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# EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

		the Treasury te Service	Information		rm 990 and its		-	•		Inspection		
			lar year, or tax year begin		aria 350 aria its		ending	s.gov/for	<u> </u>	, mapadaan		
<b>B</b> c	heck if		of organization					D Emp	lover identific	ation number		
aţ	plicable		J						•			
	Address change	FUND	FOR ISRAEL'S					1				
	Name Doing business as THANK ISRAELI SOLDIERS 35-2374											
	Initial return	Number	r and street (or P.O. box if n	nail is not del	vered to street ad	dress)	Room/suite	E Teler	phone number	,		
	7777 BONHOMME AVE. STE. 2001 (201)620-8540											
	termin- ated		town, state or province, co	ountry, and	ZIP or foreign p	ostal code	_	G Gross	receipts \$	1,606,514.		
L_	Amende return	21.		<u> 3105-1</u>				H(a) is	this a group re	tum		
L_	Applica- tion		and address of principal of	ficer PAM	ELA FOX	CLAMAN		for	subordinates	? Yes X No		
	pending	SAME	AS C ABOVE					H(b) Are	all subordinates in	cluded? Yes No		
			X 501(c)(3) 501(c		(insert no.)	4947(a)(1)	or 527	'lf"	'No," attach a	list (see instructions)		
			THANKISRAELIS						oup exemption			
			X Corporation Tru	st As	sociation	Other -	L Year	of formation	on: 2010 N	State of legal domicile: MO		
Pa		Summary										
e,	1 B	riefly descri	be the organization's miss	ion or most	significant activ	vities THE	ORGAN:	LZATI	ON SUPP	ORTS THE		
Activities & Governance	_		ON, WELFARE,									
ē			ox 🕨 📖 if the organiz		•		sed of mor	e than 25°	1 1	sets		
É			oting members of the gove			·			. 3	4		
æ			dependent voting member	_			•		4	<del>4</del>		
ties			of individuals employed if		year 2014 (Part	v, line 2a)	•		. 5			
χį			of volunteers (estimate if ed business revenue from	• • •	duman (C) lune 10				6	0.		
AC			d business revenue irom I business taxable income	•	• ••	٠.			7a 7b	0.		
	D IV	vet urirelated	DUSINESS (AXADIC INCOME	HOIII FOIIII	990-1, Inte 34			Dries	r Year	Current Year		
_	1 <b>8</b> C	Contributions	s and grants (Part VIII, line	16\			<b>⊢</b>		65,373.	1,606,514.		
Revenue			rice revenue (Part VIII, line	-		-	<u>-</u>		0.	0.		
ĕ	1	•	ncome (Part VIII, column (A	•	. and 7d\	•	·		0.	0.		
æ			ie (Part VIII, column (A), lin	•	1e)	·		0.	0.			
			e - add lines 8 through 11 (			•	·	1,2	65,373.	1,606,514.		
_			ımılar amounts paid (Part I			7,			61,500.	1,704,000.		
		Benefits paid	0.									
ς,		-	er compensation, employe	•	• •	(A), lines 5-10)			0.	21,994.		
JSE	16a P	Professional	fundraising fees (Part IX, o	column (A),	line 11e)		. [		22,880.	28,256.		
Expenses	bΤ	otal fundras	sing expenses (Part IX, co	lumn (D), lir	ne 25) 🕨	69,4	97.		`. <sup>(</sup> *1	*** <u>*</u>		
Ш	17 C	Other expens	ses (Part IX, column (A), Im	nes 1 <u>1a-11c</u>	l, 11f-24e)	<u>.</u>			25,153.	144,426.		
	18 T	otal expens	es Add lines 13-17 (must	equal Part	IX, column (A); lı	ne 25) \	<u> </u>		09,533.	1,898,676.		
	19 F	Revenue less	s expenses Subtract line	18 from line			<u>'</u>		55,840.	-292,162.		
s or				181		30.			f Current Year	End of Year		
Net Assets Fund Balanc	1		(Part X, line 16)	E2-6	SEP 08	2015 ဗို			97,722.	427,348.		
뚫			s (Part X, line 26)	6 1		FS	¦		18,753.	140,541.		
쫉			fund balances Subtract	line 21 from				5	78,969.	286,807.		
		Signatur				3 3 8			4 - 4b - 1 - 4 - 6	Lancia lancard lancar		
			, I declare that I have examine							y knowledge and belief, it is		
true,	, correct,	, and complex	e. Declaration of prepared (oth	ier than offic	er) is based on all	information of v	nich prepare	r nas any k	knowleage.			
Ci-	_	Sidnatu	fe of officer						Date 7	3,2015		
Sign		7 7	ELA FOX CLAMA	מות מ	ECTOR/PR	RSTDRNT	1		24.0			
Her	۳		print name and title	., DIF	LCIOR, FF							
		,	eparer's name	<u> </u>	Preparer's signa	iture		Date	Check	PTIN		
Paid		•	G. WILHELM		mun	gm	ľ	8/15/	-/ If	_ h01262256		
		Firm's name	WILHELM &	WILHEI		<del>/</del>		-113/	Firm's EIN	43-1870213		
	-	Firm's address				11			· iiii o cin			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

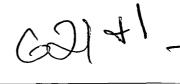
May the IRS discuss this return with the preparer shown above? (see instructions)

ST. LOUIS, MO 63105-1946

X Yes No Form **990** (2014)

727-1155

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



Phone no. (314)

Form 990 (2014)

Form 990 (2014) FUND FOR ISRAEL'S TOMORROW

Part IV Checklist of Required Schedules

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_	_	X
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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		<u> </u>
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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
a	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	444		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		_ X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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	X	
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		•	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-	47	<del></del>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<del></del> -
	complete Schedule G, Part III	19		х
<b>2</b> 0a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Eorm	990	2014

Form 990 (2014) FUND FOR ISRAEL'S TOMORROW

Part IV Checklist of Required Schedules (continued)

	<del></del>			
			Yes	No
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		X
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_		<u>X</u>
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		_X
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		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		X
D	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			3.5
ne	Schedule L, Part I	25b		<u> </u>
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			v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		_X_
æ1	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			v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV	27		X
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a		<b>Y</b>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		$\frac{\mathbf{x}}{\mathbf{x}}$
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<b>—</b>		
	If "Yes," complete Schedule N. Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (	2014)

014) FUND FOR ISRAEL'S TOMORROW
Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2014) **Part V** Sta

	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ						
	(gambling) winnings to prize winners?	1c	X							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_								
	filed for the calendar year ending with or within the year covered by this return 2a 1									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country: ▶									
	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		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u></u>						
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		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	.								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с	_	X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
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?	7 <del>f</del>								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	i								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter			l						
	Initiation fees and capital contributions included on Part VIII, line 12			l						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ł						
11	Section 501(c)(12) organizations. Enter.									
-	Gross income from members or shareholders									
þ	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them)	_								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del></del>						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			ĺ						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•	<del> </del>						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>						
	Note. See the instructions for additional information the organization must report on Schedule O			l						
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  Enter the amount of recognize an head									
	Enter the amount of reserves on hand  Did the argonization reserves any polyments for indeer temping convices during the tax year?	40-		v						
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Vee " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schooling O	14a		<u> </u>						
_0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form	990	(2014)						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		_	X				
Sec	tion 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 4							
	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.							
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 4	- }						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3	_ X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
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		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1						
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ļ		_				
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
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	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent	j	İ					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 1						
а	The organization's CEO, Executive Director, or top management official	15a		_ <u>X</u> _				
b	Other officers or key employees of the organization	15b		_X_				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		_ <u>X</u> _				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		ĺ					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			'				
<u> </u>	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, FL, GA, HI			<u>, KY</u>				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
40	Own website X Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial					
^^	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	WILHELM & WILHELM - 314-727-1155 7777 BONHOMME AVENUE, STE 2001, CLAYTON, MO 63105							
	7777 BONHOMME AVENUE, STE 2001, CLAYTON, MO 63105							

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#### FUND FOR ISRAEL'S TOMORROW

35-2374190

Page **7** 

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Office <u>rs, Director</u> s, Trustees, Key Employees, and Highest Compensated Employe	Section A.	Officers, Directors,	Trustees, F	Key Employee	s, and Highes	t Compens	sated Employe
---	------------	----------------------	-------------	--------------	---------------	-----------	---------------

- 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

(A) (B)				_ (0	C)			(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per	box, u		box, unless person is both an officer and a director/trustee)					h an	compensation	compensation	amount of
	week	-	cer an	nd a d	lirecto	or/trus	tee)	from	from related	other		
	(list any	돭			ļ			the	organizations	compensation		
	hours for	Ē			İ	뎙		organization	(W-2/1099-MISC)	from the		
	related	翼	nste			22		(W-2/1099-MISC)		organization		
	organizations	Individual trustee or director	institutional trustee		loye	E				and related		
	below	흏	를	<u>55</u>	E E	oye st	Former			organizations		
	line)	宣	ş	Officer	Æ	Highest compensated employee	휸					
(1) CHERYL F. HALPERN	0.30		İ									
DIRECTOR		X					<u> </u>	0.	0.	0.		
(2) PAMELA FOX CLAMAN	5.00											
DIRECTOR/PRESIDENT				X				0.	0.	0.		
(3) DOUGLAS M. BARON	1.00											
DIRECTOR/VICE PRESIDENT				X				0.	0.	0.		
(4) LAUREN KEST	0.30											
DIRECTOR/SECRETARY-TREASUR				X				0.	0.	0.		
				1								
		1										
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				;								
	<del></del>	-	<u> </u>	<b> </b>	├	$\vdash$		<del> </del>	<del>                                     </del>	<del></del>		
	<del></del>				1							
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	$\vdash$		<del> </del>				
	ļ											
					L _	Il		L				

1 4-1 1-1 Section A. Onicers, Directors, Trus	lees, key Em	picy	ees,	and	<u>и пі</u>	gne	SIC	ompensated Employe	es (continuea)	
(A) Name and title	(B) (C)  Average hours per (do not check more the box, unless person is in the control of the co							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below	tee or director		dad	recto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Indir	lusti	Officer	Key	E E	Former			
										<del> </del>
		_				-				
						-				
1b Sub-total c Total from continuation sheets to Part VI	II, Section A	•					<b>&gt;</b>	0.	0	
d Total (add lines 1b and 1c)							<u> </u>	0.	0	
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100	),000 of reportable	
3 Did the organization list any former officer,	director or tr	ıstor	a ko	v en	nnlo		orl	highest compensated e	mployee on	Yes No
line 1a? If "Yes," complete Schedule J for s			5, NC	y Cii	пріс	, y <del>o o</del> ,	011	nighest compensated e	mployee on	3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15								•	the organization	4 X
5 Did any person listed on line 1a receive or a									 Idual for services	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	ıch j	pers	оп				5 X
1 Complete this table for your five highest co										nsation from
the organization Report compensation for (A)	the calendar y	ear e	endii	ng w	/ith	or w	ithir 	the organization's tax (B)	year	(C)
Name and business	address	NC	ONE	<u> </u>			_	Description of s	services	Compensation
				_	_					
		_								
2 Total number of independent contractors (i	-	ot lir	nite	d to		_	sted	above) who received n	nore than	
\$100,000 of compensation from the organi	zation >					)				Form <b>990</b> (001.4)

Form **990** (2014)

		ー、 Check if Schedule O conta	ains a response	or note to any lin	ne in this Part VIII			
_	•				(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	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gransimilar amounts not included above to the contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f 1,	606,514.	1,606,514.			
-		Total / Ida ii	<u>-</u>	Business Code				
Program Service Revenue	2 a b c d e f	All other program service reve						
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		est, and				
	6 a b c d 7 a	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Real	(ii) Personal	-			-
	c d		a events (not	<b>•</b>			· ·	
Other Revenue	b	including \$ contributions reported on line Part IV, line 18 Less direct expenses Net income or (loss) from func Gross income from gaming ac	of of see a bdraising events					
	С	Part IV, line 19 Less direct expenses Net income or (loss) from gam						
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a b s of inventory	<b>•</b>				
	11 a b c			Business Code				
	d e 12	All other revenue  Total. Add lines 11a-11d  Total revenue See instructions.		<b>•</b>	1.606.514.	0.	0.	0

Form 990 (2014) FUND FOR ISRAEL'S TOMORROW

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	· - · · · · ·
	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	<u>L</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	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	<u> </u>			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 704 000	1 704 000		
_	individuals See Part IV, lines 15 and 16	1,704,000.	1,704,000.		· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,				
_	trustees, and key employees	<del></del>		-	
6	Compensation not included above, to disqualified		:		
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,994.	20,894.		1,100.
8	Pension plan accruals and contributions (include	<u> </u>	20,094.		1,100.
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	<del></del>			
10	Payroll taxes			-	
11	Fees for services (non-employees)			-	
a	Management	69,700.	<u>45</u> ,305.	6,970.	17,425.
b	Legal	027.000		0,0,00	
c	Accounting	9,223.		9,223.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	28,256.			28,256.
f	Investment management fees				•
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	<del></del>			
13	Office expenses	736.		736.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	5,218.			5,218.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expenses. Itemize expenses not covered				
24	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 0.)				
9	BANK AND CREDIT CARD FE	23,023.		23,023.	
b	BUSINESS REGISTRATION F	13,016.		13,016.	
c	POSTAGE AND PRINTING	11,179.		40.	11,139.
d	MEDIA	6,359.		= 0 •	6,359.
_	All other expenses	5,972.			<u> </u>
25	Total functional expenses. Add lines 1 through 24e	1,898,676.		53,008.	69,497.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 347,722. 366<u>,185</u>. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 250,000 60,000. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under 6 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 instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 0. 1,163. 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 597,722. 427,348. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 18,753. 6,184. 17 Accounts payable and accrued expenses 17 130,000. 18 Grants payable 0. 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 4,357. 25 753 Total liabilities. Add lines 17 through 25 26 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <u>408,499.</u> 195,325. 27 Unrestricted net assets 170,470. 91,482. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32

286,807.

578,969.

597,722

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2014) FUND FOR ISRAEL'S TOMORROW	<u> 35-237</u>	74190	Pag	<sub>le</sub> 12
Pa	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	1,606		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,898	3,6	<u> 76.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	292	2,1	<u>62.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	578	3,9	<u>69.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	286	5,8	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
				Yes	No
1	Accounting method used to prepare the Form 990.				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		l	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:			İ	
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За	]	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	9 <b>90</b> (	2014)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

**Employer identification number** 

				L'S TOMORROW				<u>5-2374190</u>		
Pa	rt I	Reason for Public C	Charity Status (	All organizations must co	mplete th	s part.) Se				
he	orgar	ization is not a private found	ation because it is	(For lines 1 through 11, c	heck only	one box.)				
1		A church, convention of chu		_	-	-	)(A)(i).			
2	Ħ	A school described in secti					N			
3	Ħ	A hospital or a cooperative			ection 170	/hV1VAVii	iì			
4	芦	A medical research organiza					•	the hospital's name		
4		city, and state:	ation operated in 66	njanotion with a noopha	described	i iii sectioi	ii 170(D)( I)(A)(iii). Eilitei	the nospital s hame,		
_	$\Box$		vr the benefit of a co	allege or university owner	d or operat	od by a ge	wormmental unit describ	nod in		
5	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
_		A federal, state, or local gov		mantal unit dagarihad in	47	/O/L\/ 4\/ A\/	<i>t.</i> A			
6	$\mathbf{x}$						• •			
7	لما	An organization that normal	-	iniai pari oi its support i	rom a gov	emmentai	unit or from the general	public described in		
_		section 170(b)(1)(A)(vi). (Co	•	(4VAV.:) (Onemalata Dan						
8	H	A community trust describe	- •		•					
9	ш	An organization that normal	•	•	•		• •	•		
		activities related to its exem	•	·	٠,		• •	•		
		income and unrelated busin		(less section 511 tax) fr	om businė	sses acqu	ired by the organization	after June 30, 1975		
	$\overline{}$	See section 509(a)(2). (Cor	•							
10	믬	An organization organized a								
11	ш	An organization organized a					•			
		more publicly supported or						Sheck the box in		
	_	lines 11a through 11d that	• •			•				
а	· L	☐ Type I. A supporting orga	•	•	•		1			
		the supported organization			a majority (	or the aired	ctors or trustees of the s	supporting		
	_	organization. You must o	•							
b	,	☐ Type II. A supporting org.				• •		•		
		control or management o			ame perso	ons that co	entrol or manage the sup	оропеа		
	_	organization(s) You mus	• •					44L		
С	:	☐ Type III functionally inte  ☐ Type III functionally inte	•					ed with,		
		its supported organization								
d	· L	☐ Type III non-functionally						` '		
		that is not functionally int	•	- •	•		•	tiveness		
	_	requirement (see instructi								
е	•	_ Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or	•	nally integrated support	ing organi	zation				
Ť		er the number of supported o	•	-d			•			
g		vide the following information (i) Name of supported	i about the supporte	(iri) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
		organization	<b>()</b>	(described on lines 1-9	Isted I	n your	support (see	other support (see		
		-		above or IRC section	governing o	No	Instructions)	Instructions)		
			<u> </u>	(see instructions))	163	140				
					<del> </del>		<del></del>			
		<del></del>	<del></del>		<del> </del>					
			<del></del>		<del>                                     </del>	_		-		
		<del></del>			<del> </del>	-				
				-				<del> </del>		
Tota	al									
	rai .		i	i e		,		1		

Schedule A (Form 990 or 990-EZ) 2014 FUND FOR ISRAEL'S TOMORROW 35-2374190 Page 2

Part II 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		į	l	l		
	include any "unusual grants ")	77,841.	1021327.	988,494.	1265373.	1606514.	<u>49</u> 59549.
2	Tax revenues levied for the organ-		- <u></u>				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	77,841.	1021327.	988,494.	1265373.	1606514.	4959549.
	The portion of total contributions			200/-2			
Ŭ	by each person (other than a						
	governmental unit or publicly					:	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						194,023.
6	Public support. Subtract line 5 from line 4						4765526.
	ction B. Total Support		-		<u> </u>		<del>4703320.</del>
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	77,841.	1021327.	988,494.	1265373.	1606514.	4959549.
-	Gross income from interest,	77,041.	1021327.	300,434.	1203373.	1000314.	4737343.
8	·						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business	-					
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					,	
	or loss from the sale of capital						
	assets (Explain in Part VI )				··		4050540
	Total support. Add lines 7 through 10		>				4959549.
12	Gross receipts from related activities,	•	•			12	
13	•	•	s tirst, second, thir	a, fourth, or fifth ta	ax year as a sectio	n 501 (c)(3)	<b>►</b> [च्र
60	organization, check this box and stop ction C. Computation of Publ		rcentage	<del></del>		<del></del>	<b>▶</b> X
			<del></del>		<del></del> _	T.T	
	Public support percentage for 2014 (I	• • • • • • • • • • • • • • • • • • • •	•	column (f))		14	%
-	Public support percentage from 2013				44 00 4 (00 )	15	%
16	33 1/3% support test - 2014. If the c	•		ŕ	14 is 33 1/3% or n	nore, check this bo	x and
_	stop here. The organization qualifies		_				
t	33 1/3% support test - 2013. If the c	-			l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual		• • •				▶∟
17	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac					rt VI how the orgar	nization
	meets the "facts-and-circumstances"	_	*		•		▶∟
ŧ	10% -facts-and-circumstances tes						
	more, and if the organization meets the		•		•		•
	organization meets the "facts-and-circ						▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a		
					O-L.	Saluta A (Earm 000	000 ETI 0044

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and				1		
	membership fees received (Do not				Ì		
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in				1		
	any activity that is related to the organization's tax-exempt purpose				}		
3	Gross receipts from activities that					<u> </u>	
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				†	† <del></del>	<del></del>
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				-	-	
J	fumished by a governmental unit to				1		
	the organization without charge						ı
e	Total. Add lines 1 through 5	<del></del>		<del> </del>	<del>                                     </del>	<del> </del>	
						<del>†                                      </del>	
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received					<del>+ ··                                    </del>	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				<del>                                      </del>	<del></del>	
	Add lines 7a and 7b					<del> </del>	<del></del>
	Public support (Subtract line 7c from line 6)			<u> </u>	L <u></u>		<del></del>
	ction B. Total Support	( ) 0010	0.0011	( ) 0040	1 0010	1	
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
_	Amounts from line 6				<del> </del>	<del></del>	
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
1	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here	·					<b></b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (I		•	column (f))		15	%
	Public support percentage from 2013				···	16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	14 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	<b>2013</b> Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2014. If the			on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶□
	o 33 1/3% support tests - 2013. If the		=	•	• •		 and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		-	· · · · · · · · · · · · · · · · · · ·		_	

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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
- 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 Part VI, 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c	-	
!		
. 52		
5a		
5b_		
5c		
6		
_		
7		
8		
9a		
9b		-
30		
9c		
10a		
10b	-	
90 or 99	N-EZ)	2014

<u>Sche</u>	dule A (Form 990 or 990 EZ) 2014 FUND FOR ISRAEL'S TOMORROW	35-237419	0 Pa	age 5
Pa	rt IV   Supporting Organizations (continued)			_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	_11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Sec</u>	tion 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 Part VI 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	1		
	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
<u>Sec</u>	tion C. Type II Supporting Organizations			
			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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 ins	tructions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	y (see instructions		
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 Part VI identify			
	those supported organizations and explain 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 constituted substantially all of its activities.	2a		
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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	<b>2</b> b		L
3	Parent of Supported Organizations Answer (a) and (b) below.			
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? Provide details in Part VI.	_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 Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2014 FUND FOR ISRAEL'S TOMOR			35-2374190 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sacti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
<del></del> -	On A - Adjusted Net Income		(A) Filor real	(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	<del> </del>	
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		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	_ 8		
Sant	on B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year
	On b - Millimum Asset Amount		(A) Prior 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		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2	<u>.</u>	
_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	- <u></u>	
_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		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	d Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

	dule A (Form 990 or 990 EZ) 2014 FUND FOR ISR		3	5-2374190 Page 7
Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
<u>Secti</u>	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets		<del></del>	
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI) See instructions.			<u> </u>
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	- Distribution Allocations (See Initial actions)		Pre-2014	Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
<u>a</u>				
b				
С				
d				····
	From 2013			<u> </u>
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			<u> </u>
i_	Carryover from 2009 not applied (see instructions)			<u> </u>
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f			<u> </u>
4	Distributions for 2014 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
_ <u>c</u>	Remainder Subtract lines 4a and 4b from 4			<u> </u>
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			]
7	Instructions)	-		-
7	Excess distributions carryover to 2015. Add lines 3 <sub>j</sub>			
	and 4c Breakdown of line 7.	<del> </del>		<del></del>
_8_				<del> </del>
_ <u>a</u> _		<del></del>		<del> </del>
b_	<u> </u>	<del> </del>		
	Excess from 2013	<del> </del>		
	ENGOGG HOITI EG TO	i.	i	i

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
Part VI	
	Also complete this part for any additional information (See instructions)
	<del></del>
	<del></del>
_	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FUND FOR ISRAEL'S TOMORROW

**Employer identification number** 

35-2374190

Par	t I	<b>Organizations Maintaining Donor Advise</b>	d Funds or Other Similar Funds	or Accounts. Complete if the
	_	organization answered "Yes" to Form 990, Part IV, line	e 6	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	gate value of contributions to (during year)		
3	Aggre	gate value of grants from (during year)		
4	Aggre	gate value at end of year		
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are th	e organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did th	e organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only
		aritable purposes and not for the benefit of the donor of		•
		missible private benefit?		Yes No
Pár	įt <sub>ė</sub> jį.	Conservation Easements. Complete if the org	janization answered "Yes" to Form 990, Pa	
1		se(s) of conservation easements held by the organizati		
		Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histor	rically important land area
		Protection of natural habitat	Preservation of a certification	-
		Preservation of open space		
2	Comp	lete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
		f the tax year.		
				Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total :	acreage restricted by conservation easements	<i>c</i> .	2b
С	Numb	er of conservation easements on a certified historic str	ucture included in (a)	2c
d	Numb	er of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structur	re
	listed	in the National Register		2d
3	Numb	er of conservation easements modified, transferred, re	eased, extinguished, or terminated by the	organization during the tax
	year 🕽	<b></b>		
4	Numb	er of states where property subject to conservation ear	sement is located >	
5	Does	the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	vıolatı	ons, and enforcement of the conservation easements i	tholds?	Yes No
6	Staff a	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year 🕨
7	Amou	nt of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year <b>▶</b> \$
8	Does	each conservation easement reported on line 2(d) abov	re satisfy the requirements of section 170(h	n)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?	•	Yes No
9		t XIII, describe how the organization reports conservati		
	ınclud	e, if applicable, the text of the footnote to the organizat	tion's financial statements that describes th	ne organization's accounting for
		rvation easements		
Pai	t,III	Organizations Maintaining Collections of		her Similar Assets.
		Complete if the organization answered "Yes" to Form		
1a		organization elected, as permitted under SFAS 116 (AS		
		cal treasures, or other similar assets held for public ext		ce of public service, provide, in Part XIII,
		xt of the footnote to its financial statements that descri		
b		organization elected, as permitted under SFAS 116 (AS		
	treasu	res, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relatın	g to these items:		
		evenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	• •	ssets included in Form 990, Part X		. • \$
2		organization received or held works of art, historical trea		gaın, provide
		llowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а		rue included in Form 990, Part VIII, line 1		. \$
b	Asset	s included in Form 990, Part X		. \$

	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)						ge ∠					
							_					
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	at are a s	ignif	icant i	use of its	collection	tems	i
	(check all that apply)											
а	Public exhibition	c	• <u> </u>	Loan or exc	hange progr	ams						
b	Scholarly research	•	, 📖	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizat	ion's exe	mpt	purpo	se in Parl	t XIII		
5	During the year, did the organization solicit or											
	to be sold to raise funds rather than to be ma									Yes		No
Pai	t IV Escrow and Custodial Arran					"Yes" to	Forr	n 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par			J						·		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not	incl	uded				
	on Form 990, Part X?		a. y . o.			50010 1101				Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table.						_ 103		140
U	Tes, explain the arrangement are are an	and complete the te	owning	abic.			Γ			Amount		
_	Decimina balance						- F	4-		Anount		
C	Beginning balance						H	1c			-	
d	Additions during the year						H	1d	<u> </u>			
e	Distributions during the year						-	<u>1e</u>	-			
f	Ending balance						L	1f		<del></del>		
	Did the organization include an amount on Fo						lity?			Yes	$\vdash$	No
	If "Yes," explain the arrangement in Part XIII.										L	
Pai	t V Endowment Funds. Complete if	the organization ar			1							
		(a) Current year	(b) P	rior year	(c) Two year	ırs back	(d) 1	hree y	ears back	(e) Four y	ears t	ack
1a	Beginning of year balance											
b	Contributions								_			
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	a. column (a	a)) held as						_	
a	Board designated or quasi-endowment	one your one balance	%	g,(·	-,,							
	Permanent endowment	%										
	Temporarily restricted endowment	^% %										
C	· · · · ·											
•	The percentages in lines 2a, 2b, and 2c should be a sh		_4 41						4			
3a	Are there endowment funds not in the posse.	ssion of the organiz	ation tha	at are neid a	and administe	erea for t	ne o	rganiz	ation	[.		
	by									1 -	es	No
	(i) unrelated organizations				•					3a(i)	-+	
	(ii) related organizations									3a(ii)		
þ	If "Yes" to 3a(ii), are the related organizations	•			•					_3b		
4	Describe in Part XIII the intended uses of the		wment	funds								
Pai	t VI`` Land, Buildings, and Equipm	ent.										
	Complete if the organization answered	d "Yes" to Form 990	, Part IV	, line 11a S	See Form 990	), Part X,	lıne	10				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccur	nulate	d	(d) Book	/alue	_
		basis (investr	nent)_	basis	(other)	de	prec	ation				_
1a	Land			_		7	٠, , ,					
b				-	,			-				
c	Leasehold improvements		-									
ď	Equipment										_	
	Other					i -			<del></del>		_	
	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part	X colun	nn (R) line 1	10c.)	I .						0.
	,	<i></i>	- 1,	<u></u>					_			~ •

Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b See Form 990, F	art X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation Cost or ei	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests		<u> </u>		
(3) Other			· · · · · · · · · · · · · · · · · · ·	
(A)				
(B)				
(C)		+		
		<del> </del>		<del></del>
(D)	<del></del> -	<del>-</del>		<del></del>
(E)	<del></del>			<del></del>
(F)				
(G)			<u> </u>	<del></del>
(H)		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	<u></u>	<del></del>	<u> </u>
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				<del></del>
(a) Description of investment	(b) Book value	(c) Method of va	lluation. Cost or ei	nd-of-year market value
(1)	<u> </u>			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				<del></del>
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d See Form 990. F	Part X. line 15.	
	Description			(b) Book value
(1)				(-7
(2)				
		<del></del>	<del></del>	<del></del>
(3)				<del>-</del>
		<del></del>		-
(5)				
(6)				_
(7)		<del></del>		
(8)		<del></del>		_
(9)		<del></del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15)			· <u></u>
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line		990, Part X, line 2	5
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) PAYROLL TAXES PAYABLE		4,357.		
(3)		7		
(4)				
(4)				
(5)				
(5)				
(5) (6)				
(5) (6) (7)				
(5) (6) (7) (8)				
(5) (6) (7)	ne 25.)	4,357.		

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

Schedule D (Form 990) 2014

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States** 

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

Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

Employer identification number

FUND FUR ISRAEL	5 TOMOR	ROW		<u> </u>	90
		ctivities Out	tside the United States. Comple	ete if the organization answered	"Yes" on
Form 990, Part IV					
			ds to substantiate the amount of its gra		
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance ou	ıtsıde the
United States			· ·		
3 Activities per Region (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed)	-
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
		inregion	PUBLIC RELATIONS		
			CONSULTING, GRANTEE DUE		
MIDDLE EAST & NORTH					
AFRICA			DILIGENCE, GRANT MONITORING, AND FUNDRAISING	NT / 3	60.700
AFRICA		<u> </u>	MONITORING, AND FUNDRAISING	N/A	69,700.
		-			<del> </del>
			;		
		- <u>-</u>			
		,			
3 a Sub-total	0	2			69,700.
<b>b</b> Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)		2			60 -00
and obj		<u> </u>			69 700

35-2374190

FUND FOR ISRAEL'S TOMORROW

Schedule F (Form 990) 2014

Part II 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	PROGRAM ACTIVITIES	994,000,	WIRE TRANSFER	0		
:		MIDDLE EAST AND NORTH AFRICA -	PROGRAM ACTIVITIES	710,000,	WIRE TRANSFER	•0		
otal number of S, or for which to otal number of	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has profered rotal number of other organizations or entitles.	ns listed above that are less has provided a section or entities.	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities.	foreign country,	recognized as tax-e)	empt by		2
O(4) 1011100	,	N OILKING				_		

Page 3

35-2374190

FUND FOR ISRAEL'S TOMORROW

Schedule F (Form 990) 2014 FUND FOR ISRAEL'S TOMORROW 35-2374190

\*Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2014

scnea	JIE F (FORM 990) 2014 FUND FOR ISRAEL S TOMORROW	35-23/4190	Page 4
Part	IV Foreign Forms		
1 .	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a U.S Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		
	for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 FUND FOR ISRAEL'S TOMORROW	35-2374190	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account	unting method, amounts of	
investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)		)
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	ormation	
PART 1 LINE 2		
FUND FOR ISRAEL'S TOMORROW RECEIVES MONTHLY INCOME AND E	VDENCE	
FUND FOR IBRAEL S TOMORROW RECEIVES MONITHUI INCOME AND E.	APENSE	
STATEMENTS FROM ITS GRANTEES AND REVIEWS THEM WITH THE F	INANCIAL	
OFFICER OF EACH CHARITY. THE ORGANIZATION ALSO RECEIVES	AUDITED YEARLY	<del></del>
FINANCIAL STATEMENTS AND DOCUMENTS THAT SHOW COMPLIANCE	WITH LOCAL	
GOVERNMENT'S LAWS FOR EACH CHARITY.		
THE ORGANIZATION'S REPRESENTATIVES RECEIVE MONTHLY PROGR	AM ACTIVITY	
REPORTS, MEET BIWEEKLY WITH THE CHARITIES' MANAGEMENT AN	D MAKE SITE	_
VISITS ON A REGULAR BASIS.		
720220 011 112003121 2120		

### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form 990.

Name of the organization **Employer identification number** FUND FOR ISRAEL'S TOMORROW 35-2374190 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes ∐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) EPI STRATEGIES, INC - 5800 SW PROVIDE GUIDANCE ON DONOR Yes Nο 33RD AVENUE HOLLYWOOD FL MEETINGS X 16,896 <u>-16,896,</u> SARAH WEINTRAUB PRODUCTIONS, PROVIDE GUIDANCE ON DONOR LLC - 9358 AIRDROME STREET MEETINGS 11,360 <u>-11,360.</u> **Total** -28,256. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL, AK, AR, AZ, CA, CO, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Sch Pa		le G (Form 990 or 990-EZ) 2014 FUND FO.  Fundraising Events. Complete if the of fundraising event contributions and groups.	e organization answered	d "Yes" to Form 990, Pa	rt IV, line 18, or reported	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
<b>o</b>			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts			_	
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		<u> </u>		
	10	, ,			<b>•</b>	
Pŧ	11 art			990 Part IV line 19 or	reported more than	l
		\$15,000 on Form 990-EZ, line 6a	2113140100 103 101 01111	1000,1 21114, 1110 10, 01	reported more than	
			(a) Ringo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
eune			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue		_				
	1	Gross revenue				
ses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	<u></u>		<u> </u>	
	6	Volunteer labor	Yes %	Yes %	Yes % No	Section 1
	7	Direct expense summary Add lines 2 through	า 5 ın column (d)		<b>&gt;</b>	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
	ls	ater the state(s) in which the organization conduct the organization licensed to conduct gaming ac "No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re		•	x year?	Yes No
_		<del> </del>				

Sch	edule G (Form 990 or 990-EZ) 2014 FUND FOR ISRAEL'S TOMORROW	<u>35-23</u>	<u>7419(</u>	) Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	Ŀ	I3a	%
b	An outside facility	[ -	3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s		
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	Yes	☐ No
ь	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	int		
_	of gaming revenue retained by the third party > \$			
c	: If "Yes," enter name and address of the third party			
Ĭ	, in 1995, onto the discussion and party			
	Name			
				<del></del>
	Address			
	Address P	<del></del>		
16	Gaming manager information			
10	Carring manager information			
	Name ►			
	Name P			
	Gaming manager compensation > \$			
	Canning manager compensation • • • •			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
	bilector/officer Employee independent contractor			
17	Mandatory distributions:			
	•			
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г	Yes	No
	retain the state gaming license?	_ 46	res	NO
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	i the		
D	organization's own exempt activities during the tax year  \$		0.01	101 451
78	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part IV	art III, Iine	s 9, 9b,	100, 150,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)			
~	NUMBER OF THE OF	T CED C	1 _	
<u>SC</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISEKS	:	
/ <del>T</del>	TANKE OF EUROPATORS, BUT OMPARECIES INC			
(I	) NAME OF FUNDRAISER: EPI STRATEGIES, INC			<del></del>
, -	:\ 10000000 00 000001000		240	
(1	) ADDRESS OF FUNDRAISER: 5800 SW 33RD AVENUE, HOLLYWOOD, F	<u> 133</u>	312	
,_				
<u>(I</u>	) NAME OF FUNDRAISER: SARAH WEINTRAUB PRODUCTIONS, LLC			
			•	
<u>(I</u>	) ADDRESS OF FUNDRAISER: 9358 AIRDROME STREET, LOS ANGELES	, CA	900	35
PA	ART I, LINE 2B, COLUMN (V):			

Schedule G (Form 990 or 990 EZ) FUND FOR ISRAEL'S TOMORROW	35-2374190 Page 4
Schedule G (Form 990 or 990 EZ) FUND FOR ISRAEL'S TOMORROW  Part IV Supplemental Information (continued)	
THE FOUNDATION USED TWO FUNDRAISING CONSULTANTS TO ADV	VISE THE FOUNDATION
ON HOW TO CONDUCT DONOR MEETINGS AND FOLLOW UP WITH PO	OTENTIAL DONORS.
<del></del>	
	-
<del></del>	

#### **SCHEDULE L**

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

**Open To Public** Inspection

Department of the Treasury

(Form 990 or 990-EZ)

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Internal Revenue Service Name of the organization

Employer identification number

	F	UND FO	OR_	ISRAEL'S	TC	MOR	ROW			35	-23	741	90		
Part I	Excess Bene	fit Trans	acti	ONS (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50	)1(c)(29) orga	nızatıoı	ns only	/)				
	Complete if the c	organization	ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25l	o, or Form 99	0-EZ, P	art V,	ine 40	)b			
1 , , , , ,			(b) F	elationship bety			lified	-) Decembre	of tran		_		(d) Corrected		cted?
(a) Name	e of disqualified p	person		person and or	rganıza	ation	- (0	c) Description	i oi trar	isactio	· · · · · · · · · · · · · · · · · · ·		Y	es	No
	_														
												_			
						_									
			_												
2 Enter th	e amount of tax i	ncurred by	the o	rganızatıon man	agers	or disc	qualified persons du	ring the year	under		_				
section											<b>&gt;</b> \$				
3 Enter th	e amount of tax,	ıf any, on lır	ne 2, a	above, reimburs	ed by	the or	ganization				<b>S</b>				
Part II	Loans to and	Nor From	. Int	aracted Pan	eone										
raitii							D-+V I 00	000 D-	.4 N / 1				<b>.</b> .		
	•	-					, Part V, line 38a or l	Form 990, Pa	rt IV, Hr	ie 26;	Of II U	ie orga	mzau	חכ	
(a)	reported an amo Name of	(b) Relation		(c) Purpose		an to or	(e) Original	/A Palance	dua	(0)	In	<b>(h)</b> Ap	proved	6) W	ritten
	sted person	with organiz		of loan	fron	n the zation?	principal amount	(I) Dalance	(f) Balance due (g de		ult?	by bo	ard or		ment?
	·				To	From					No	Yes	No.	Yes	No
				<del></del>	1	1, 10.11				1.00		1.00			
	<del></del>	1		-											
	100	<del> </del>							•						
					•										
		1													
-															
<u>-</u>	·														
Total							▶ \$							,	
Part III	Grants or As	sistance	Ber	nefiting Inter	reste	d Pe	rsons.								
	Complete if the o	organization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 27								
(a) Na	me of interested p	person		b) Relationship			(c) Amount of	,	d) Type			•	) Purp		F
				interested pers the organiza		d	assistance	a	ssistan	Ce		,	assista	ance	
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			+-	-							-+				
			1				L								

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

Schedule L (Form 990 or 990-EZ) 2014

. (a) Name of interested person	reson  (b) Relationship between interested person and the organization  (c) Amount of transaction  (d) Description of transaction							
					Yes	No No		
MIMI JANKOVITS/MORDECHAI I	WEXECUTIVE	DIRECTOR_	1,704,000	GRANTS ARE	<del> </del>	X		
	+				<del> </del>	ļ		
	<del>                                     </del>				<del> </del>	_		
		•			_			
Part V Supplemental Information						<u> </u>		
Provide additional information for resp	onses to questions or	n Schedule L (see	instructions)		<del></del>			
SCH L, PART IV, BUSINESS	TRANSACTION	S INVOLVI	NG INTERES	TED PERSONS:	<u> </u>			
(A) NAME OF INTERESTED PE	RSON:							
					<del></del>			
MIMI JANKOVITS/MORDECHAI I	WILK MANAGE	MENT SERV	ICE					
(B) RELATIONSHIP BETWEEN	INTERESTED	PERSON AN	D ORGANIZA	rion:				
EXECUTIVE DIRECTOR OF FIT	AND BOD OF	BOTH GRA	NTEE ORGAN	ZATIONS				
(C) AMOUNT OF TRANSACTION	\$ 1,704,00	0						
(D) DESCRIPTION OF TRANSAGE	CTION: GRAN	TS ARE AW	ARDED BY F	IT TO THE				
ORGANIZATIONS OF WHICH MI	MT STTS ON '	THE BOARD	S AS AN IINI	יייתונוסע מדגי	. <b>Я</b> Я			
			<u> </u>	VOLUTI				
(E) SHARING OF ORGANIZATION	ON REVENUES	? = NO						
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					_			
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			, <u>.</u>					
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					1.0			
<del> </del>								
				·		-		

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Open to Public

OMB No 1545-0047

Inspection

CONFLICT OF INTEREST POLICY

Schedule O (Form 990 or 990-EZ) (2014)

Internal Revenue Service Name of the organization

FUND FOR ISRAEL'S TOMORROW

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS,

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

432211 08-27-14

Employer identification number 35-2374190

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND AFTER THEIR MILITARY SERVICE AND FOSTERS CULTURAL AWARENESS AND
UNDERSTANDING BETWEEN ISRAELIS AND AMERICANS.
FORM 990, PART VI, SECTION A, LINE 3:
THE EXECUTIVE DIRECTOR OF THE ORGANIZATION IS NOT EMPLOYED DIRECTLY BY THE
ORGANIZATION, BUT PROVIDES SERVICES THROUGH A CORPORATE ENTITY WHICH ISSUES
INVOICES TO THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11:
A DRAFT COPY OF THE COMPLETED FORM 990 WAS EMAILED TO ALL BOARD MEMBERS FOR
REVIEW. ALL QUESTIONS AND COMMENTS WERE DISCUSSED PRIOR TO FILING THE TAX
RETURN WITH THE INTERNAL REVENUE SERVICE.
TODY OOD DIDE UT GEGETOV D. I TVE 100
FORM 990, PART VI, SECTION B, LINE 12C:
THE EXECUTIVE DIRECTOR ANNUALLY SENDS A COPY OF THE CONFLICT OF INTEREST
POLICY TO THE BOD WITH A LETTER ASKING THEM TO SIGN A STATEMENT IN
ACCORDANCE WITH THE POLICY. SIGNED STATEMENTS ARE RECEIVED FROM EACH BOARD
MEMBER AND ARE FILED WITH THE BOD DOCUMENTS.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AR, AZ, CA, CO, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI
FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization  FUND FOR ISRAEL'S TOMORROW	Employer identification number 35-2374190
AND ANNUAL AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC VIA REQUEST
THROUGH THEIR WEBSITE.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, ETC:
PAMELA FOX CLAMAN - 5185 MACARTHUR BLVD. NW SUITE 636	
WASHINGTON, DC 20016-3341	<del></del>
DOUGLAS M. BARON - 5185 MACARTHUR BLVD. NW SUITE 636	
WASHINGTON, DC 20016-3341	
CHERYL F. HALPERN - 5185 MACARTHUR BLVD. NW SUITE 636	
WASHINGTON, DC 20016-3341	
LAUREN KEST - 5185 MACARTHUR BLVD. NW SUITE 636, WASHINGT	ON, DC 20016-3341
FORM 990, PART XII, LINE 2C:	
A DRAFT COPY OF THE COMPLETED FINANCIAL STATEMENTS WAS EM	MAILED TO THE
PRESIDENT AND EXECUTIVE DIRECTOR FOR REVIEW. ALL QUESTIC	NS AND
COMMENTS WERE DISCUSSED PRIOR TO ISSUANCE OF THE FINANCIA	L STATEMENTS.
<del>-</del>	

## Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		ightharpoons			
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)				
Do not d	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Form 886	i8			
Electro	nic filing (e-file) . You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file (6 mont	ns for a corporation			
	to file Form 990-T), or an additional (not automatic) 3-mo							
	o file any of the forms listed in Part I or Part II with the ex							
	l Benefit Contracts, which must be sent to the IRS in pap							
	w irs gov/efile and click on e-file for Charities & Nonprofits							
Part			submit original (no copies ne	eded).				
A corpo	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete				
Part I or	nly				ightharpoons			
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an extension of	time			
	come tax returns				entifying number			
Type or	Name of exempt organization or other filer, see instru	ictions		fication number (EIN) or				
print								
•	FUND FOR ISRAEL'S TOMORROW	35-2374190						
File by the due date for	the Name of the Polymer and th				Social security number (SSN)			
filing your	7777 BONHOMME AVE. STE. 2001							
return Sec instruction	See							
	ST. LOUIS, MO 63105-1946							
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)		0 1			
Applica	tion	Return Application			Return			
Is For	1011	Code	Is For		Code			
	00 or Form 990.F7	01	Form 990-T (corporation)	ration)				
Form 990 or Form 990 EZ		02	Form 1041-A		07			
Form 990-BL Form 4720 (individual)		03	Form 4720 (other than individual)	han individual)				
		04	Form 5227					
Form 990-PF		05	Form 6069	11				
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)		06	Form 8870	12				
FUIII 98	WILHELM & WILH		1 01111 007 0	<del></del>				
• Thai	books are in the care of <b>7777</b> BONHOMME		E STE 2001 - CIAV	TON MO	63105			
	phone No ► 314-727-1155	AV LITO	Fax No ► 314-721-86		33103			
	organization does not have an office or place of business	e in the l lr	· ————————————————————————————————————	<u> </u>	_			
	s is for a Group Return, enter the organization's four digit			f this is for the w	hole group, check this			
	If it is for part of the group, check this box				• • • • • • • • • • • • • • • • • • • •			
box ▶					extension is ioi			
1 1	equest an automatic 3-month (6 months for a corporation AUGUST 15, 2015 , to file the exemp		tion return for the organization name		toneion			
_		it Organiza	tion return for the organization hame	ed above The ex	tension			
	for the organization's return for: $\overline{\mathbf{X}}$ calendar year $2014$ or							
			d andina					
	tax year beginning	, an	a enang	<del></del>				
		h1		Final materies				
2 If	the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return							
	Change in accounting period		<del></del>	<del></del> 1				
	nonrefundable credits See instructions 3a \$							
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	timated tax payments made. Include any prior year over	3b \$	0.					
	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,							
b	using EFTPS (Electronic Federal Tax Payment System)	3c   \$	<u> </u>					

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions

Form 8868 (Rev. 1-2014)					Page 2				
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Mor</li> </ul>	th Extension,	complete only Part II and check this	box		ightharpoons				
Note. Only complete Part II if you have already been grante				8868					
If you are filing for an Automatic 3-Month Extension, co		•							
Part II Additional (Not Automatic) 3-Mon			al (no c	opies need	ded).				
		Enter filer's			see instructions				
Type or Name of exempt organization or other filer, see	Employe	r identificatio	n number (EIN) or						
print		25 0254100							
by the FUND FOR ISRAEL'S TOMORROW				35-2374190					
filing your	7777 BONHOMME AVE. STE. 2001				er (SSN)				
return See 7777 BONHOMME AVE. STE									
Instructions City, town or post office, state, and ZIP code F	or a foreign add	fress, see instructions							
ST. LOUIS, MO 63105-1946	5		_						
Enter the Return code for the return that this application is	for (file a separa	ite application for each return)			0 1				
Application	Return	Application			Return				
Is For		Is For			Code				
Form 990 or Form 990-EZ	Code 01				- 0000				
Form 990-BL	02	Form 1041-A							
	03	<del> </del>		08					
Form 4720 (individual)	1		rm 4720 (other than individual)						
Form 990-PF	04	<del></del>	Form 5227						
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990-T (trust other than above)	06	Form 8870			12				
STOP! Do not complete Part II if you were not already gr		<u>natic 3-month extension on a prev</u>	iously file	ed Form 886	<u>B.                                    </u>				
WILHELM & WI									
<ul> <li>The books are in the care of ► <u>7777 BONHOM</u></li> </ul>	<u> </u>	<u>E, STE 2001 - CLAY</u>	TON,	MO 631	05				
Telephone No ► 314-727-1155		Fax No $\triangleright 314 - 721 - 86$	90						
<ul> <li>If the organization does not have an office or place of but</li> </ul>	siness in the Ur	nited States, check this box			<b>▶</b> □				
<ul> <li>If this is for a Group Return, enter the organization's four</li> </ul>	digit Group Exe	emption Number (GEN)	f this is fo	r the whole g	roup, check this				
box ▶ ☐ If it is for part of the group, check this box ▶		ach a list with the names and EINs of		_					
4 I request an additional 3-month extension of time until									
•	For calendar year 2014, or other tax year beginning, and ending								
	If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return								
	ins, check reas	initial return		otum.					
Change in accounting period									
7 State in detail why you need the extension									
A SECOND EXTENSION IS NEEDED TO PROPERLY REPORT ALL FINANCIAL									
	INFORMATION AND TO GIVE ALL BOARD MEMBERS ADEQUATE TIME TO REVIEW AND								
APPROVE THE TAX RETURN.									
	<del></del>								
8a If this application is for Forms 990-BL, 990-PF, 990-T,	4720, or 6069,	enter the tentative tax, less any	ŀ						
nonrefundable credits. See instructions			8a	\$	0.				
If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated									
tax payments made include any prior year overpayment allowed as a credit and any amount paid									
previously with Form 8868			8b	s	0.				
C Balance due. Subtract line 8b from line 8a Include you	our payment with	th this form if required by using	<del></del>						
EFTPS (Electronic Federal Tax Payment System). See		and form, it required, by using	8c	s	0.				
		st be completed for Part II o		<u> </u>					
_		•	-	of more less models at	o and halist				
Under penalties of perjury, I declare that I have examined this form, it is true, correct, and complete, and that I am authorized to prepare	this form	panying scriedules and statements, and to	ine best c	ıı ıny knowledç	je and beliet,				
Signature CPA									