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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection 20 16 For the 2015 calendar year, or tax year beginning February 1 2015, and ending D Employer identification number Check if applicable. C Name of organization Central Fund of Israel Doing business as 13-2992985 Address change E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return c/o Marcus 980 Avenue of the Americas 3rd fl 212-519-0247 Fina: return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return New York NY 10018 -7809 G Gross receipts \$ Application pending F Name and address of principal officer Hallsthsagroupretum for subordinates? Yes Vo Arthur Marcus 1 hagoel St , Efrat Israel H(b) Are all subordinates included? Yes No. If "No," attach a list (see instructions) 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status: Website: > H(c) Group exemption number ▶ Form of organization: Corporation Trust Association Other ▶ L Year of formation M State of legal domicile. Summary Briefly describe the organization's mission or most significant activities: promoting charitable activities in Israel Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Contributions and grants (Part VIII, line 1h) . 25,249,069 22,992,780 Program service revenue (Part VIII) Imp Ret IN Investment income (Part VIII, column (A) tries 3— and 76) 10 8365 9,326 Other revenue (Part VIII, commin (A), lines 5, 6d, 8c, 9c, and 11e) . 275,397 186,012 Total revenue—add lines and similar amounts paid (Part IX, column (A), line 12) 12 25,532,831 23,188,118 13 22,630,561 24,823,342 14 Benefits paid to or for members (Part X, column (A), time 4) . Salanes, other compensation, employee benefits Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,717 16,248 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22,635,278 24,839,590 19 Revenue less expenses Subtract line 18 from line 12 . 2,897,553 (1,651,472) Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 9,312,245 7,660,773 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 9,312,245 7,660,773 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Peclaration of prefigrer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here $\mathbf{I}AY$ Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check | if Preparer Firm's name Use Only Firm's EIN ▶ Firm's address ▶ Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

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

Cat. No. 11282Y

Yes No Form **990** (2015

24,823,342

Total program service expenses ▶

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	:
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	-	1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		/
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	_	✓
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	and a second control of the second control o	14a		✓
b	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			
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	14b	1	-
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.	15	1	
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)	16	-	
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	17		1
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	18		1

Form 99	0 (2015)		F	age 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
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? If "Yes," complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III	27		1
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):	12		1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
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		_	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		✓
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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	1	

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	 V	
10	Enter the number reported in Pay 2 of Form 1006. Feter, 0, if not applicable.	L By B	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			C.i
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		5.1	[* * *
_	reportable gaming (gambling) winnings to prize winners?	1c		44.0
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		8 8.4	11.0. 1 .
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	- Litter (M. com. Literature)	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	14 MIT 15		rhanicr
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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	✓	
b	If "Yes," enter the name of the foreign country: ▶ Israel		1 (0.1	in spensiffer.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			w'i 1+4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C C	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	6-		,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		-
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	300		ŵ,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-153	M
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		~ 43 	i s v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	✓_
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		aht word
•	sponsoring organization have excess business holdings at any time during the year?	8	To biggid	
9	Sponsoring organizations maintaining donor advised funds.		in thi, whi	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			, ,
а	Initiation fees and capital contributions included on Part VIII, line 12	and Supplement		30 C 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		2	J. block
11	Section 501(c)(12) organizations. Enter:	THE STATE OF THE S		
a	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.)			ing High
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	400		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	/98°4	22 3 .
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Em Silv
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1990000	÷ \$‴
	Note. See the instructions for additional information the organization must report on Schedule O.		ńŞ.	
b	Enter the amount of reserves the organization is required to maintain by the states in which	i ,	i.	′
	the organization is licensed to issue qualified health plans	,,'1		ľ
C	Enter the amount of reserves on hand	i na lejsaj); ij)
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
ь	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		1

	((colo)			- age O
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Soction	on A. Governing Body and Management	<u>···</u>	•	. 💟
Jecui	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6		\$ 40 X	4 3.6
	If there are material differences in voting rights among members of the governing body, or		i i i i i i i i i i i i i i i i i i i	Š.
	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 . 1b 6			
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	✓	
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_		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	,	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ii
	the year by the following:			الأحلا
a	The governing body?	8a	✓	_
9 9	Each committee with authority to act on behalf of the governing body?	8b		
	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	✓	
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		/
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	✓	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	Ť
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy?	14		Y
15	Did the process for determining compensation of the following persons include a review and approval by	14	7.4	Y
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a L	The organization's CEO, Executive Director, or top management official	15a		/
, j	Other officers or key employees of the organization	15b	7 8 7 7 7	√
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	3 8.263	
	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?	405		
Secti	on C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► New York			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(در <i>د</i> ر	. O. 11 y)
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	Jay Marcus - 13 hagoel St Efrat Israel phone 212-519-0247			

		_
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an	łC
	Independent Contractors	

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box it heither the organization no	r any relate	u orga	amz	สแบ	n c	ompe	กรส	ned any currer	it officer, director	i, or trustee.
				(0	C)	-				
(A)	(B)	(B) Position (do not check more than one		(D)	(E)	(F)				
Name and Title	Average					than one is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of other
	week (list any hours for	우五	suj	μО	Ke	Hıç	Fo	from the	related organizations	compensation
	related	direc	ŝ	Officer	en	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	of all t	iona		Key employee	8 2	-	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	l tru		yee	# # # # # # # # # # # # # # # # # # #				organizations
		8	Institutional trustee		l	Highest compensated employee				
	 -		-			<u>&</u>	-			
(1) Arthur Marcus	1									
president		✓					L			
(2) Jay Marcus	40						1			
Vice President	ļ	✓								
(3) Jeff Most	11									
treasurer	<u> </u>	✓			_					
(4) Dr Linda Kalish Marcus	9	1						ļ		1
(5) Mitchell Eichen		1								
(6) Michael Fischberger	0	-	-		_			 		
(4) Michael Fischbeiger	† <u>v</u>	1								
(7)										
(8)										
(9)	 						<u> </u>			
		<u> </u>						<u>_</u>		
(10)		-								
(11)		-								
(12)			╁				-			
(13)		-								
(14)			-							

Part	VI Section A. Officers, Directors, Trust	ees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (continue	ed)
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos leck is pe	c) sition (D) (E) more than one erson is both an director/trustee) compensation from related			(F) Estimated amount of other			
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compensation from the organization and related organizations
(15)												
(16)										<u> </u>		
(17)			-									
(18)			-									
(19)												
(20)					_							
(21)												
(22)					-							
(23)												
(24)												
(25)					_							
1b c	Sub-total	VII, Sectio	n A				· ·	>	0		0	0
d 2	Total (add lines 1b and 1c) Total number of individuals (including bur reportable compensation from the organ	t not limited	d to th					e) w	ho received m		00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c					emp	oloyee, or high	est compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000	? 1	f "Ye	s,"	complete Sch			
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	, un	related organiz	zation or ind	dividual 	
Section	on B. Independent Contractors											
1												
	(A) Name and business add	iress							(B) Description of s	ervices	C	(C) Compensation
									·			
												<u>.</u>
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who	x.	

Form **990** (2015)

	AV/III	Chatamant of Davison				_	rage o
Pair	VIII	Statement of Revenue					_
		Check if Schedule O contains a response or	note to			· · · · · ·	<u> U</u>
		A CONTRACTOR OF THE CONTRACTOR		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु र	1a	Federated campaigns 1a		adudier Badualar	an alkarii amin dhe më m	and the second s	
Grants	ь	Membership dues 1b		. av 16. atts. de 186. s	16. ஆட். கி. கி. கூடு கூடு கு. சு.		
ح ۾		·				the participation of participations	
Gifts, ilar Ar	C						
<u>ම්</u> ප	d	Related organizations 1d		A * B + S + N J			
Contributions, Gifts, Grants and Other Similar Amounts	0	Government grants (contributions) 1e		raphweighter thank the only	ม สนักสรายกระดำ หนึ่งสดุ	proportion for the	indigentalise production for the
를 X	f	All other contributions, gifts, grants,		war tarki in the tent car	a armendad ele	kalolik zeno	inducated
夏季		and similar amounts not included above 1f 22,	992,780	no production	rangadyakidi.	anti de la checimita	La harand all phillips in
들임	g	Noncash contributions included in lines 1a-1f: \$		13 (1 1 la	. , , , , ,	į į	Artin Many Carlotte
å S	h	Total. Add lines 1a-1f	. •				and real beautiful and beautiful
		Business	s Code		rádiál-idente á a		A.A.A.A.A.
Program Service Revenue	2a			[**888*1944** 245 2 A6 A64 15]			
ě							
ė,	b						
₹.	С						
Š	d						
Ē	е			,			
Ę,	f	All other program service revenue .					<u> </u>
2	g	Total. Add lines 2a-2f			ter, talif foll blood foll for	Bergradion still the str	Siv Sibil Pari Ladi patri hali Sibi
	3	Investment income (including dividends, int	erest		* * *		
		and other similar amounts)	.c. 55t,				
	4	Income from investment of tax-exempt bond proce		9,326	9,326		
•		•	ecs⊳				
	5	Royalties	. 🟲	(130 30 30 10 12 131 131 131) 31 20	31 000 500000000 12 1000 7 11 1 Afte he his		
	ļ	(i) Real (ii) Pers	sonai	in purpose of the property of the second			
	6a	Gross rents				y solváta	
	b	Less: rental expenses					an an an and color (at
	С	Rental income or (loss)		* Tradition to a figure figure			and approximate grain principle approximate
	d	Net rental income or (loss)	. ▶		 		
	7a	Gross amount from sales of (i) Securities (ii) Ot		() Y () Y	77 · J 4/43	6 5 × 6×8	, 2, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
		assets other than inventory	-	h (bhail an i mhi shi isal)	r Always agoid (1647).	HUI LAGHUN SI	Haradad substanted by
	ь	Less: cost or other basis				Law and a care	
		and sales expenses .			sibronintalia	กมสหาสังเกิดเรา	
		· · · · · · · · · · · · · · · · · · ·					
	C	Gain or (loss)		البيا أنف كك غماليط كا	والمساورة الأسمال كالمساورة والمساورة		
	d	Net gain or (loss)	. ▶				
•				de la	allas aca - Josefaci		
Ž	8a	Gross income from fundraising					
ē	1	events (not including \$		en in the factor			
æ		of contributions reported on line 1c).		argan yangan gasa Laggarata da	refreshilasi shekillar (h.). 12		
<u></u>		See Part IV, line 18 a			A TOTAL BANK BOST AND A		
Other Reven	ь	Less: direct expenses b					alida ju iki dini
0	· ·	·				<u> </u>	
	C	Net income or (loss) from fundraising events	. ▶	K & 7	alaka, zahala:	# "	. h (
	ya ya	Gross income from gaming activities.					wife dad to food after
		See Part IV, line 19 a		ANT PARTY HISTORY	าเริ่ม ของคาวาร์ สามาติเมตรียม ซึ่	ade Carlla Chrisin	
	b	Less: direct expenses b		and the same	-00-51-81-81-8		
	С	Net income or (loss) from gaming activities .	. ▶				
	10a	Gross sales of inventory, less			李 小 李 李 李	\$ 5 . \$ dd // "	
		returns and allowances a		or freeze to him.	Continues right and	Book at attack	anil erro Challent of Jad
	ь	Less: cost of goods sold b		Comment of the State of the Sta			who to me the ship of
	c	Net income or (loss) from sales of inventory .	. ▶	<u> </u>		3 7 7 7	
	_ 	Miscellaneous Revenue Business		Service of the second s	e 46, 25, 2 4 4	An at the arms of	
	44-		Code	12	" K' W W W Y W	1 30 mm - 10 mm	A STATE OF THE STA
	11a	gains from currency conversions		186,012			
	b						
	C						
	d	All other revenue		186,012			
	Θ.	Total. Add lines 11a–11d	. ▶		1. 1. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	i destilla da camparalitari
	12	Total revenue. See instructions	. ▶	23.188.118			

Form 99	0 (2015)				Page 1U
Part	X Statement of Functional Expenses		- 	-	
Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon	<u> </u>			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			Margarian Contract	ART IT FOR
	and domestic governments. See Part IV, line 21			rinightaire	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	ındividuals. See Part IV, lines 15 and 16	24,823,342	24,823,342		a diama kil pam
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	<u> </u>	-		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
h	Legal	15000		15000	
~	Accounting	15000		15000	
d					
	Lobbying		Broke (Bask maskiglikas) jy	Transcription and the field his wash in t	
0			y k k * '	AV. AV. 187 NO. W	
f	Investment management fees	998		998	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule Q.)	250		250	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		-		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				-
23	Insurance				
24	Other expenses, Itemize expenses not covered		mas said to ephyddian ddidd ddiddio	ishni, palisasadindi haddindi kalidi vilita	MARCH PROPERTY OF THE PARTY OF
	above (List miscellaneous expenses in line 24e, If				13 5 6 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	,	Paladanes a medical control of the Canada Marie	19 Part 12 1 and 23 death-findingship	Tathael haistaidhean Tata Nobel Shifteill Bhail Shift	Port a 1822 cand the difference in the port
b				-	
C			-		-
d					
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e				
25		24,839,590	24,823,342	16,248	
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	nrt X		
		are are a serious of the serious of the serious and the serious of the serious serious are serious and the serious ser	(A)	İ	(B)
	•	*	Beginning of year		End of year
	1	Cash—non-interest-bearing	4,872,206	1	2,737,694
	2	Savings and temporary cash investments	4,101,501		4,553,273
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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		10.7	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		,	A street from
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	ל	Notes and loans receivable, net	338,538	7	369,806
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	TE O P. É. PÉPE APORTÁCIÓN ÉPARÁDÁLIC. COMOMINADO O PLODO LOS PARÁDOS ASSECTI		
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	,12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	<u> </u>	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,312,245		7,660,773
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	**************************************	21	
ies	22	Loans and other payables to current and former officers, directors,			
Ē		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		عابينا	
Liabilities	23	·		22	
	24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		OF.	:
	26	Total liabilities. Add lines 17 through 25		25 26	
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	0
es		complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	21 - 2-1-10 10 10 10 10 10 10 10 10 10 10 10 10 1	27	
3al	28	Temporarily restricted net assets		28	
D	29	Permanently restricted net assets		29	
귤		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
-i		complete lines 30 through 34.		- 4	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	<u> </u>
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	9,312,245	33	7,660,773
	34	Total liabilities and net assets/fund balances		34	

Page	1	2
ı ayo		-

0	0 (2010)		raye 12
Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,188,118
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,839,590
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,651,472)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,312,245
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	7,660,773
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>
			Yes No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın	
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	
	reviewed on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were auditionally the statement of the year were auditionally the statement of the year were auditionally the statement of the year were auditionally the year were also and year were also also and year were also also and year were also and year were also and year were also and year were also and year wer	ed on a	
	separate basis, consolidated basis, or both:		
	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 or of the audit, review, or compilation of its financial statements and selection of an independent account		
			2c
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O.	piain in	
30		forth in	
Эä	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorui in	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	· · ·	3a ✓
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b
	Togaliou about of additio, oxplain why in bollocatic o and describe any steps taken to undergo such a		Form 990 (2015)
			rorm 330 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public

Name	of the organization					Employer identification	number		
	al Fund of Israel					13-29			
Pai							ns		
	organization is not a private founda		,		-	•			
1 2	☐ A church, convention of churc ☐ A school described in section								
3	A hospital or a cooperative ho		•			• •			
4	A medical research organization						(iii). Enter the		
•	hospital's name, city, and stat		,				,		
5	☐ An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned or o	perate	ed by a government	al unit described in		
6	=								
7	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)		gover	nmental unit or fron	the general public		
8	A community trust described i								
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
10	☐ An organization organized and	l operated exclus	sively to test for public	c safety. Se	e sect i	ion 509(a)(4).			
11	☐ An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	lescribed in section 5	09(a)(1) or s	ection	509(a)(2). See secti	on 509(a)(3). Check		
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b		zation supervise	d or controlled in cong ganization vested in th	nection with ie same per	ı its suj sons th	pported organization nat control or manag	n(s), by having ge the supported		
C		ated. A supportir	ng organization opera	ted in conne	ection v	with, and functionall	y integrated with,		
d	. —						ad armanination(-)		
	that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a dis	stributi	on requirement and	an attentiveness		
e		ation received a	written determination	from the IF	RS that	it is a Type I, Type I	I, Type III		
f									
9			oorted organization(s).	•			· ·		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orgalisted in your godocumer	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)							-		
(C)									
(D)									
(E)									
Tota					30. ·*				
				,		1	t .		

	(Complete only if you checked to						lify under
Secti	Part III. If the organization fails to on A. Public Support	o quality unde	r the tests ha	sted below, p	ease comple	ele Part III.)	
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,088,588					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	12,088,388	16,126,877	19,673,626	25,657,201	22,992,907	96,539,199
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	12,088,588	16,126,877	19,673,626	25,657,201	22,992,907	96,539,199
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,600,010
6	Public support. Subtract line 5 from line 4.	-1: 3 /-7/////	14: - 14 M. M. M. W.			45,12, 4.54	78,939,189
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	12,088,588	16,126,877	19,673,626	25,657,201	22,992,907	96,539,199
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,600	7,333	7,408	8365	9.325	44,031
9	Net income from unrelated business activities, whether or not the business is regularly carried on	10,000	7,000	7,700		3,323	44,031
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.		ons)			12	96,583,230
13	First five years. If the Form 990 is for t				, or fifth tax y	ear as a section	501(c)(3)
04	organization, check this box and stop he		<u></u>	<u> </u>			🕨 🗆
14	on C. Computation of Public Suppo			4 1 (6)			
15	Public support percentage for 2015 (line Public support percentage from 2014 Sc			1, column (f))		15	82 %
16a	331/3% support test—2015. If the organ						78 %
	box and stop here. The organization qua	alifies as a publ	icly supported	organization			. ► /
b	331/3% support test—2014. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	2015. If the orga	anization did no and-circumsta	ot check a box	on line 13, 16 ock this box ar	nd stop here. E	ine 14 is xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets the	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	nis box and sto	and line p here. publicly
18	Private foundation. If the organization d				, or 17b, chec	k this box and s	· P []

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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public

Department of the Treasury

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization		<u>_</u>	-		ployer identification number
· ·				Em	
Part I General Inform Form 990, Part IV		ies Outside	the United States. Comp	lete if the organizat	13-2992985 ion answered "Yes" on
 For grantmakers. Doe assistance, the grantee 	es the organization es' eligibility for the	e grants or as	ords to substantiate the amosistance, and the selection	criteria used to aw	ard the
2 For grantmakers. De assistance outside the		the organizati	on's procedures for monit	oring the use of it	s grants and other
3 Activities per Region. (The following Part	l, line 3 table o	can be duplicated if addition	al space is needed.)
(a) Region	(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 a program service describe specific typ service(s) in regio	e, expenditures for be of and investments
(1) middle east	0	0	grants		24,823,342
(2) middle east	0	0	free loans		314,766
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)				·	
(14)					
(15)					
(16)					
(17)					
3a Sub-total	ı	1	1 4 , 4, 4 , 3 , 4	- * ; ' '	·

b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method o valuation (book, FMV appraisal, other)
) ·"			middle east	humanitanan aid	50,000	check			
> 10 1- 4	<u> </u>		middle east	community projects	15,000	check			
<i>!</i>			middle east	special education	50,000	check			
		· Wind	middle east	humanitarian aid	51,000	check			
8,			middle east	aid for the needy	5,660	check			
			middle east	security	115,890	check			
13	2-2-		middle east	educational prgrms	5,400	check			_,
	1.47 . 3 1		middle east_	religious prgrms	1,182,500	check			
į			middle east	aid for the needy	25,000	check			
)		? !!!! ? !?!!	middle east	humanıtarian aıd	38,852	check			
) <u>;</u>			middle east	community projects	55,000	check			
) ()		3 8 2	middle east	educational prgrms	7,018	check			
			middle east	community projects	47,000	check			
Š.			middle east	educational prgrms	23,981	check			
			middle east	aid for the needy	50,000	check			
<u></u>			middle east	aid for the needy		check			

Sche	dule F (Form 990) 201	5							Page 2
Pa	d Grants	and Other A	ssistance to Or	ganizations or Entition	es Outside the	United States. Co.	mplete if the orga	nization answered "Yes	s" on Form 990,
	Part IV,	line 15, for ar	ny recipient who	received more than \$	5,000. Part II ca	in be duplicated if a	additional space is	needed.	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			middle east	aid for the needy	7,830	check			
(2)			middle east_	community projects	7,722	check			
(3)	<u> </u>		middle east	educational prgrms	30,000	check			
(4) ₈	- 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	* ***	middle east	special education	12,800	check			
(5)	· 3111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	., 43, 533	middle east	educational prgrms	62,129	check			
(6)		1	middle east	religious prgrms	64,000	check	ļ		
(7)	11.71	12 × 37 × 483	middle east	educational prgrms	20,000	check			
(8)	**************************************	1.7 () t	middle east	womens edu	28,000	check			
(9)			middle east	educational prgrms	9,400	check			
(10)			mıddle east	humanitarıan aid	10,250	check			
(11)			middle east	religious prgrms	253,446	check			
(12)			middle east	humanıtarian aid	5,200	check			
(13)	. 3 3 8 8 8 8		middle east	food kitchen	25,000	check			
(14)	W. '		middle east	religious prgrms	25,000	check			
(15)	<u> </u>		middle east	food kitchen	5,000	check			
(16)			middle east	educational prgrms	10,000	check			

~	criter total number of recipient organizations listed above that are recognized as chantles by the fore	ıgn co	ountry	/, rec	ogni	zeo a	s tax	-exen	npt	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								>	
3	Enter total number of other organizations or entities							1	>	

Pari	Grants	and Other A	ssistance to Oro	anizations or Entiti	ies Outside the	United States, Co	mplete if the orga	nization answered "Ye	s" on Form 990.
				received more than S					
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
<u>(1)</u>	. 3/41/2	· *·	middle east	religious prgrms	23,023	check			
(2)		(* 5) (*)	middle east	religious prgrms	236,123	check			
(3)		, ,	middle east	synagogue crist	34,139	check			
(4)	·	* 3 👰	middle east	religious prgrms	19,560	check			
(5)			middle east	religious prgrms	5,000	check			
(5) (6)			middle east	synagogue cnst	91,100	check			
m_	<u> </u>		middle east	religious prgrms	11,625	check			
(8)			middle east	synagogue cnst	41,520	check			
(9)			middle east	religious prgrms	16,608	check			
(10)	<u> </u>	: 11	middle east	synagogue cnst	8,737	check			
(11)			middle east	educational prgrms	76,723	check			
i			middle east	educational prgrms	5,185	check			
(12) (13)		Ì.	middle east	educational prgrms	16,936	check	_		
(14)			middle east	educational prgrms	7,300	check			
(14) (15)	, } }	×63	middle east	humanitarian aid	10,000	check			

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

Pai								nization answered "Ye	s" on Form 990,
	Part IV,	T	T	eceived more than \$		in be duplicated if a	(g) Amount of		(i) Method of
	organization	(b) IRS code section and EIN (If applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	cash disbursement	non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		11/2/12	middle east	religious prgrms	5,000	check			
(2)			middle east	aft school pgrms	177,870	check			
(3)			middle east	aid for the needy	10,000	check			
(4)			middle east	aid for the needy	15,980	check			
(5)			middle east	pub awareness prgm	600,000	check			
(6)			middle east	humanitanan aid	38,073	check			
[7]	The Control of the Co		middle east	community projects	13,834	check			
(8)			middle east	aid for the needy	84,181	check			
(9)			middle east_	educational prgrms	20,000	check			
(10)		,	middle east	humanıtarian aid	5,002	check		-	
(11)			middle east	aft school pgrms	12,355	check			
(12)			middle east	educational prgrms	23,750	check			
(13) +		4.032.2	middle east	humanitarian aid	5,130	check			<u> </u>
(14)			middle east	educational prgrms	50,000	check			
(15)			middle east	educational prgrms	22,445	check			
(1 6)			middle east	educational prgrms	66,100	check			

2	Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country, recognized as tax-exei	mpt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	>
2	Enter total number of other emanurations or entires	

Par				anizations or Entitions				nization answered "Yes	s" on Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		1134	middle east	aid for the needy	31,739	check			
(2)			middle east	religious prgrms	7,518	check			
(3)			middle east	religious prgrms	17,800	check			
(4)			middle east	religious prgrms	64,000	check			
(5)			middle east	religious prgrms	130,064	check			
(6)	*** * * * *		middle east	religious prgrms	20,050	check			
m į	<u> </u>		middle east	religious prgrms	351,350	check			
(8)		* 3 KT *	middle east	educational prgrms	600,000	check			
(9)			middle east	educational prgrms	29,600	check			
(10)			middle east	humanitarian aid	251,521	check			
(11)	~ · · · · · · · · · · · · · · · · · · ·		middle east	womens edu	228,575	check			
(12)			middle east	educational prgrms	15,000	check			
(13)			middle east	community projects	25,806	check			
(14)			middle east	educational prgrms	5,335	check			
(15)			middle east	community projects	79,635	check	ļ		
(16)		**	middle east	educational prgrms	6,635	check			
2		•	•	ted above that are reco	_		untry, recognized as	tax-exempt	
3	-		organizations or ent	•				. •	

Par	Grants	and Other A	ssistance to Org	anizations or Entitie	es Outside the	United States, Co	mplete if the organ	nization answered "Ye	s" on Form 990.
	Part IV,	line 15, for a	ny recipient who r	eceived more than \$	5,000. Part II ca	in 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) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) ₃	· (**	* ** *							
7,39		. 688	middle east	educational prgrms	30,000	check		 	
(2)			middle east	educational prgrms	48,058	check			
(3)			middle east	pub awareness prgm	2,474,300	check			·
(4)	**. **	**,	middle east	educational prgrms	5,000	check			
(3) (4) (5)	j žje ij	* * * * * * * * *	middle east	educational prorms	23,882				
(6)	·	-4,3.4	middle east	youth at risk	25,000				
m.			middle east	humanitanan aid	400,360				
(8)	* * * * * * * * * * * * * * * * * * * *		middle east	humanitarian aıd	5,000	check			
(9)			middle east	humanitarian aid	28,600	check			
(10)		. \$	middle east	aid for the needy	6.180	check			
(11)			middle east	humanıtarian aid	50,000				
(12)			middle east	educational prgrms	10,000				<u> </u>
(13)	300 h y /	. *4.45	middle east	humanitarian aid	17,655	check			
(14)	*1		middle east	humanitarıan aid	50,000	check			
(15)			middle east	educational prgrms		check			_
\$ 36.30.	00 Y NO. A				-1,000				

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

31,127 check

middle east

religious prgrms

Par	t II Grants	and Other A	ssistance to Org	anizations or Entiti	es Outside the	United States. Co	mplete if the organ	nization answered "Ye	s" on Form 990,
	Part IV,	line 15, for ar	ny recipient who r	eceived more than \$	5,000. Part II ca	in be duplicated if a	additional space is	needed.	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			middle east	security	5.600	check			
			middle east	religious prgrms		check			
(2) (3) (4)			middle east	community projects	50,000	check			
(4)		ĭ	middle east	community projects	20,000	check			
(5)			middle east	legal aid society	319,920	check			
(6)			middle east	educational prgrms	143,100	check			
1			middle east	religious prgrms	10,000	check			
(7) (8)			middle east	pub awareness prgm	368,999	check			
(9)			middle east	religious prgrms	5,000	check			
(10)	. 3 3,		middle east	educational prgrms	5,000	check			
(11).			middle east	pub awareness prgm	5,950	check			
(12)			middle east	humanitarıan aid	15,000	check			
(12) (13)			middle east	community projects	26,981	check			
(14)			middle east	pub awareness prgm	70,000	check			
45	, 3/	1 .1		l		l			

2	Enter total number of recipient organizations listed above that are	recognize	ed as chanties by th	ie foreign co	unt	y, recog	gnized as tax-ex	empt
	by the IRS, or for which the grantee or counsel has provided a sec	ction 501(c)(3) equivalency let	ter				•
3	Enter total number of other organizations or entities							•

community projects

100,000 check

3 Enter total number of other organizations or entities . . .

Par								nızation answered "Ye	s" on Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	eceived more than \$ (d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1)			mıddle east	educational prgrms	15,000	check			-
(2)			middle east	youth at risk	142,753	check			
(3)	* *		middle east	educational prgrms	8,800	check			
(4)			middle east	humanıtarian aid	52,418	check			
(5)	**	. 7 7	middle east	youth at risk	33,500	check			
(6)			middle east	religious prgrms	8,875	check			
[7]	r i i		middle east	humanıtarian aid	25,000	check			
(8)			middle east	youth at risk	14,275	check			
(9)		\$ 1881	middle east	community projects	25,000	check			
(10)	· & .		middle east	community projects	20,000	check			
(11)			middle east	religious prgrms	19,550	check		-	
(12)			middle east	humanıtarian aid	170,000	check			
(13)	-8		middle east	humanitarian aid	135,935	check			
(14)			middle east	humanitarian aid	51,256	check		<u> </u>	
(15)	· · · · · · · · · · · · · · · · · · ·		middle east	religious prgrms	71,000	check			
(16)			middle east	humanitarian aid_	26,115	check			

Part II								nization answered "Ye	s" on Form 990,
		line 15, for ar	ny recipient who re	eceived more than \$	5,000. Part II ca	n be duplicated if a	dditional space is	needed.	
	lame of nization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			middle east	community projects	5,000	check			
(2)			middle east	aid for the needy	38,961	check			
(3)			middle east	community projects	30,640	check			
(4)			mıddle east	aid for the needy	150,000	check			
(5)			middle east	aid for the needy	10,000	check			
(6)			middle east	aid for the needy	10,000	check			
m			middle east	aid for the needy	6,720	check			
(8)			middle east	humanıtarıan aid	68,826	check			
(9)			middle east	synagogue cnst	258,900	check			
(10)			middle east	religious prgrms	150,000	check			
(11)			middle east	humanitarian aıd	50,000	check			
(12)			middle east	humanitarian aıd	25,650	check			
(13)			middle east	museum aid	10,000	check			
(14)			middle east	pub awareness prgm	123,822	check			
(15)			middle east	humanıtarian aid	5,000	check			
(16)			middle east	humanitarian aıd	10,780	check			

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

3 Enter total number of other organizations or entities

1	(a) Name of organization	(b) IRS code section and EIN (If applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		. A.	middle east_	humanitarian aid	18,270	check			
<u>1</u> .		5 12,3	middle east	terror victim sppt	5,500	check			
<u>.,</u>	9.7 1	14 <u>\$</u>	middle east	religious prgrms	12,500	check			
11.	<u> </u>		middle east	educational prgrms	212,720	check			
) 8 % <u>.</u>		<u> </u>	middle east_	humanitarian aid	6,000	check			
)			middle east	religious prgrms	6,800	check			
)	**	<u> </u>	middle east	educational prgrms	5,500	check	,		
)	** ***		middle east	educational prgrms	27,355	check	—		
h	· ; · \\ \\ ; · \		middle east	security	20,688	check			
O)	* * * * * * * * * * * * * * * * * * *		middle east	humanitarian aıd	180,500	check			
1)			middle east	educational prgrms	57,200	check			
2) (*)			middle east	synagogue cnst	67,520	check			
3)	<i>3</i> 7 ./k		middle east	educational prgrms	10,000	check			
6)			middle east	educational prgrms	698,050	check			
)			middle east	educational prgrms	96,333	check			
6)			middle east	educational prgrms	6,000	check			

3 Enter total number of other organizations or entities .

			anizations or Entiti eceived more than \$				nization answered "Ye needed.	s" on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) (1) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		middle east	educational prgrms	19,882	check			
(2)		middle east	educational prgrms	65,200	check			
(3)	G ²	middle east	youth at risk	101,800	check			
(4)		middle east	educational prgrms	5,500	check			
(5)		middle east	humanitarian aid	50,000	check			
(5) (6)	7 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 ×	middle east	educational prgrms	5,000	check			
7)		middle east	women med aid	55,233	check			
(8)		middle east	religious prgrms	181,073	check			
(0)		middle east	community projects	7,002	check			
10)		middle east	womens health	30,000	check			
(11)		middle east	humanıtarian aıd	5,000	check			
(11) (12)		middle east	educational prgrms	6,000	check			
(13)		middle east	educational prgrms	7,900	check			
(14)		middle east	humanitarian aid	48,770	check			
(15)		middle east	aid for the needy	300,000				
(16)	(5.77) (7.77)	middle east	humanitarıan aid	15,387	check			
2 Enter total nu	mber of recipie	ent organizations list	ted above that are rec			intry recognized as	tov overent	

Z	Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country, recognized as tax-exer	npt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	>
3	Enter total number of other amenizations or entities	

эспес	iule r (romi 990) 20 i	o							Page ∠
Pa	t II Grants	and Other A	ssistance to Org	anizations or Entiti	es Outside the	United States. Co	mplete if the orga	nızatıon answered "Ye	s" on Form 990,
	Part IV,	line 15, for an	ny recipient who r	eceived more than \$	5,000. Part II ca	n be duplicated if a	additional space is	s needed	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			middle east	educational prgrms	35,000	check			
(2)			middle east	educational prgrms	10,500	check			
(3)			middle east	educational prgrms	6,000	check			
(4)			middle east	educational prgrms	33,550	check			
(5)			middle east	educational prgrms	14,250	check			
(6)			middle east	religious prgrms	64,000	check			
n			middle east	humanitarian aıd	15,000	check			
(8)			middle east	humanitarian aıd	5,200	check			· · · · ·
(9)			middle east	women med aid	67,627	check			
(10)			middle east	humanitarian aid	15,000	check			
(11)		**	middle east	educational prgrms	11,395	check			
(12)		3	mıddle east	educational prgrms	7,800	check			
(13)			middle east	humanitarian aid	25,255	check			
(14)			middle east	special education	70,000	check			
(15)			middle east	humanitarian aid	12,000	check			
(16)		****	middle east	educational prorms	20.000	chack			

2	Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country, recognized as tax-exen	npt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	•
^	Fatantatal available of ather acceptations on a transfer	

3 Enter total number of other organizations or entities

Par								nization answered "Ye	s" on Form 990,
1	(a) Name of organization	(b) fRS code section and EIN (if applicable)	(c) Region	eceived more than \$ (d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			middle east	aid for the needy	10,000	check			
(2)			middle east	special education	10,000	check			
(3)	* * j		mıddle east	community projects	100,000	check			
(4)			middle east	religious prgrms	24,800	check			
(5)			middle east	religious prgrms	6,600	check			
(6)	27.		middle east	pub awareness prgm	92,208	check			
(7)			middle east	religious prgrms	7,539	check			
(8)			middle east	educational prgrms	5,296	check			
(9)			middle east	special education	84,695	check			
(10)			middle east	humanitarian aid	9,720	check			
(11)			middle east	educational prgrms	15,300	check			_
(12)			middle east	community projects	71,925	check			
(13)			middle east	religious prgrms	9,015	check			
(14)	3 3 4 4 A		middle east	special education	20,000	check			
(15)			middle east	medical aid	46,155	check			
(16)			middle east	community projects	325,000	check			

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

3 Enter total number of other organizations or entities

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1)		middle east	humanitanan aid	15,100	check			
2)		middle east	religious prgrms	7,600	check			
3)		middle east	security	25,000	check			
(4)		middle east	legal aid society	2,300,000	check			
(5)		middle east	special education	95,430	check			
(6)		middle east	humanitarian aid	50,000	check	_		_
(7) 🚶 📗 🔭	12,553	middle east	religious prgrms	5,000	check			
(8)	<u> </u>	middle east	humanıtarıan aid	36,000	check			
(9)		middle east	medical aid	25,000	check			
(10)		middle east	humanitarian aid	297,638	check			
(11)		middle east	community projects	100,000	check			
(12)		middle east	religious prgrms	5,070	check			
(13)		middle east	religious prgrms	6,410	check			
(14)		middle east	religious prgrms	36,603	check			
(15) 🖟 🖟 🖟 🕏 🤈		middle east	religious prgrms	95,360	check			
(16)		middle east	educational prorms	24 400	check		1	

			anizations or Entiti eceived more than \$				nization answered "Yes	es" on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	2 4	middle east	educational prgrms	50,000	check			
(2)	#	middle east	community projects	233,923	check			
(3)		middle east	educational prgrms	35,000	check			
(4)	· 71.3415	middle east	womens health	39,035	check			
(5)	\$ \}	middle east	pub awareness prgm	79,200	check			
(6)	Hilly .	middle east	pub awareness prgm	383,640	check			
(6)		middle east	educational prgrms	13,600	check			,
(8)		middle east	humanıtarian aid	6,000	check			
(9)		middle east	community projects	123,000	check			
(10)		middle east	aid for the needy	25,600	check			
(11)	121	middle east	religious prgrms	6,000	check			
(12)		middle east	educational prgrms	10,075	check			
(12)		middle east	educational prgrms	315,360	check			
(14)		middle east	educational prgrms	5,000	check			
(15)	Î.	middle east	educational prgrms	20,000	check			

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

religious prgrms

16,040 check

Par	III Grants	and Other A	ssistance to Org	anizations or Entiti	es Outside the	United States. Co	mplete if the organ	ization answered "Ye	s" on Form 990,
	Part IV,	line 15, for ar	ny recipient who re	eceived more than \$	5,000. Part II ca	in be duplicated if a	additional space is	needed	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			middle east	educational prgrms	20,300	check			
(2)			middle east	medical aid	9,750	check			
(3)			middle east	refugee aid	66,197	check			
(4)			middle east	community projects	20,216	check			
(5)			middle east	religious prgrms	5,698	check			
(6)			middle east	womens health	18,000	check			
(6) (7)	an en gra		middle east	community projects	239,424	check			
(8)			middle east	religious prgrms	24,800	check			
(9)		***	middle east	womens health	10,000	check			
(9) (10)			middle east	aid for the needy	12,800	check			
(11)	<u> </u>		middle east	food kitchen	15,245	check			
(12)			middle east	humanitarian aid	20,220	check			
(13)			middle east	humanitarian aid	11,376	check			
(14)		- Property	middle east	humanitarian aid	251,831	check			
(15)			middle east	food kitchen	1,173,728	check			

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

educational prgrms

25,000 check

Schedule F (Form 990) 201	15							Page 2
Part II Grants	and Other A	ssistance to Or	ganizations or Entiti	es Outside the	United States. Co.	mplete if the orga	nization answered "Yes	s" on Form 990,
	line 15, for a	ny recipient who	received more than \$	5,000 Part II ca	in be duplicated if a	additional space is	s needed.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of veluation (book, FMV, appraisal, other)
(1).		middle east	humanitarian aid	70,060	check			
(2)) 	middle east	humanitarian aid	50,000	check			<u>.</u>
(3)	1 1 1 1 1 1 1	middle east	humanitanan aid	5,210	check			
(4)		middle east	humanitarian aid	25,000	check	<u> </u>		
(5)		middle east	community projects	75,000	check			
(6)		middle east	educational prgrms	170,800	check			<u></u>
(7)		middle east	educational prgrms	5,000	check			
(8)	(Agrain)	middle east	religious prgrms	48,015	check			
(9)		middle east	religious prgrms	25,000	check			
(10)	- 3	middle east	religious prgrms	20,000	check			
(11)		middle east	educational prgrms	136,000	check			
(12)		middle east	educational prgrms	54,160	check			
(13)		middle east	educational prgrms	104,525	check			
(14)		middle east	religious prgrms	166,006	check			
(15)		mıddle east	religious prgrms	7,500	check			· ·
(16)		middle east	educational prorms	65.000	check			

2	Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country, recognized as tax-exen	npt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	>
2	Enter total number of other experience or antique	<u></u>

3 Enter total number of other organizations or entities

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		middle east	educational prgrms	103,050	check			
		middle east	religious prgrms	42,100	check			
		middle east	religious prgrms	10,400	check			
		middle east	religious prgrms	40,000	check			
		middle east	religious prgrms	5,000	check			
		middle east	educational prgrms	111,892	check			
		middle east	educational prgrms	7,500	check			
		middle east	educational prgrms	8,000	check			
		middle east	educational prgrms	43,597	check			
		middle east	religious prgrms	12,445	check			
		middle east	educational prgrms	337,263	check			
		mıddle east	educational prgrms	10,000	check			
		middle east	educational prgrms	50,000	check			
		middle east	educational prgrms	5,000	check			
		mıddle east	educational prgrms	25,385	check			
		middle east	educational prgrms	12,105	check			

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method valuation (book, FM) appraisal, other)
		mıddle east	community projects	53,100	check			
· Pa	15.187	middle east	religious prgrms	22,375	check			
•	17.	middle east	medical aid	5,050	check			 <u></u>
		middle east	aid for the needy	12,000	check			
		middle east	humanitarian aid	26,000	check			
	7	middle east	humanitarian aid	50,000	check			
the state of	8	middle east	aid for the needy	81,900	check			
		middle east	holocaust aid	17,700	check			
		middle east	humanitarian aid	200,000	check			
		middle east	humanitarian aid	10,000	check			
·								
	L.							
THE STA	4							

Schedule F (Form 990) 2015

Enter total number of other organizations or entities

Schedule F (Form 990) 2015

Part III

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

Part III can be duplicated if additional space is proceed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) free loan - supplies	middle east	1	5,200				
(2) free loan -medical aid	middle east	1 1	5,180				
(3) free loan - supplies	middle east	1	6,000				
(4) free loan - short term aid	middle east	1	13,000				
(5) free loan - home renovation	middle east	1	25,350				
(6) free loan - home renovation	middle east	1	48,436	·			
(7)							
(8)							
(9)							
(10)							
(11)				_			
(12)							
(13)							
(14)							
(15)							
(16)				-			-
(17)							
(18)							

Schedule F (Form 990) 2015

Part I	W	Foreign Forms		-
aili	<u> </u>	roteigh rothis		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign coration (see Instructions for Form 926)	☐ Yes	✓ No
2	may Trus	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign its and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign it With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).	☐ Yes	√ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	quali Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a lifted electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing It (see Instructions for Form 8621)	☐ Yes	√ No
5	the d	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to separately file Form 5713, International Boycott Report (see uctions for Form 5713; do not file with Form 990)	☐ Yes	☑ No
			Cabadula E /Eas	000) 004

Schedule F (Form 990) 2015

Part V			1-6
Part V	Sunn	lemental	Informati

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).

schedule F part 1 line 2
some of the volunteers and administrators are residing in israel and are in contact with the recipients on a recurring basis by phone
and e mail and on site visits
schedule F part 1 line 3 col f
as the charity is all volunteer there are no expenditures other than the grants (and loans) themselves which are by checks or bank or
bank transfer
schedule F part 2 line 1
grants are made by check or bank transfer
schedule F part 3 accounting method
97% of loans are made by checks and are included in the number in part ix form 990 . we have over a 93 % return on our free loans
when it is apparent that a loan will not be re paid we deduct it from the a/r figure . this would be reflected in
when it is apparent that a loan will not be re paid we deduct it from the a/r figure . this would be reflected in part x of the 990 form line 7
part x of the 990 form line 7
part x of the 990 form line 7
part x of the 990 form line 7
part x of the 990 form line 7
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part x of the 990 form line 7
part x of the 990 form line 7
part x of the 990 form line 7
part x of the 990 form line 7

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection **Employer identification number**

	I Fund of Israel					13-29929	85
Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on		(d) of determining ntribution amounts
1 2 3	Art—Works of art Art—Historical treasures Art—Fractional interests						
4 5	Books and publications Clothing and household goods			•			
6 7 8	Cars and other vehicles Boats and planes Intellectual property						
9 10 11	Securities—Publicly traded Securities—Closely held stock . Securities—Partnership, LLC,	✓	10		57,326	selling price	of stock
12	or trust interests						_
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other				-		
15 16	Real estate—Residential Real estate—Commercial						
17 18	Real estate—Other						
19 20 21	Food inventory	-					
22 23	Historical artifacts						
24 25	Archeological artifacts Other ▶ ()						
26 27 28	Other ► () Other ► () Other ► ()						
29	Number of Forms 8283 received which the organization completed					29	
30a	During the year, did the organizat 28, that it must hold for at least th to be used for exempt purposes f	iree years f	rom the date of the initial c	ontribution, and	which is n	ot required	Yes No
ь 31	If "Yes," describe the arrangement Does the organization have a contributions?	t in Part II. gift accep	- '				31 /
32a	Does the organization hire or use contributions?	third part				II noncash	32a 🗸
33	If "Yes," describe in Part II. If the organization did not report ar describe in Part II.	n amount in	column (c) for a type of pro	perty for which o	column (a) i	s checked,	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Central Fund of Israel	13-2992985
990 part III line 4d	
Category # 4 - support of religious institutions. Grants in this category are primarily for the support,	maintenance and the
construction of synagogues and other religious institutions and programs . total expenses - 2,550,	615 total grants - 2,550,615
category 5 security programs - Unfortunately terrorism skyrocketed this year both in Israel and all	over the world . The amount that
the Central fund distributed stayed the same as the new face of the terrorism was not something that	t was fixable by simply increasing
donationtotal expenses - 169,818 total grants - 169,818	
category 6 medical services includes support for clinics and hospitals - aid to the blind & disabled	postpartum depression
medical aid and therapy, in addition to construction & improvements to medical facilities	
total expenses - 154,569 total grants - 154,569	
990 part V I line 2	
1 pair of board members are married to each other , and one is a son of another board member	
990 part V1 line 9	
Arthur Marcus 1 Hagoel St Efrat Israel	
Jay Marcus - 13 Hagoel St - Efrat Israel	
Dr Linda Kalish Marcus - 13 Hagoel St - Efrat Israel	
Mitchell Eichen - 5 HaMa'ayan St, Efrat Israel	
Michael Fischberger - 37 Shivat Tziyon St , Efrat Israel	
990 part VI line 11A	
copies of the 990 are e mailed to the different board members . The review is done by e mail and at c	ur annual meeting
990 par VI line 19	
upon request - financial & other documents are e- mailed or they are directed to public websites which	h maintain them

Schedule O (Form 990 or 990-EZ) (2015)	Page ∠
Name of the organization	Employer identification number
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