes	No	Yes	No	Yes	No
												_	
												_	
						_						_	
otal			 ► \$									7	
	ants or	Assis	•	enefittin	g Interest	ed Persons.							
		if the o	rganizati	ion answei	red "Yes" or	n Form 990, P	art IV, line 2	27.					
(a) Name of II perso				shıp betwee erson and th		unt of assistanc	:e (d) Typ	e of ass	istanc	:e (e) Purpo	se of as	sistance
perso		int	•	ization									
or Paperwork Re	duction A	Act Notic	e. see the	Instructions	for Form 990	or 990-EZ.	Cat No 50056	5A	Sch	edule I (Form 99	0 or 99)-EZ) 201

organization			revenues?	
			Yes	No
IRIS HAMI'S (BOARD MEMBER)HUSBAND IS THE OWNER AND CEO OF GIL TRAVEL	1,935,517	TRAVEL SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Explanation

Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 93493321107674		
SCHEDULE O				OMB No 1545-0047		
(Form 990 or 990-EZ)	2013					
Department of the Treasury			ponses to specific questions on	Open to Public		
Internal Revenue Service	Form 9	Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.				
	Information about	Schedule O (Form 990 www.irs.gov/fo	or 990-EZ) and its instructions is at rm990.			
Name of the organization UNITED STATES COMMITTED			r identification number			
UNITED STATES COMMITTE	E SPUKTS FUR ISKAEL INC		13-1810	938		

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 ANNUALLY REVIEWED BY BOARD
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY IS REVIEWED PERIODICALLY
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION LEVELS ARE DETERMINED BY BOARD ANNUALLY
FORM 990, PART VI, SECTION C, LINE 19	FORM 990 IS POSTED ON ORGANIZATIONS WEB-SITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE FOR REVIEW UPON REQUEST

efile GRAPHIC print - DO	NOT PROCESS As Filed Da	ta -				DLN: 934933	821107	7674
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Complete if the of Information above	Open to	13					
Name of the organization UNITED STATES COMMITTEE SPORTS FO	DR ISRAEL INC				Employer ide	ntification number 3		
	of Disregarded Entities Comp (a) applicable) of disregarded entity	lete if the organization (b) Primary activity	answered "Yes" or (c) Legal domicile (state or foreign country)	(d)	IV, Ine 33. (e) d-of-year assets	(f) Direct controlling entity		
			(c) Legal domicile (state	nswered "Yes" on (d) Exempt Code section	(e) Public charity stat	(f) Sus Direct controlling	() Section	g) 512(b)
			or foreign country)		(If section 501(c)(3)) entity	(13) co ent Yes	ntrolled tity?
(1) THE ENDOWMENT FUND OF MACC. 1511 WALNUT STREET SUITE 401 PHILADELPHIA, PA 19102 26-0043932	ABI USASPORTS FOR ISRAEL INC	RAISE AND MAINTAIN FUNDS, AND INVEST AND MANAGE ENDOWMENT FUNDS CONTRIBUTED	PA	501(C)(3)	LINE 11A, I	UNITED STATES COMMITTEE SPORTS FOR ISRAEL INC	Yes	

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (i) (k) (a) (b) (c) (d) (e) (f) (g) (h) (j) Name, address, and EIN of Primary activity Legal Direct Predominant Share of Share of Disproprtionate Code V-UBI General or Percentage related organization controlling income(related, total income end-of-year allocations? amount in box ownership domicile managing (state or entity unrelated, assets 20 of partner? foreign excluded from Schedule K-1 country) tax under (Form 1065) sections 512-514) Yes No Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Г	+	+
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	a 🕇 🚽	No
 b Gift, grant, or capital contribution to related organization(s) 	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	c Yes	 ذ
d Loans or loan guarantees to or for related organization(s)	1d	d Yes	 ذ
 Loans or loan guarantees by related organization(s) 	1e	<u>_</u>	No
f Dividends from related organization(s)	1f	ī 📃	No
g Sale of assets to related organization(s)	1g	J	No
h Purchase of assets from related organization(s)	1h	J	No
i Exchange of assets with related organization(s)	1i	1	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	<u>×</u>	No
I Performance of services or membership or fundraising solicitations for related organization(s)	11	· L	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1r	n	No
• Sharing of paid employees with related organization(s)	10	,	No
p Reimbursement paid to related organization(s) for expenses	1p	p Yes	ـــــــــــــــــــــــــــــــــــــ
q Reimbursement paid by related organization(s) for expenses	1q	1	No
r Other transfer of cash or property to related organization(s)	1r	r —	No
s Other transfer of cash or property from related organization(s)	1s	÷	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) (b) (d) (c) Name of related organization Transaction Amount involved Method of determining amount involved type (a-s) (1) ENDOWMENT FUND OF MACCABI USE D 800,000 COST (2) ENDOWMENT FUND TRANSFER С 753,000 COST (3) ENDOWMENT OF MACCABI LOAN REPAYMENT D 100,000 COST (4) ENDOWMENT OF MACCABI - LOAN FORGIVENESS THRU CONTTRIBUTION 700,000 COST D

Part VI Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

				_										
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) (g) Share of total end-of-year income assets		(h) Disproprtionate allocations?		(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managıng partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No		
												1 1		

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference

Explanation

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