SCANNED MAR 1 4 2019

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public Solo to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

<u></u>	For the 2	017 calendar year, or tax year beginnin	9 Feruary 1	, 2017, and e	endina	Janua	rv 31	, 20 <sub>18</sub>	
<u>—</u>	Check if an			,,				er identification nu	mber
_									
H	Address ch	11 1 1 1 1 1 1 1 1	mades not delivered to atreet add	(200)   Day	om/suite	<del></del>	Tolophor	13-2992985	
片							E Telephone number		
$\sqsubseteq$	Initial returi		3rd f			212- 519-0247			
$\sqcup$	Final return/	terminated City or town, state or province, co	untry, and ZIP or foreign postal co	ode					
	Amended r	eturn New York NY 10018	· · · ·			•	Gross re	ceipts \$ 31	<u>,996,189</u>
	Application	pending F Name and address of principal offi	cer		/ H	(a) Is this a gro	up return for s	subordinates? 🔲 Yes	✓ No
		Jay Marcus 13 Hagoel St Efra	at Israel	$\mathcal{O}$	4	I(b) Are all su	ubordinates	s included? Tyes	☐ No
_	Tax-exemp	ot status	) ( ) ◀ (insert no ) 🔲 4947	(a)(1) of 5	27	If "No	," attach a	list (see instruction	ns)
J	Website.				/ <sub> </sub>	I(c) Group e	xemption	number 🕨	
K	Form of ord	anization Corporation Trust Assoc	iation Other ►	L Year of f	<u>`</u>	1979	1	of legal domicile	NY
	art I	Summary				10.0	1	<b>J</b>	
		riefly describe the organization's mis	sion or most significant a	tivities nr	omotina	charitable	activitie	s in Israel	
a	' -	mony describe the organization similar	solon or most significant at	divides. <u>Pi</u>	omornig				
Activities & Governance									
ž	<u> </u>					46	250/ -4		
Ş	1	theck this box ► ☐ if the organization					1 1	its net assets	
Ğ	1	lumber of voting members of the gov					3		5
δ,	1	lumber of independent voting member		•			4		4
ij		otal number of individuals employed		-			5		0
¥		otal number of volunteers (estimate i					6		7
Ă	7a T	otal unrelated business revenue from	n Part VIII, column (C), line	12			7a		0
	b N	et unrelated business taxable incom-	e from Form 990-T, line 34		<u></u>	·. · . · .	7b		0
						Prior Yea	r	Current Yea	ar
a)	8 C	ontributions and grants (Part VIII, line		20,	123,375	31,	,468,473		
Revenue	<b>9</b> P	rogram service revenue (Part VIII, line	e 2g)				0		0
eve	10 Ir	ivestment income (Part VIII, column (	A), lines 3, 4, and 7d) .				11,317		29,358
Œ	1	ther revenue (Part VIII, column (A), lir			155,033	•	498,358		
	l .	otal revenue—add lines 8 through 11		•			289,725		,996,189
		rants and similar emperies had that					458,258		651,489
	14 B	enefits paid to or for members (Part	X Solumn (A) line 4)		·	,	0	,	,001,100
	15 S	alaries, other compensation, employee	handits (Part IX, column (4	 N lines 5–10	, <del>├</del>		0		50.000
Ses	16a P	rotessional Hardrand Totals (Part IX	column (A) line 11e)	i, iiics 5 10	" ├──		0		50,000
en	b T	rofessional fatdraishig fees (Part IX, otal fundraishig expenses (Part IX,	Coldina (A), line ite) .		·		٩		
Expenses	b T	ther expended Part Maria (4) III	501111 D), line 25)				47.000		
	17 O	ther expenses (Part & DEN A)	nes Tra-Tra, Tri-24e)		·		17,969		16,368
		otal expenses Add lines 19-17 (mus			. —		476,227		717,857
		evenue less expenses. Subtract line	18 from line 12		·	<del></del>	813,498		,278,332
ets or lances	l				Begin	ning of Curr		End of Yea	
sset	20 T	otal assets (Part X, line 16)			·	9,	474,271	12,	752,603
Net Asse Fund Bal	21 T	, , ,							
		et assets or fund balances Subtract	line 21 from line 20 .		.	9,	474,271	12,	752,603
Pa	art II	Signature Block							
		s of perjury, I declare that I have examined this						y knowledge and b	oelief, it is
tru	e, correct, a	nd complete Declaration of preparer other tha	in officer) is based on all informati	on of which pre	eparer has	any knowled	dge /		
		le Pr (Ph					11/13	-/18	
Sig	ın	Signature of officer				Date		/	
He	re 📗	JAY MARCUS	S PRESIDEN	7					
		Type or print name and title							
D-		Print/Type preparer's name	Preparer's signature		Date		Charle F	T . PTIN	
Pa							Check [ self-emp	loyed	
	eparer	Firm's name	<del></del>			Eigen	EIN ▶	- 1	
US	e Only	Firm's name							
Mar	v the IRS	Firm's address ► discuss this return with the preparer	shown above? (see instru	ctions)		Phone	- 110	Yes	□No
		rk Reduction Act Notice see the senar			· · ·				10 (2017)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Established in 1979 as a volunteer charity with the motto " what you give is what they get ", CFI was designed to enable 100%
	of donations to reach charities in Israel . Over the years we received the Jerusalem prize for voluntarism, accolades from the
	chief rabbinate, an award from PM Menachem Begin and accolades from 100's of charities in Israel. We do not solicit or advertize.
	By word of mouth alone we have grown into a significant charitable force in Israel, which helps the nation of Israel to thrive
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$11,148,864 including grants of \$11,148,864 ) (Revenue \$)
	${\color{blue} \textbf{community projects}} \ \ \textbf{which benefit the welfare of the Citizens and the land of Israel} \ . \ \ \textbf{The world around us is changing very rapidly} \ .$
	and the threats to the state of israel, and the people of israel, and by extension to the supporters of Israel, has risen dramatically
	Voices of demonization and boycotts and anti semitism in its classic forms and in new 2017 versions can be heard all around the
	world Not only in the gutters but in parliaments and classrooms and campuses around the world. If the threats arent physical
	threats (though they are on the rise as well) they are certainly economic and social threats. If we have learnt anything from the
	horrible history of the 1930's and 40's that such threats can have disastrous consequences. this year CFI has felt it necessary
	to donate to causes which are trying to educate the world about antisemitism and its evil effects.
	not even 100 years after the holocaust and we can see history starting to repeat itself
	grants in this category also go to assist in the construction & maintenance of community facilities
4b	(Code:) (Expenses \$ 7,853,871 including grants of \$ 7,853,871) (Revenue \$)
	1
	support of educational programs and institutions.
	There is a great overlap of humaitarian services as many educational programs service the humanitarian aspects of education
	as in scholarships and special education. There is also an overlap with community projects as there is a constant need to build new
	schools as the population increases
	······································
4c	(Code: ) (Expenses \$ 6,934,556 including grants of \$ 6,934,556 ) (Revenue \$ )
40	
	Social services , Humantarian aid , aid to the poor
	This year the amount of donations increased by 800,000 dollars in this area. It is always a core part of our donations
	helping those people who are in need. It can be monetary need or physical needs or emotional needs
	This Category includes aid to food kitchens, children at risk, aid to terror victims, and their families, aid to refugees. & new
	immigrants ,special ed , after school programs etc
4d	Other program services (Describe in Schedule O.)
+u	(Expenses \$ 2,714,198 including grants of \$ 2,714,198) (Revenue \$ )
4e	Total program service expenses ► 28.651.489
	20.0J1.707

28,651,489

#### Part IV **Checklist of Required Schedules**

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	-	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	~	<b>V</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
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		~
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		~
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		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		٧
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, VIII, 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		~
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		~
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	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		7
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		v
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	, , , ,	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.	14b	V	
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	١	
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	<b>V</b>	
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		,
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		,
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		,
			n 990	(2017

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Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<i>V</i>
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		J.
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		v
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		~
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		,
b c	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		<i>v</i>
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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		V
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		~
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		,
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		,
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		ν ν
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		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 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	•	v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
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		,
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	34		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	~
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)? If "Yes," complete Schedule R, Part V, line 2.	35b		,
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		,
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		

19? Note. All Form 990 filers are required to complete Schedule O.

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Part				_
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	 [v	<u> </u>
10	Enter the number reported in Day 2 of Form 1000 Fator 0. If not applicable	- ( <del></del>	Yes	No
1a h				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Lib Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	2.3.3.	× 100
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1,61	237	1. 44
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	ر قريد شدر 0	185 · " · '	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	>944. XX		100 C 100
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		<u> </u>
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>/</b>	X 176617
þ	If "Yes," enter the name of the foreign country:  israel			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	- Circles	<u>√</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
, 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	ļ	V
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c		1
` d	If "Yes," indicate the number of Forms 8282 filed during the year	***		100
е	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		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		~
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. Did a donor advised fund maintained by the			<b>公</b> 為
	sponsoring organization have excess business holdings at any time during the year?	8	etallon, //	V
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		•
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	902 P.S.	<b>✓</b>
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	$\dashv$		
11	Section 501(c)(12) organizations. Enter:			3 0
a	Gross income from members or shareholders		200	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		CASTA .	4
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 12b	<b>*</b>		X 33
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			3
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	1000		100
C	Enter the amount of reserves on hand	7.5%	\$ . A. ? .	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
<u>b</u> _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
Sooti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	. <u>v</u>
Secu	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		163	140
	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 . [1b]			
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	~	
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V V
6	Did the organization have members or stockholders?	6		V .
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		V
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			
	the year by the following:			1
a	The governing body?	8a	~	
ь 9	Each committee with authority to act on behalf of the governing body?	8b		-
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	/	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	<u> </u>
			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	<u> </u>	
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-		
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b		V V
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
Ū	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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		~
b	Other officers or key employees of the organization	15b		<u>~</u>
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			
IVa	with a taxable entity during the year?	16a		<b>,</b> .
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	108		Ť
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			3
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
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	า 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website Upon request Other (explain in Schedule O)	oroct	nalıa.	,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	holic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corde	•	
_ <del>_</del>	Jay Marcus - 13 Hagoel St Efrat Israel phone 212-519-0247	JUI 43		
	,			

Form	990	(2017)	
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Chack this boy if neither the argenization per any

Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 if fielther the organization flor	any relate	uuuy	ailiz	auv	41 C	ompe	1129	ited any curren	it officer, unecto	, or trustee.
				((	C)					
(A)	(B)	(B) Position					(D)	(E)	. (F)	
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of .
	week (list any hours for	오 코	5	Q	\$	9 =	77	from the	related organizations	other compensation
	related	물물	#t	Officer	y e	물을	Former	organization	(W-2/1099-MISC)	from the
	organizations	cto	햩	٦	Key employee	st c	4	(W-2/1099-MISC)		organization
	below dotted line) ,	ੋ ਤੂੰ	lal ti		oye e	뒤				and related organizations
		Individual trustee or director	Institutional trustee		"	ens				organizations
	1		8			Highest compensated employee				
· · · · · · · · · · · · · · · · · · ·										
(1) Jay Marcus	40									
president		~					<u> </u>	50,000		
(2) Jeff Most	2									
Secretary		~		~						
(3) Dr Linda Kalish Marcus	10									
secretary		~						j		
(4) Mitchell Eichen	1									
director		~								
(5) Michael Fischberger	1									
director	ı	~								
(6)		ļ								
						L				
(7)										
					L_		_			
(8)										
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(9)								1		
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(10)										
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(11)	<b></b>							•		
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(12)										
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(13)	ļ							1		
10.00				L	<u> </u>	ļ	<u> </u>			
(14)	<b> </b>							i		
	1	ı	ı		1	ı	ı	i	I	i

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
		•			-	C) ition								
	(A)	(do not check more than				than e	one	(D)	(E)			(F)		
	Name and title	Average hours per					is both		Reportable compensation	Reportab compensation			mated ount of	
		week (list any	t any					<del>,                                    </del>	from	related	1110111		ther	
		hours for related	4 ₹	nstit	Officer	é	활	Former	the organization	organization (W-2/1099-M			ensation m the	ר
		organizations	ecta	utio	ª	)   j	est c	Ē	(W-2/1099-MISC)		1130,		nization	
		below dotted line)	2 2	nal t		Key employee	ğ						related	
		11110)	Individual trustee or director	Institutional trustee		Ō	Dens				ľ	organ	nizations	•
			-	8			Highest compensated employee							
(15)		<del> </del>		-			_	一	-					-
3		†												
(16)														
		†	1								:			
(17)												_,,		
			1											
(18)														
(19)														
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(20)								ļ						
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(21)											İ			
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(22)		ļ								1				
(00)								<u> </u>			$\longrightarrow$			
(23)		ļ												
<del></del>								<u> </u>			$\longrightarrow$			
(24)								1						
(OE)		-						-			$\longrightarrow$			
(25)	······································	ļ												
1b	Sub-total	<u> </u>				L		<u> </u>	<del>                                     </del>					
C	Total from continuation sheets to Part			:					0		0			0
d	Total (add lines 1b and 1c)	•					-		0		0			0
2	Total number of individuals (including but							<u> </u>	·			0 of		
	reportable compensation from the organi		1 (0 ()	056	ıısı	eu a	above	=) W	no received in	ore man pri	JU,UU	0 01		
	repertable compensation mem the digam	Zation			-								Yes	No
3	Did the organization list any former of	ficer, direc	tor. o	r tr	uste	ee.	kev e	eme	olovee, or high	est compe	nsate	d 🗔	res	NU
	employee on line 1a? If "Yes," complete											3		V
4	For any individual listed on line 1a, is the	sum of rea	oortal	ole d	com	nper	nsatio	n a	nd other comp	ensation from	om th			
	organization and related organizations													
	ındıvıdual	·										4		~
5	Did any person listed on line 1a receive of	r accrue co	mpe	nsat	ion	fror	n any	un/	related organiz	zation or ind	lividua	al Est		
	for services rendered to the organization	? If "Yes," c	ompl	ete .	Sch	edu	ıle J t	or s	such person			5		~
Section	on B. Independent Contractors											•		
1	Complete this table for your five highest of	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	ed more tha	n \$10	0,000 of	:	
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	ne c	alend	lar y	ear ending wit	h or within t	the or	ganızatı	on's ta	X
	year.													
	(A)		•						(B)			(C)		
	Name and business add	ress							Description of s	ervices		Compens	ation	
												<u> </u>		
			_					ļ						
	Table							L.,						
2	Total number of independent contractor received more than \$100,000 of compens							) th	ose listed abi	ove) who				

d All other revenue . . . e Total. Add lines 11a-11d .

12 Total revenue. See instructions.

		·					
· ·		,	. ! .	•			- 0
_	90 (201 VIII	Statement of Revenue	- ' '		<del></del>		Page 9
ı alı	VIII	Check if Schedule O contains a res	nonse or'note to	any line in this	· Dart VIII		П
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	31,468,473 236,921	31,468,473			
	2a b	·····	Business Code	31,400,473			
Program Service Revenue	, d , e f	All other program service revenue .		•		,	
Pro	· ˈg	Total. Add lines 2a-2f	▶				
, į. ·	* 3 · · · 4	Income from investment of tax-exempt be	•	29,358		,	29,358
•	5 6a b	Gross rents Less: rental expenses	(ii) Personal				
	c d 7a	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of (i) Securities	<b>&gt;</b> (ii) Other				
	, b	Less: cost or other basis and sales expenses .	,				
'n	c d	Gain or (loss)	· · · · · <b>&gt;</b>				
Other Revenue	, ,	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b	- ,				
	c 9a	Net income or (loss) from fundraising	events . ▶				
	с 10а	Net income or (loss) from gaming acting Gross sales of inventory, less returns and allowances	vities ►				
	•	Less: cost of goods sold <b>b</b> Net income or (loss) from sales of invo		NAME OF THE PARTY	7026.048		
· · ·	С	Miscellaneous Revenue	Business Code		i de la la companya de la companya		
,	.11a	gains from currency conversions	523000	<b>∆</b> 498,358			498,358

31,996,189

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
Check if Schedule O contains a response or note to any line in this Part IX							
	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	( <b>D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
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 individuals. See Part IV, lines 15 and 16	28,651,489	28,651,489	10 - 110 m 11 - 2			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	50,000		50,000			
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 8	Other salaries and wages						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees):				1		
a b	Management						
C	Accounting						
ď	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees	2,054		2,054			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	250		250			
12	Advertising and promotion				_		
13	Office expenses	2037	***	2037			
14	Information technology	· · · · · · · · · · · · · · · · · · ·					
15	Royalties						
16 17	Occupancy	40007		40007	·		
18	Travel	12027		12027			
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings				1		
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization .		_				
23	Insurance				· · · · · · · · · · · · · · · · · · ·		
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							
b							
c							
d							
е	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	28,717,857		66,368			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	T			_		
	from a combined educational campaign and fundraising solicitation. Check here  I if following SOP 98-2 (ASC 958-720)						

Fund Balances

ō

32

Form 990 (2017) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 2,336,207 7,338,945 2 6,647,984 5.029.687 3 4 5 . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 . . . . . . . . 7 490080 383.971 8 9 . 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation . . . . 10b 10c b Investments—publicly traded securities . . . . . . . . . 11 11 12 12 Investments—other securities, See Part IV, line 11 . . . . . . . . 13 Investments—program-related. See Part IV, line 11 . . . . . . . . . 13 14 14 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 9,474,271 12,752,603 Accounts payable and accrued expenses . . . . . . . . . . . . . . . . 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 23 23 Secured mortgages and notes payable to unrelated third parties . . . 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 25 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

27	Unrestricted net assets		27
28	Temporarily restricted net assets	Γ	28
29	Permanently restricted net assets	Γ	29
, ,	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ an	nd 🖟	
.,	complete lines 30 through 34.	1	
-30	Capital stock or trust principal, or current funds	ſ	30
31	Paid-in or capital surplus, or land, building, or equipment fund		31

complete lines 27 through 29, and lines 33 and 34.

Retained earnings, endowment, accumulated income, or other funds .

Form **990** (2017)

12,752,603

12,752,603

32 33

9,474,271

9.474.271

Par	t XI Reconciliation 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	•	31,99	6,189
2	Total expenses (must equal Part IX, column (A), line 25)	2		28,71	7,857
3	Revenue less expenses. Subtract line 2 from line 1	3		3,27	8,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,47	4,271
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		12,75	2,603
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<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," exp	ılain ın			
•	Schedule O.				
2a	· · · · · · · · · · · · · · · · · · ·		<u>2a</u>		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ıled or			ď
	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		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both.			ļ	
	Separate basis Consolidated basis Both consolidated and separate basis				<u></u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov			ŀ	
	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, expectable O.	olain in	$\ \cdot\ $		
•		سر مانسم			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set if the Single Audit Act and OMB Circular A-133?	orth in v	1 1		
	<del>-</del>		3a		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		
	required addition additis, explain why in schedule of and describe any steps taken to undergo such at	uits.		- 990	<i>(</i> 2.2.4.=
			Forn	າ ສອບ	12017

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Centr	al Fund of Israel						92985
Par							ons.
The c 1 2 3	organization is not a private foundar A church, convention of churces A school described in section A hospital or a cooperative ho	hes, or associati 170(b)(1)(A)(ii).	on of churches descri (Attach Schedule E (F	bed in <b>se</b> orm 990	ection 17 or 990-E	<b>0(b)(1)(A)(i).</b> Z).)	07
4	A medical research organization hospital's name, city, and state	e					
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described ii
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	⊃art II.)			
9	An agricultural research organ or university or a non-land-grauniversity.	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fui t income and uni fter June 30, 197	nctions—subject to corelated business taxal 75. See <b>section 509(</b> a	ertain exc ole incom i <b>)(2).</b> (Cor	eptions, le (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33¹/₃% of its
11	An organization organized and						
12	An organization organized and of one or more publicly support Check the box in lines 12a through	orted organizatio lugh 12d that des	ns described in <b>secti</b> scribes the type of sup	on 509(a porting c	)(1) or se rganızatı	ection 509(a)(2). Secon and complete line	e <b>section 509(a)(3)</b> es 12e, 12f, and 12g
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to ou must comple	regularly appoint or e ete Part IV, Sections	lect a ma  A and B.	jority of t	he directors or trust	ees of the
b	Type II. A supporting orgal control or management of organization(s). You must	the supporting o complete Part I	rganization vested in V, Sections A and C.	the same	persons	that control or man	age the supported
С	Type III functionally integ its supported organization(						ally integrated with,
d	☐ Type III non-functionally integer that is not functionally integer requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribi	ution requirement an	
е	Check this box if the organ functionally integrated, or	Type III non-func					e II, Type III
f	Enter the number of supported of						
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(u) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tatal			l — — — — — — — — — — — — — — — — — — —	l		I	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 22,992,907 19,673,626 25,657,201 20,123,375 31,468,473 119,915,582 revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3 . . . 19,673,626 25,657,201 22,992,907 119,915,582 20,123,375 31,468,473 5 The portion of total contributions by each person (other than publicly governmental unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . 19,832,917 Public support. Subtract line 5 from line 4 100,082,665 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 . . . . . . 7 19,673,626 25,657,201 22,992,907 20,123,375 31,468,473 119,915,582 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 7,408 8365 9,325 11,317 29,358 65,773 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . Total support. Add lines 7 through 10 11 119,981,355 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . 14 83 % 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

Concac	ie n (i onii ooo oi ooo ee) een						· ugo C
Part	Support Schedule for Organiza						
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	11.)	
	on A. Public Support	T	T	T	1		
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise			ļ			
2	sold or services performed, or facilities						
	furnished in any activity that is related to the				/	4	
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			ļ			
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf			/			
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5			<b>/</b>			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	·		<u> </u>	<del></del>			
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			Ì	·		
_	· ·		<del>  /                                   </del>			,	
С 8	Add lines 7a and 7b		1				
Ü	line 6.)		<b>V</b>				
Secti	on B. Total Support		41	<u>.</u>	L	ļl	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(4) 25 (5)	(5) 2014	(0) 2010	(4) 2010	(6, 201)	(1) 1014
10a	Gross income from interest, dividends,		<del> </del>				
,,,,	payments received on securities loans, rents,						
	royalties, and income from similar sources					1	
b	Unrelated business taxable income (less	/				i	
	section 511 taxes) from businesses	ĺ					
	acquired after June 30, 1975						`
С	Add lines 10a and 10b			-			
11	Net income from unrelated business				-	i i	
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1		j	
	(Explain in Part VI.) /						
13	Total support. (Add Jines 9, 10c, 11,						<del></del>
	and 12.)						
14	First five years. If the Form 990 is for the		n's first, secon	id, third, fourth	i, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>			. 🕨 🗀
Secti	on C. Computation of Public Suppor		·				
15	Public support percentage for 2017 (line 8	• • •	-			15	%
16	Public support percentage from 2016 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (			-			<u>%</u>
18	Investment income percentage from 2016					18	<u> </u>
19a	33% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box		_			-	_
þ	331/3% support tests—2016. If the organiz						
1	line 18 is not more than 331/3%, check this		<del>-</del>				
_20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	cneck this box	and see instruc	ctions 🕨 🔲

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	. All	Supr	ortina	Orga	nizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	v	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization			
Section	on C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	ctions	<u></u>
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	_		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities agreetly to a substantially all of the activities.			
	that these activities constituted substantially all of its activities	2a		<del></del>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	<del></del>		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	9.1	
7 Other expenses (see instructions)	7	`	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount	<b>L</b>	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7	,	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	٠.		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	Mark Company of the C	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	Maria de la compania	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).			
<ul> <li>7 Check here if the current year is the organization's first as a non-functional</li> </ul>	1		organization (coo
instructions).	уш	regrated Type III Supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	•
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	7	•
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets	. * * *		
5	Qualified set-aside amounts (prior IRS approval required)	* *		,
6_	Other distributions (describe in Part VI). See instructions	·		
	Total annual distributions. Add lines 1 through 6.	1, 1		
. 8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	,
	(provide details in Part VI). See instructions.			•
9_	Distributable amount for 2017 from Section C, line 6	· -	• • • • • • • • • • • • • • • • • • • •	
10_	Line 8 amount divided by line 9 amount	· ·	r:v	(::)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017 <sub>,</sub>
<u> 1                                   </u>	Distributable amount for 2017 from Section C, line 6		3.5	
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See		, ,	
	instructions.		bar	
3	Excess distributions carryover, if any, to 2017	A SHEET TO SHEET TO SHEET THE TOTAL THE T		
<u>a</u>	5 0010	23343333333333333333333333333333333333	700 P S. C. TORKY, 1975 CARRON - 2079	
<u>· b</u>	From 2013	Tuto-hadronessessessessessessessessessessessessess		1. 1528 / 1585 / 1866 / 1 2010 00 00 00 00 00 00 00 00 00 00 00 00
<u>c</u>	From 2014			
<u>d</u>	From 2015 From 2016			
e f∵	Total of lines 3a through e			
<u>'</u>	Applied to underdistributions of prior years		SASP NO NO BROWN TO THE SECOND SANSON	207387.00888.7 SSESTA
h'	Applied to 2017 distributable amount	7 & Sept St. Indicate Assessment Asses		## 54/2000 to 7.25 % MAD TABLE SANGE CONTRIBUTES CONTRIBUTED
	Carryover from 2012 not applied (see instructions)		GS THE SINGLE	Carlo Carlo Carlo
Ť	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	C 745 8700 NB000 8 24 7 484 14 1		
4	Distributions for 2017 from	. S. W. L. J. W. S. J.		
٠.	Section D, line 7 \$			
· a	'Applied to underdistributions of prior years'			7/VIII. 1882/1822/1
b	Applied to 2017 distributable amount			* * * * * * * * * * * * * * * * * * * *
С	Remainder Subtract lines 4a and 4b from 4.	· .		
<sup>•</sup> 5	Remaining underdistributions for years prior to 2017, if		,,	
	any. Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions.	As Assessed the Company of Company of Company	CALORONIA	
6	Remaining underdistributions for 2017. Subtract lines 3h			',
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			2.20402000 v 3-2000 724000000
7 	Excess distributions carryover to 2018 Add lines 3j and 4c.			
<u>8</u>	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
C	Excess from 2015		SAME TO A SAME T	PARTIES AND
<u>d</u>	Excess from 2016			
· е	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	`
	······································
••••••	
•••••	
	······································
••••	

#### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

<u>Centr</u>	al Fund of Israel			<u> </u>		13-2992985
Par	General Information Form 990, Part IV, line	14b		the United States. Comp		
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	igibility for the				he
	grants or assistance					☑Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monito	oring the use of its gra	ants and other
3	Activities per Region. (The fo	ollowing Part	I, 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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	middle east	0	0	grants		28,651,489
(2)	middle east	0	0	free loans		183,701
(3)						
(4)						
(5)			<del></del>			
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					28,835,190
b	Total from continuation sheets to Part I					`
С	Totals (add lines 3a and 3b)					28,835,190

רשור	v, III e 13, 101 a	ait IV, III e 13, 101 airy feoipleint Wild feoelved I	בככו אכם וווסור ווומון	3,000. I alt II cal	note that to, occ. I at it can be adplicated if additional space is needed.	dution all space is	reegen.	
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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		middle east	educational prgrms	11,000 check	heck			
(2)		mıddle east	humanıtarıan aıd	25,000 check	heck			
(3)		middle east	special education	10,000 check	heck			
(4)		middle east	educational prgrms	5,800 check	heck			
(5)		middle east	community projects	52,032 check	heck			
(9)		middle east	community projects	25,000 check	heck			
(7)		middle east	humanıtarian aıd	13,502 check	heck	,		
(8)		mıddle east	humanitarian ard	39,250 check	heck			
(6)		mıddle east	humanıtarıan aıd	15,000 check	heck			
(10)		middle east	educational prgrms	29,325 check	heck			
(11)		mıddle cast	ard for the needy	8,850 check	heck			
(12)		middle east	community projects	176,500 check	heck			
(13)		middle east	humanıtarıan aıd	20,000 check	heck			
(14)		middle east	educational prgrms	226,910 check	heck			
(15)		middle east	educational prgrms	10,875 check	check			
(16)		middle east	special education	12,900 check	heck			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

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

Schedule F (Form 990) 2017

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Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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. Part II

		5 5 6 5 5 6	2000		3,000:100:00	2000	0.0000		
-	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
3			middle east	special education	15,000 check	heck			
<u>(2</u>	>		middle east	religious prgrms	7,710 check	heck			
ල			middle east	pub awareness prgm	30,500 check	heck			
<b>3</b>			middle east	educational prgrms	544,461 check	heck			
(2)			middle east	religious prgrms	347,750 check	heck			
9			middle east	humanıtarıan aıd	50,000 check	heck			
2			middle east	youth at risk	25,000 check	heck			
(8)			middle east	aid for the needy	10,000 check	heck			
<u>6</u>			middle east	food kitchen	35,100 check	heck			
(10)			middle east	womens health	103,450 check	heck			
(11)			middle cast	religious prgrms	5,718 check	heck			
(12)			middle east		9,000 check	heck			
(13)			middle east	synagogue cnst	139,976 check	heck			
(14)			middle east	synagogue cnst	38,000 check	heck			
(15)			middle east	religious prgrms	28,355 check	heck			
(16)			middle east	religious prgrms	7,915 check	heck			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt . . . by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

middle east religious prgrms 17,500 check middle east synagogue crist synagogue crist synagogue crist synagogue crist pub awareness prgm 51,024 check middle east pub awareness prgm 52,456 check middle east pub awareness prgm 722,560 check middle east humanitarian aid for the needy 722,560 check middle east humanitarian aid 25,000 check middle east humanitarian aid 25,000 check middle east humanitarian aid 25,000 check middle east humanitarian aid 23,000 check middle east humanitarian aid 23,000 check middle east humanitarian aid 23,000 check middle east aid for the needy 24,238	(a) Name of organization	ne of (b) IRS code (c) Region (d) P. section and EIN (	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	rrpose of (e) Amount of (f) Manner of (g) Amount of (h) D strant cash grant of nonce	(g) Amount of noncash	(h) Description of noncash assistance	(I) Method of valuation
middle east religious prgrms middle east religious prgrms middle east synagogue cnst middle east synagogue cnst middle east pub awareness prgm		(if applicable)				disbursement	assistance		(book, FMV, appraisal, other)
middle east religious prgrms middle east synagogue cnst middle east synagogue cnst middle east synagogue cnst middle east pub awareness prgm middle east pub awareness prgm middle east pub awareness prgm middle east religious prgrms middle east humanitarian aid			middle east		6,000	heck			
middle east synagogue crist middle east synagogue crist middle east synagogue crist middle east pub awareness prgm middle east religious prgrms middle east humanitarian aid middle east humanitarian aid middle east inimanitarian aid middle east humanitarian aid middle east humanitarian aid			mıddle east		17,500 cl	heck			
middle east synagogue crist  middle east synagogue crist  middle east aid for the needy  middle east pub awareness prgm  middle east humanitarian aid  middle east humanitarian aid  middle east community projects  middle east aid for the needy  middle east humanitarian aid			middle east		15,3 <u>25</u> ct	heck			
middle east synagogue cnst  middle east aft school pgrms  middle east pub awareness prgm  middle east humanitarian aid for the needy  middle east pub awareness prgm			middle east	synagogue cnst	50,000 ct	heck			;
aft school pgrms  pub awareness prgm  and for the needy  religious prgrms  humanitarian aid  humanitarian aid  community projects  aid for the needy  humanitarian aid  humanitarian aid			mıddle east	synagogue cnst	14,985 <sub>C</sub> t	heck		-	
and for the needy  pub awareness prgm  religious prgrms  humanitarian aid  community projects  aid for the needy  humanitarian aid			middle east	aft school pgrms	51,024 ct	heck			
and for the needy  pub awareness prgm religious prgrms humanitarian aid community projects aid for the needy humanitarian aid		•	middle east	pub awareness prgm	52,456 cl	heck			
religious prgrms humanitarian aid community projects aid for the needy humanitarian aid			middle east	aid for the needy	21,270 cf	neck			
humanitarian aid humanitarian aid community projects aid for the needy humanitarian aid			mıddle east	pub awareness prgm	722,560 cl	neck			
humanitarian aid humanitarian aid community projects aid for the needy humanitarian aid			middle east		20,000 cl	heck			
humanitarian aid  community projects  aid for the needy  humanitarian aid			middle cast	humanıtarıan aıd	40,693 cl	heck	-		
community projects  aid for the needy humanitarian aid			mıddle east	humanıtarian aıd	25,000 cl	heck			
aid for the needy  humanıtarıan aid			middle east	community projects	14,796[cl	heck			
humanıtarıan aid			mıddle east	aid for the needy	24,238 cl	heck			
Pro de saciale de la company			middle east	humanıtarıan aıd	20,600 cl	heck			
נותנומנוולמנומנו מוס			middle east	humanitarian aid	25,000 check	heck			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities

	raπı∨,	line 15, tor a	Part IV, line 15, for any recipient wno received		o,uuu. Part II can	more than \$5,000. Part II can be auplicated if additional space is needed.	dditional space is	needed.	
<del>-</del>	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(£)			middle east	cducational prorms	11,380 check	heck			
(2)			middle east	religious prorms	9,000 check	heck			
ල			middle east		7,250 check	heck		-	
(4)			middle east	food kitchen	11,244 check	heck			
(2)	:		middle east	religious prgrms	11,021 check	heck			
(9)	•		middle east	religious prgrms	80,000 check	heck			
(2)			middle east		130,000 check	heck			
(8)			middle east	educational prgrms	11,500 check	heck			
6			middle east	religious prgrms	26,000 check	heck			
(10)			middle east	humanıtarian aıd	55,000 check	heck			
(11)			middle cast	educational prgrms	550,000 check	heck			
(12)			middle east	pub awareness prgm	700,000 check	heck			
(13)			middle east	educational prgrms	12,000 check	heck			
(14)			middle east	medical aid	14,995 check	heck			
(15)			middle east	humanitarian aid	105,503 check	heck			
(16)			middle east	womens health	358,084 check	heck			

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

Tari La (a) Name of organization	(b) IRS code section and EIN	me of (b) IRS code (c) Region (d) P section and EIN	(d) Purpose of	(e) Amount of cash grant	urpose of (e) Amount of (f) Manner of (g) Amount of (h) Grant cash grant of of none	(g) Amount of	(h) Description of noncash assistance	(i) Method of
	(if applicable)		,		disbursement	assistance		(book, FMV, appraisal, other)
(4)		***		10000	17.1			
		middle east	riumanitarian aid	36,005 check	песк			
(2)		middle east	educational prgrms	184,251 check	heck			
(3)		middle east	pub awareness prgm	120,930 check	heck			
(4)		middle east	food kitchen	5.000 check	heck			
(5)		middle east	pub awareness prqm	125,199 check	heck	,		
(9)		middle east	humanıtarıan aıd	50,000 check	heck			
(2)		middle east	humanıtarian aıd	24,307 check	heck			
(8)		middle east	community projects	50,000 check	heck			
(6)		middle east	community projects	20,000 check	heck			
(10)		middle east	community projects	101,752 check	heck			
(11)		mıddle cast	and for the needy	6,430 check	heck			
(12)		middle east	youth at risk	164,014 check	heck			
(13)		middle east	aid for the needy	48,018 check	heck			
(14)		middle east	educational prgrms	45,397 check	heck			
(15)		middle east	educational prgrms	222,875 check	heck			
(16)		middle east	security	21,500 check	heck			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 

3 Enter total number of other organizations or entities

0

Schedule F (Form 990) 2017

1 (a) Name of organization	(b) IRS code section and EIN	ne of (b) IRS code (c) Region (d) I alion section and EIN	1 D	(e) Amount of cash grant	urpose of (e) Amount of (f) Manner of (g) Amount of (h) E grant cash noncash of noncash	(g) Amount of noncash	(h) Description of noncash assistance	(i) Method of valuation
j	(if applicable)		,		disbursement	assistance		(book, FMV, appraisal, other)
(1)		middlc east	medical aid	11,430 check	heck			i
(2)		mıddle east	synagogue cnst	16,665 check	heck			
(3)		middle east	religious prgrms	14,965 check	heck			
(4)		middle east	community projects	20,000 check	heck			
(5)		middle east	humanitarian aid	60,889 check	heck			
(9)		middle east	aid for the needy	112,500 check	heck			
(2)		middle east	community projects	168,015 check	heck			
. (8)		middle east	religious prgrms	8,000 check	heck			
(6)		middle east	educational prgrms	18,000 check	heck			
(10)		middle east	pub awareness prgm	11,910 check	heck			
(11)		middle cast	community projects	78,000 check	heck			
, (12)		middle east	community projects	404,464 check	heck			
(13)		middle east	pub awareness prgm	34,300 check	heck			
(14)		middle east	medical aid	25,117 check	heck			
(15)		middle east	pub awareness prgm	26,600 check	heck			
(16)		mıddle east	humanitarian aid	208,080 check	heck			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

-	(a) Name of	ne of (b) IRS code (c) Region (d) P	(c) Region		(e) Amount of	urpose of (e) Amount of (f) Manner of (a) Amount of (h) D	(a) Amount of	(h) Description	(i) Method of
	organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	yaluation (book, FMV, appraisal, other)
Ē			middle east	youth at risk	97,084 check	heck			
(2)			middle east	pub awareness prqm	25,000 check	heck			i
(3)			mıddle east	educational prgrms	22,500 check	heck			
(4)			middle east	refugee aid	158,270 check	heck			
(2)			middle east	educational prgrms	, 15,000 check	heck			
(9)			middle east	community projects	500,000 check	heck			
(2)			middle east	aid for the needy	75,000 check	heck			
(8)			middle east	youth at risk	, 16,000 check	heck			
(6)			middle east	community projects	175,000 check	heck			
(10)			middle east	community projects	6,700 check	theck			
(11)			middle cast	religious prgrms	18,302 check	heck			
(12)			middle east	pub awareness prgm	895,000 check	check			
(13)			middle east	aid for the needy	80,000 check	heck			
(14)			middle east	humanıtarıan aıd	17,500 check	check			
(15)			middle east	humanıtarian aıd	11,175 check	check			
(16)			middle east	womens health	14,285 check	check			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

3 Enter total number of other organizations or entities . .

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Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV. Inc. 15, for any recipient who received more than \$5,000. Part II can be dublicated if additional space is needed. Part II

Part IV	, line 15, tor ar	Part IV, line 15, tor any recipient who received	- 1	5,000. Part II can	more than \$5,000. Part II can be duplicated if additional space is needed	Iditional 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 noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
1		middle east	himanitarian aid	13 000 51	, Aport			
(2)		1000						
<u> </u>		middle east	numanitarian aid	s,uuu cneck	neck			
(3)		middle east	holocaust aid	25,786 check	heck			
(4)		middle east	aid for the needy	40,870 check	heck			
(2)	,	middle east	aid for the needy	25,812 check	heck			
(9)		mıddle east	ard for the needy	31,325 check	heck			
(2)		middle east	humanıtarıan aıd	5,130 check	heck			
(8)		mıddle east	educational prgrms	30,000 check	heck			
(6)		mıddle east	humanitarian aid	5,000 check	heck			
(10)		middle east	humanıtarıan aıd	5,500 check	heck			
(11)		middle cast	educational prgrms	7,696 check	heck			
(12)		middle east	humanıtarıan aıd	21,000 check	heck			
(13)		middle east	religious prgrms	62,100 check	heck			
(14)		middle east	humanitarian aid	10,000 check	heck			
(15)		middle east	aid for the needy	29,225 check	heck			
(16)		middle east	youth at risk	15,000 check	heck			

3 Enter total number of other organizations or entities

8

Schedule F (Form 990) 2017

1 (a) V	Vame of	(b) IRS code	ne of (b) IRS code (c) Region (d) P		(e) Amount of	(0 Manner of	urpose of (e) Amount of (f) Manner of (a) Amount of (h) C	(h) Description	(i) Method of
orga	organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	assistance	of noncash assistance	(book, FMV, appraisal, other)
(1)			middle east	pub awareness prom	29,000 check	heck			
(2)			mıddle east	oub awareness oram	320.521 check	heck			
(6)			middle east	food kitchen	204,820 check	heck			
(4)			middle east	educational prgrms	5,500 check	heck			
(2)			middle east	educational prgrms	87,316 check	heck			
(9)		-	middle east	community projects	418,382 check	heck			
(7)			mıddle east	religious prgrms	7,500 check	heck			
(8)			mıddle east		435,280 check	theck			
(6)			middle east	religious prgrms	5,000 check	heck		2.5.5	
(10)			middle east	educational prgrms	5,750 check	heck			
(11)			mıddle east	educational prgrms	44,765 check	heck			
(12)			middle east	aid for the needy	11,211 check	heck			
(13)			mıddle east	school construction	37,808 check	heck			
(14)			mıddle east	humanıtarıan aıd	5,150 check	heck			,
(15)			middle east	womens health	15,000 check	heck			
(16)			mıddle east	educational prgrms	75,206 check	theck			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

3 Enter total number of other organizations or entities

1 (a) Name of		(c) Region		(e) Amount of	rrpose of (e) Amount of (f) Manner of (g) Amount of (h) D	(g) Amount of	(h) Description	(i) Method of
organizatie	on section and EIN (if applicable)		grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)		middle east	educational prgrms	748,250 check	heck			
(2)		middle east	educational prgrms	5,450 check	heck			
(3)		middle east	youth at risk	113,000 check	heck			
(4)		middle east	educational prgrms	49,862 check	heck			
(2)		middle east	educational prgrms	50,000 check	heck			
(9)		middle east	educational prgrms	87,180 check	heck			
(2)		middle east	employment aids	1,300,000 check	heck			
(8)		middle east	pub awareness prgm	1,285, check	:heck			
(6)		middle east	humanıtarıan aıd	61,476 check	heck			
(10)	. <u>-</u>	middle east	food kitchen	8,481 check	theck			
(11)		middle cast	educational prgrms	42,016 check	heck			
(12)		middle east	religious prgrms	211,869 check	heck			
(13)		middle east	community projects	5,000 check	heck			
(14)		middle east	aft school pgrms	5,000 check	heck			
(15)		middle east	educational prgrms	5,000 check	theck			
(16)		middle east	community projects	25,000 check	heck			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

o received more than \$5,000. Part II can be duplicated if additional space is needed.	(d) Purpose of (e) Amount of (f) Manner of cash grant cash grant disbursement assistance (hook, FMV, appraisal, other)	Jacks OCO Late		educational prgrms 7,500 check	educational prgrms 31,455 check	religious prgrms 8,017 check	humanıtarian aıd 57,920 check	educational prgrms 75,000 check	Synagogue cnst 701,800 check	and for the needy 10,000 check	synagogue cnst 53,408 check	.ms	religious prgrms 8,600 check	community projects 78,000 check		prgrms	religious prgrms 65,000 check	
iore than \$5,000. Part II can be d	(e) Amount of cash grant	1000 AA4	1000°, FF									.ms						
Part IV, line 15, tor any recipient who received me	(c) Region	the officer		middle east educational	middle east educational	middle east religious pr	middle east humanitaria	middle east educational	middle east synagogue	middle east aid for the r	middle east synagogue	middle east educational	middle cast religious pr	middle east community	middle east religious pr	middle east religious pr	middle east religious pr	-
Part IV, line 15, tor ar	(b) IRS code organization section and EIN (if applicable)	(1)		(2)	(3)	(4)	(2)	(6)	(7)	(8)	(6)	(10)	(11)	(12)	(61)	(14)	(15)	

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . 8

3 Enter total number of other organizations or entities

רמו	1v, III e 13, 10r a	ny recipient wito i	rait IV, iiile 13, 101 ariy recipient who received more than \$3,000. Fart ii can be ouplicated ii additional space is needed.	J,000. Fait II cal	l De auplicateu II a	Janna space is i	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 noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1)		middle east	educational prgrms	115,950 check	heck			
(2)		middle east	educational prgrms	55,000 check	heck			
(3)		middle east	educational prgrms	11,000 check	heck			
(4)		middle east	humanıtarian aıd	5,000 check	heck			
(2)		middle east	humanitarian aid	217,409 check	heck			
(9)		middle east	religious prgrms	31,778 check	heck			
(2)		middle east	womens health	59,712 check	heck			
(8)		middle east	aid for the needy	5,000 check	heck			
(6)	-	middle east	religious prgrms	100,796 <sub> </sub> check	heck			
(10)		middle east	educational prgrms	30,855 check	heck			ż
(11)		middle cast	humanitarian aid	133,331 check	heck			
(12)		middle east	community projects	75,000 check	heck			
(13)		mıddle east	educational prgrms	11,543 check	heck			
(14)		middle east	humanitarian aıd	10,650 check	heck			:
(15)		middle east	humanıtarian ard	35,189 check	heck			
(16)		middle east	humanitarian aid	32,730 check	heck			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

3 Enter total number of other organizations or entities

_	Part IV, line	e 15, tor ar	ny recipient who re	Part IV, line 15, tor any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II can	n be duplicated if ad	Iditional 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			middle east	food kitchen	15.324check	heck			
(2)			middle east	aid for the needv	17.050 check	heck			
(3)			middle east	pub awareness prgm	136,520 check	heck			
(4)			middle east	pub awareness prgm	860,969 check	heck			
(5)			middle east	educational prgrms	18,688 check	heck	-		
(9)			middle east	educational prgrms	45,934 check	heck			
(2)			middle east	religious prgrms	9,000 check	heck			
(8)			mıddle east		50,000 check	heck			
· (6)	:		middle east	special education	8,875 check	heck			
(10)			niddle east	humanıtarıan aıd	10,875 check	theck			
(11)			mıddle cast	humanıtarıan aıd	5,726 check	heck			
(12)			middle east	community projects	42,552 check	heck			
(13)			mıddle east	community projects	25,000 check	heck			
(14)			middle east	religious prgrms	19,889 check	heck			
(15)			middle east	community projects	350,000 check	:heck			
(16)			middle east	humanitarian aid	6,000 check	heck			
									!

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	יאחומא,	III 10, 101 a	רמונפע, וווכ וט, וטו מווץ וכנוטופווו שווט וכנפיאפט ו		2,000. rail cal	note trial 45,000. Part II can be duplicated II additional space is needed.	JUSTICI IN SPACE IS	במתמת.	
<del>-</del>	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			middle east	humanitarian aid	41,600 check	heck			
(2)			middle east	pub awareness prgm	66,000 check	heck			
ල			middle east	community projects	1,800,000 check	heck			,
(4)			middle east	special education	73,122 check	heck			
(2)			middle east	employment aids	43,000 check	heck			
(9)		:	middle east	humanitarian aid	123,953 check	heck			
(3			middle east	religious prgrms	15,000 check	heck			
(8)			mıddle east	religious prgrms	5,050 check	heck			
6			middle east	educational prgrms	21,222 check	heck			
(10)			middle east	religious prgrms	83,900 check	heck			
(11)			middle cast	pub awareness prgm	490,816 check	heck			
(12)			middle east	educational prgrms	33,852 check	heck			
(13)			middle east	security	400,000 check	heck			
(14)			middle east	religious prgrms	50,000 check	heck			
(15)			middle east	community projects	17,300 check	heck			
(16)			mıddle east	community projects	57,020 check	heck			:

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

<sup>3</sup> Enter total number of other organizations or entities

		2, 5	ing completing with	activities to the any temperature recent of that police and be appropried to the control of the	9,000:	יי יי זייייייייייייייייייייייייייייייי	בי ההשלה והייהוחות	iocaca.	
1 (a) orç	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			middle east	aid for the needy	40,000 check	heck			
(2)			middle east	food kitchen	15,000 check	heck			
(2)			middle east	religious prgrms	37,660 check	heck			
(4)			middle east		13,330 check	heck			
(2)			middle east		277,200 check	heck			
(9)			middle east	pub awareness prgm	115,518 check	heck			
(2)			middle east	humanıtarian aıd	13,506 check	heck			
(8)			middle east	religious prgrms	25,000 check	heck			
(6)			middle east	synagogue cnst	120,000 check	heck			
(10)			middle east	community projects	7,100 check	heck			
(11)			middle cast	community projects	41,000 check	heck			
(12)			middle east	community projects	353,530 check	heck			
(13)			middle east	religious prgrms	21,317 check	heck			
(14)			middle east		5,000 check	heck			
(15)			middle east	aid for the needy	15,480 check	heck			
(16)			middle east	food kitchen	8,845 check	heck			
			ı						

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

Enter total number of other organizations or entities က

Fart IV,	11115 13, 101 A		מכפועבת וווסוב נוומוו לי	7,000. Talt II cal	ractiv, interty, interty recipient with received final \$4,000. Fait it can be duplicated it additional space is needed.	שונים שלים ושווים ושווים	ממכנים.	
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 noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1)		middle east	aid for the needy	5,000 check	heck			
(2)		middle east	food kitchen	366,900 check	heck		-	
(3)		mıddle east	community projects	21,350 check	heck			
(4)	٤	mıddle east	environment protecti	54,100 check	heck			
(5)		middle east	humanıtarian aıd	101,000 check	heck			
(9)		middle east	security	41,680 check	heck			
(2)		middle east	humanıtarian aıd	9,830 check	heck			
(8)		middle east	educational prgrms	219,040 check	heck			
(6)		middle east	religious prgrms	98,000 check	heck			
(10)		mıddle east	religious prgrms	7,200 check	heck			
(11)		middle cast	religious prgrms	20,000 check	heck			
(12)		middle east	religious prgrms	321,000 check	heck			
(13)		middle east	educational prgrms	6,680 check	heck	ı		
(14)		middle east	religious prgrms	128,719 check	heck			
(15)		middle east	religious prgrms	15,105 check	heck	~		
(16)		middle east	religious prgrms	63,522 check	heck			

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

degenvation         action and Else         Classification of Community projects         Classification of	1 (a) Mame of	(b) IBS code	(c) Bonon	ne of (h) DS code (s) Benna (d) Durance of (a) Amanut of (h) Days of	(e) Amount of	(A Manner of	(a) Amount of	(h) Document	(1) handana
educational progrms 20 educational progrms 11 religious progrms 13 educational progrms 2 religious progrms 13 religious progrms 15 educational progrms 15 religious progrms 15 religious progrms 15 religious progrms 15 medicational progrms 15 medicational aid 11 medical aid 5	organization	section and EIN (if applicable)		grant	cash grant	(I) Mainer O, Cash disbursement	(g) Annount of noncash assistance	of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
educational prgrms 20 educational prgrms 11 educational prgrms 3 educational prgrms 2 religious prgrms 2 religious prgrms 17 religious prgrms 17 educational prgrms 15 educational prgrms 15 educational prgrms 15 educational argums 15 educational prgrms 15 educational argums 15 educational prgrms 15 educational argums 15 educational prgrms 15 education			middle east		64,880	heck			
educational prgrms 11 educational prgrms 13 educational prgrms 2 religious prgrms 2 religious prgrms 15 educational prgrms 15 educational prgrms 15 educational prgrms 15 medical aid 5			mıddle east		200,000 c	heck			
educational prgrms 13 educational prgrms 3 educational prgrms 2 religious prgrms 15 educational prgrms 15 educational prgrms 15 educational prgrms 15 medical and 17 medical aid 5			mıddle east	educational prgrms	10,100 c	heck			
educational prgrms 13 educational prgrms 2 religious prgrms 1 religious prgrms 15 educational prgrms 15 educational prgrms 15 educational argrms 15 medical aid 5			middle east		117,100 c	heck			
educational prgrms educational prgrms religious prgrms religious prgrms 15 educational prgrms 16 community projects 17 humanitarian aid humanitarian aid medical aid 5			middle east	educational prgrms	130,700 <sub> C</sub>	heck			
religious prgrms 1 educational prgrms 1 community projects 1 humanitarian aid humanitarian aid nedical aid 5		•	middle east	educational prgrms	31,500 c	heck			
religious prgrms religious prgrms educational prgrms 15 educational prgrms 1 community projects 1 humanitarian aid humanitarian aid medical aid 5			middle east	educational prgrms	23,500 c	heck			
religious prgrms religious prgrms educational prgrms 15 educational prgrms 1 community projects 1 humanitarian aid nedical aid 5			mıddle east		2000'L	heck			
religious prgrms 15 educational prgrms 15 community projects 1 humanitarian aid 1 medical aid 5	•		mıddle east		13,815	heck			
educational prgrms 15 educational prgrms 1 community projects 1 humanitarian aid 1 medical aid 5			middle east		2,000,5	heck			
educational prgrms 1  community projects 1  humanitarian aid 1  medical aid 5			middle cast		150,000,0	heck			
community projects 1 humanitarian aid 1 medical aid 5			middle east	educational prgrms	18,000	heck			
humanitarian aid humanitarian aid medical aid			mıddle east	community projects	15,000 c	heck			
humanitarian aid 1 medical aid 5			middle east	humanıtarıan aıd	5,054 c	heck			
medical aid			middle east	humanıtarıan aıd	10,500 c	heck			
			middle east		54,900 c	heck			

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

8

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	ne of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Lash and Ell of noncash (f applicable) (grant (f applicable) (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Cash of noncash (f) Cash of no	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, PMV,
								appraisal, orner)
(1)		mıddle east	humanitarian aid	7,000 check	heck			
(2)		middle east	religious prarms	150,360 check	heck			
(3)		middle east		10.000 check	:heck			
(4)		middle east	synagogue cnst	250,000 check	heck			
(5)		mıddle east	synagogue cnst	10,800 check	heck			
(9)		mıddle east	educational prgrms	10,000 check	heck			
(2)		middle east	educational prgrms	25,000 check	heck			
. (8)		middle east	community projects	10,000 check	heck			
(6)		middle east	religious prgrms	23,005 check	heck			
(10)		middle east		5.500 check	heck			
(11)		middle cast		17,500 check	heck			
(12)		middle east	religious prgrms	6,750 check	heck			
(13)		mıddle east	pub awareness prqm	39,325 check	heck		-	
(14)	:	middle east	special education	22,600 check	heck			
(15)		mıddle east	educational prgrms	10,000 check	heck			
(16)		middle east	humanitarian aid	50,000 check	heck			

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

3 Enter total number of other organizations or entities

(h) Description (l) Method of of noncash assistance (book, FMV, appraisal, other)																
(g) Amount of noncash assistance			-				į									
Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Cash grant cash grant disbursement assistance	check	check	check	5,500 check	6,000 check	7,500 check	check	check	check	check	6,750 check	check	check	check	check	
(e) Amount of cash grant	16,000 check	25,000 check	36,000 check	5,500	6,000	7,500	60,000 check	16,200 check	100,000 check	199,569 check	6,750	10,000 check	115,152 check	497,200 check	50,000 check	
	educational prgrms	educational prgrms	religious prgrms	educational prgrms	humanıtarian aıd	community projects	humanıtarian aıd	religious prgrms	community projects	synagogue cnst	aid for the needy	community projects	educational prgrms	community projects	educational prgrms	
me of (b) Region (d) Region (d) (d) Region (d) (d) Region (d) Regi	middle east	middle east	mıddle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle cast	middle east	middle east	middle east	middle east	
(b) IRS code section and EIN (if applicable)																
(a) Name of organization	(1)	(2)	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities

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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 needed. Schedule F (Form 990) 2017

Part III Grants a

5,680 10,000 11,430 27,500
000
430
500
200

P	2	_	_	4

Part	V	Foreign Forms		
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 poration (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, don't 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	qual Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a field 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 (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 "the organization may be required to separately file Form 5713, International Boycott Report (see auctions for Form 5713; don't file with Form 990)	Yes	☑ No

Schedule F (F	Form 990) 2017 Page
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.
schedule F	part 1 line 2
some of the	e volunteers and administrators are residing in israel and are in contact with the recipients on a recurring basis by phone
and e mall	and on site visits
schedule F	part 1 line 3 col f
there are n	o expenditures in the region other than the grants ( and loans) themselves which are by checks or bank transfer
schedule F	part 3 accounting method
our free loa	ans to Individuals, and organizations are made by checks, and, are reflected in the accounts receivable, section of the 990 part x
ıf a loan is	defaulted it is deducted from accounts receivables , we have over a 90% return on our loans, though very often it takes, a lot
longer than	originally anticipated to collect on the loans
we made 9	free loans this past year, 2 to charitable institutions and 7 to individuals
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#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Central Fund of Israel

Part I Types of Property

(c)

	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<i>(</i> 1.)	(c)		(al\		
		(a) Check if	(b) Number of contributions or	Noncash contribution	Method o	(d) of deter	minin	n
		applicable	items contributed	amounts reported on	noncash con			_
				Form 990, Part VIII, line 1g				
1	Art—Works of art	ļ						
2	Art—Historical treasures				ļ			
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles						_	
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded .	✓	12	236,921	selling price	of sto	ck	
10	Securities—Closely held stock .							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous	<u></u>						
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate—Other			_				
18	Collectibles			·				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()				•			
28	Other ► (			,				
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	3, Part IV, Donee Acknowle	dgement	29			
			•				Yes	No
30a							I	-
	28, that it must hold for at least t							
	to be used for exempt purposes to	for the entir	e holding period?			30a		✓
b	If "Yes," describe the arrangement	t ın Part II.		•				1
31	Does the organization have a							
	contributions?					31	<b>✓</b>	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or se	ell noncash			
	contributions?					32a		✓
b	If "Yes," describe in Part II.							$\neg$
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	s checked,			

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	or a combination of both. Also complete this part for any additional information.
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#### 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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

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 religious programs . total expenses	- 2,285,691 total grants - 2,285,691
category # 5 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 . This cate	gory ovelaps with social welfare
humanitarian aidtotal expenses - 190,648 total grants - 190,648	
category # 6 security programs - We saw an increase in terrorist in Israel in 2017 . Israel security pr	ecautions are getting better as well
and CFI is proud to help out where possible to prevent the spread of terrorism in and out of israel	•
Total expenses in this category for 2017 were - 237,859 total grants - 237,859	,
990 part V I line 2	
Jay Marcus and Dr. Linda Kalish-Marcus – Family Relationship	
990 part V1 line 9	
Jay Marcus - 13 Hagoel St - Efrat Israel	
Dr Linda Kalısh Marcus - 13 Hagoel St - Efrat Israel	
Mitchell Eichen - 5 HaMa'ayan St, Efrat Israel	
Mlchael 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 or	ur annual meeting
990 part VI line 3	
As the charity has grown over the years we ,now have added a management consulting firm to help	manage the day to day activities

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Central Fund of Israel	13-2992985
990 partVI line 19	
times required fragment 0 other decorporate and a residue of the condition	
upon request - financial & other documents are e- mailed or they are directed to public websites which m	naintain them
990 Part vII The organization utilized the services of an unrelated corporation to manage the day-to-day	activities of the organization
of which Jay Marcus, President and Director, is the sole shareholder	
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