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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service •

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

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

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

Inspection

Α	For the 2	2014 cale	ndar year, or tax year beginning February 1 , 2014, and en	ding Jan	<u>u</u> ary 31	, 20 15
В	Check if a	pplicable	C Name of organization Central Fund of Israel		D Employe	er identification number
	Address cl	hange	Doing business as			13-2992985
$\overline{\Box}$	Name cha		Number and street (or P O box if mail is not delivered to street address) Room	v/suite	E Telephor	ne number
	Initial retur	Ĭ	c/o Marcus 980 Avenue of the Americas	3rd fl		212-519-0247
$\exists$	Final return	ı	City or town state or province country, and ZIP or foreign postal code			
	Amended		New York NY 10018 -7809		<b>G</b> Gross re	ceints \$
		•		Walle to s		subordinates? Yes No
	Application	' '	Arthur Marcus 1 hagoel St., Efrat Israel	1		sincluded? Yes No
_						list (see instructions)
<u> </u>	Tax-exem:		✓ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		p exemption	•
<u></u>	Website.					
_	Form of org	<u> </u>		mation 197	y M State	of legal domicile NY
P	art I	Summ				<del></del>
_	1 E	Briefly de	escribe the organization's mission or most significant activities <b>pro</b>	moting charita	ble activitie	es in Israel
၁၁						
Governance						
ķ	Į.		is box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or dispose	ed of more tha	1 1	its net assets
ဗိ	1		of voting members of the governing body (Part VI, line 1a)		. 3	5
<b>ං</b> ජ ග	1		of independent voting members of the governing body (Part VI, line 1	lb)	4	5
Activities &	1		nber of individuals employed in calendar year 2014 (Part V. line 2a)		. 5	0
<u>\$</u>			nber of volunteers (estimate if necessary)		. 6	7
A	7a T	Total unre	elated business revenue from Part VIII, column (C) line 12		. 7a	
	b N	Net unrel	ated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	. 7b	
				Prior \	/ear	Current Year
ø	8	Contribut	tions and grants (Part VIII. line 1h)		19,257,020	25,249,069
ğ	9 F	rogram	service revenue (Part VIII, line 2g)		0	0
Revenue	10 li	nvestme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		7,408	8365
Œ	11 (	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c, and 11e)		49,273	275,397
	12 T	otal reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	•	19,313,701	25,532,831
	13 (	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		7,703,435	22,630,561
	14 E	Benefits i	paid to or for members (Part IX, column (A), line 4)		0	0
(n	1	-	other compensation, employee benefits (Part IX column (A) lines 5-10)		0	0
Expenses	1		onal fundraising fees (Part IX. column (A), line 11e)		0	0
þer	1				*	
ŭ	17	Other ext	penses (Part IX, column (A), lines 1 a=110 PEO (A), line 25		4,222	4,717
	18 T	Total exp	penses. Add lines 13-17 (must equal Part IX, eolumn (A) line 25 (3).	1	7,707,,657	22,635,278
	19 F	Revenue	less expenses Subtract line 18 from line 12		1,606,044	2,897,553
_ S	1	10101100	less expenses. Subtract line 18 from the 12 2016 2016	Beginning of C		End of Year
Net Assets or Fund Balances	20 T	Fotal ass	sets (Part X, line 16)	· ·	6,414,692	9,312,245
Asse	21 T		sets (Part X, line 16)	· · · · · · · · · · · · · · · · · · ·	0,414,032	0,012,240
Net	22		ts or fund balances. Subtract line 21 from time 20		6,414,692	9,312,245
	art II		ture Block		0,414,032	3,312,243
			iry, I declare that I have examined this return, including accompanying schedules and s	latements, and to	the best of r	ay knowledge, and helief it is
tru	e, correct,	and compl	lete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knov	vledge	ny knowledge and belief, it is
		<u> </u>	(hd/flu		را سر	10/16
Sig		Sign	ature of piticer		ate	<del></del>
He		y Sign	IAY MARCUS V.P.	_	, Lito	
116		Tuna				<u> </u>
_	i		e or print name and title pe preparer's name Preparer's signature	Date		PTIN
Pa	ıid	Finitry	De preparer a marine in reparer a signature	2010	Check [	ıf
Pr	eparer	·		<u> </u>	self-emp	noyed
Us	e Only				rm's EIN ▶	
_			address >	PI	none no	
Ma	y the IRS		s this return with the preparer shown above? (see instructions)		· · · ·	Yes No
	. Danar		estion Ant Motion, one the congrete instruction.	+ No. 11000V		Earm WILL 2014



	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	promoting charitable activities in Israel
	·
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If 'Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ 7,183,361 including grants of \$ 7,183,361) (Revenue \$ )
	Social services , Humaitarian aid , aid to the poor ;
	The funding for the Efraim Block Charitable trust has been terminated, but donations for the poor has continued thru other humanitarian organizations in Israel set up to help the needy. This category of charities has always been the largest group as this
	goes to the core of what the central fund is all about .
4b	(Code ) (Expenses \$ 6,673,471 including grants of \$ 6,673,471 ) (Revenue \$ )
	, , , , , , , , , , , , , , , , , , , ,
	support of educational institutions. Schools, including schools dedicated to the care and education of special needs individuals
	and children at risk .
4c	(Code: ) (Expenses \$ 4,791,351 including grants of \$ 4,791,351) (Revenue \$ )
70	(Code) (Expenses w)
	community projects; grants to assist in the construction & maintenance of community facilities
	Community projects , grants to ussist in the construction a maintenance or community received
4d	Other program services (Describe in Schedule Q.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 3,941,878 including grants of \$ 3,941,878) (Revenue \$ )

Form **990** (2014)

eiri	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>√</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5). or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		1
8	Did the organization maintain collections of works of art historical treasures or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability—serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization hold assets in temporarily restricted endowments, permanent endowments or quasi-endowments? If "Yes" complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete Schedule D Part VI	11a		✓
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII.	11b		1
	Did the organization report an amount for investments—program related in Part X. line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes" complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X. line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D, Part X.	11e		<b>✓</b>
12 a	Did the organization obtain separate independent audited financial statements for the tax year? If "Yes" complete Schedule D, Parts XI and XII	12a		1
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		✓
þ	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	✓	
15	Did the organization report on Part IX column (A), line 3. more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3 more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes." complete Schedule F, Parts III and IV	16	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes" complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a		20a		1
b	If 'Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20ວ		

raiti	Checklist of Required Schedules (Continued)			
•	D ( )		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		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes" complete Schedule I Parts I and III	22		/
23	Did the organization answer "Yes' to Part VII. Section A, line 3. 4 or 5 about compensation of the organization's current and former officers, directors, trustees, key employees and highest compensated employees? If "Yes" complete Schedule J	23	-	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100 000 as of the last day of the year, that was issued after December 31, 2002? If "Yes" answer lines 24b through 24d and complete Schedule K. If "No" go to line 25a	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization s prior Forms 990 or 990-EZ? If 'Yes." complete Schedule L, Part I	25b		<b>✓</b>
26	Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes " complete Schedule L. Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes " complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer director, trustee or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer director, trustee, or key employee? If "Yes," complete Schedule L Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	<b>√</b>
31	Did the organization liquidate terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R Part I.	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V line 2	36		1
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 Scheaule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Earm 00	)0 (2014 <sub>)</sub>			_
Part	·			Page
	Check if Schedule O contains a response or note to any line in this Part V			. г
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter, the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		_	į
0-	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements filed for the calendar year ending with or within the year covered by this return  [2a]  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	0	}	
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b		+-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	1
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	-		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			}
	account)?	4a	1	
b	If "Yes," enter the name of the foreign country: ▶ Israel			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	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			
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<b>✓</b>
_	gifts were not tax deductible?	6b	ļ	ļ
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ł
a	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		+-
c	Did the organization sell, exchange or otherwise dispose of tangible personal property for which it was	"		<u> </u>
	required to file Form 8282?	7c		1
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	L	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	1
h 8	If the organization received a contribution of cars boats airplanes or other vehicles did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	<u> </u>	1
Ū	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	,	<u> </u>	+
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		\ \frac{1}{4}
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		1
11	Section 501(c)(12) organizations. Enter			
a h	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	128	<u> </u>	<del>                                     </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<b> </b>	T

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year? .

the organization is licensed to issue qualified health plans

**c** Enter the amount of reserves on hand .

Form 990 (2014)

13b

13c

Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, response to line 8a 8b or 10b below, describe the circumstances, processes, or changes in Schedule O. 8			
	Check if Schedule O contains a response or note to any line in this Part VI			,0,13. []
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.  1a 5	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	<b>/</b>
6	Did the organization have members or stockholders?	6	<u> </u>	<b>  ✓</b>
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?	_		
L	Are any governance decisions of the organization reserved to (or subject to approval by) members.	7a	<del>                                     </del>	<b>V</b>
b	stockholders or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.6	-	-
Ū	the year by the following		ĺ	
а	The governing body?	8a	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	<u>iue C</u>	<u>_</u>	
40		10	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<b>/</b>
U	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	1	
b	Describe in Schedule O the process if any, used by the organization to review this Form 990.	114	· ·	ļ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	1
b	Were officers, directors, or trustees and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13	<b>_</b>	<b>√</b>
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director or top management official	150	-	٠ ټر٠
a b	Other officers or key employees of the organization	15a 15b	<del> </del>	<b>✓</b>
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130		\ <u> </u>
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	-	1
b	If "Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		İ	
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed New York  Section 6104 requires an experience to make its Forms 1003 for 1004 if analysis by 2000 and 2000 T/Section		-N/01	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990. and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	ו טסו(	ပ)(ၓ)ၭ	only)
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	nolici	, and
. •	financial statements available to the public during the tax year.	t	pones	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	. ▶	
	Jay Marcus - 13 hagoel St Efrat Israel phone 212-519-0247			

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	<b>Highest Compensated</b>	Employees, and
	Independent Contractors				

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Reportable Reportable Name and Title Average Estimated box unless person is both an hours per compensation compensation from officer and a director/trustee) amount of veek (list an from related other Individual to director Officer Highest compensated eniployee Institutional truslee Key employee hours for the organizations compensation (W-2/1099-MISC) related organization from the organizations (W-2/1099-MISC) organization below dotted and related trustee line) organizations (1) Arthur Marcus 1 president (2) Jay Marcus Vice President (3) Jeff Most treasurer (4) Irwin Pecman (7) (9) (10) (11) (12)(13)

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, a	nd F	lighe	st C	ompensated E	mployees (cd	ntınu	ed)		
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o is both or/trus!	n an	(D)  Reportable compensation	(E) Reportable compensation f	rom	am	(F) imated ount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest coinpensated employee	Former	from the organization (W-2/1099-MISC)	related organization: (W-2/1099-MIS		comp fro orga and	other sensation mithe nization related nizations	
(15)														_
(16)														
(17)		_												
(18)														
												<del></del> .		
(22)														
(33)														
(24)													<del></del>	
(25)														
1b c d	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)		n A				·	<b>A A</b>	0		0			0
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) wl		ore than \$100		of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete 5	ficer, direc						emp	loyee, or high	est compens	sated	3	Yes	No /
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portal	ole d	com	nper	nsatio							<u>·</u> ./
5	Did any person listed on line 1a receive of for services rendered to the organization'									ation or indiv	ıdual			<u>*</u>
Section	on B. Independent Contractors		· · · · · ·									1 5		<u> </u>
1	Complete this table for your five highest of compensation from the organization. Replyear.													ξ
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation	
				-	_	_								_
2	Total number of independent contractor received more than \$100.000 of compens							the	ose listed abo	ove) who				

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a resp	oonse or note to				<u> </u>
1			[	(A) Total revenue	(B) Related or	<b>(C)</b> Unrelated	( <b>D)</b> Revenue
		,	1		exempt function revenue	business revenue	excluded from tax under sections 512-514
ts	1a	Federated campaigns . 1a			1045/185		312 314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b			_		
	С	Fundraising events 1c			•		
ar A	d	Related organizations . 1d		***************************************			
s, G	е	Government grants (contributions) 1e					
lon r Si	f	All other contributions, gifts grants		***************************************			
the the		and similar amounts not included above 1f	25,249,069				
d d	g	Noncash contributions included in lines 1a-1f S	191,673				
	h	Total. Add lines 1a-1f	<i>.</i> <b>&gt;</b>	25,249,069			
Program Service Revenue			Business Code	-			
ver	2a						
æ	b					-	
<u>č</u> .	С						
Ser	d						
аш	e						
go	f	All other program service revenue.					
<u> </u>	g	Total. Add lines 2a–2f	, , , <b>&gt;</b>				I
	3	Investment income (including divide and other similar amounts)	enas. Interest				
		·		8365	8365		
	4	Income from investment of tax-exempt bo	na proceeas				
	5	Royalties	nı) Personal				
	6a	Gross rents	,				
	b	Less rental expenses					
	c	Rental income or (loss)					
	ď	Net rental income or (loss)	•	-			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses					
	С	Gain or (loss) .					
	d	Net gain or (loss)	<b>&gt;</b>				
ds							
Other Revenue	8a	Gross income from fundraising					
š		events (not including \$					
ř		of contributions reported on line 1c).					
her	_	See Part IV, line 18 a		***************************************			
ŏ		Less direct expenses b	,				
	3	Net income or (loss) from fundraising	events . >				
	9a	Gross income from gaming activities.  See Part IV, line 19 a					
		- <u> </u>			^		
	1	Less direct expenses b	//tipe				
		Gross sales of inventory, less	vities P				
	IVA	returns and allowances a					
	b	Less. cost of goods sold b					
	c	Net income or (loss) from sales of inve	entory ▶		•		
	<u>_</u>	Miscellaneous Revenue	Business Code				
	11a	gains from currency conversions		97,984			
	b	gains from his / usd_valuation		177,413			
	c	gams nominis rusu valeation		.,,,,,			
	d	All other revenue			<del>-</del> -		
	е	Total. Add lines 11a-11d	▶	275,397			
	12	Total revenue. See instructions	🕨	25 532 831	8365		

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	<u> </u>			lumn (A)
_	Check if Schedule O contains a respons				<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 2				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.	22,630,561	22,630,561		
4 5	Benefits paid to or for members .  Compensation of current officers directors. trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	3000		3000	
C	Accounting				
d	Lobbying				
e f	Professional fundraising services. See Part IV line 17 Investment management fees	1467		4.407	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule C)	1467		1467	
10	-	250		250	·
12 13	Advertising and promotion				<del>-</del>
14	Information technology				
15	Royalties		-		<del> </del>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state or local public officials			-	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25 column (A) amount, list line 24e expenses on Schedule O)				
а		1			
b					<del>_</del>
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,635,278	22,630,561	4717	
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)			,	

P	art X	Balance Sheet			····
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
		·	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	2,070,434	1	4,872,206
	2	Savings and temporary cash investments	4,000,675	2	4,101,501
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers directors			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	_		_
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable net	343,583	7	338,538
ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a	- 1		
	b	Less: accumulated depreciation [10b]		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV. line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,414,692	16	9,312,245
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18 19	
	19 20			20	
	21	Tax-exempt bond liabilities		21	
ĸ	22	Loans and other payables to current and former officers directors		21	
ţį	22	trustees, key employees, highest compensated employees, and	<b>;</b> , .		
Liabilities		disqualified persons. Complete Part II of Schedule L	A	22	A
Ë	23	Secured mortgages and notes payable to unrelated third parties	,	23	
	24	Unsecured notes and loans payable to unrelated third parties		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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	(
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ë		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund Balances		complete lines 30 through 34.			***
ets	30	Capital stock or trust principal or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž A	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Š	33	Total net assets or fund balances	6,414,692		9,312,245
	34	Total liabilities and net assets/fund balances	L	34	1

Part	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		25,53	32,831
2	Total expenses (must equal Part IX. column (A) line 25)	2		22,63	35,278
3	Revenue less expenses. Subtract line 2 from line 1	3		2,89	7,553
4	Net assets or fund balances at beginning of year (must equal Part X line 33, column (A))	4		6,41	4,692
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		9,31	2,245
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990 🗸 Cash 🗌 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other" ex	plaın i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>✓</b>
	If 'Yes' check a box below to indicate whether the financial statements for the year were com	piled c	or 🐪		
	reviewed on a separate basis, consolidated basis, or both			,	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓
	If "Yes" check a box below to indicate whether the financial statements for the year were audite	ed on	а		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		-		
С	If "Yes' to line 2a or 2b does the organization have a committee that assumes responsibility for or		. 1 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the appropriate of the second of the				
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O.	plain i	n		*
٥.				^	
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorth i	1 1		
			. 3a		<b>√</b>
b	If "Yes." did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		1 1		
	required addit of addits, explain why in schedule O and describe any steps taken to undergo such a	uaits.	3b	000	
			Form	n <b>990</b>	(2014)

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

Name of the organization

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

	al Fund of Israel	***					92985
Par	<del></del>						ons.
	rganization is not a private founda						
	A church, convention of church			bea in <b>se</b>	ection 17	U(b)(1)(A)(i).	
	A school described in section		•		470/1-1/4	1\/A\/:''\	
3	A hospital or a cooperative hos	•					(::) F
4	A medical research organization hospital's name, city, and state		onjunction with a nost	oital desc	ribea in s	section 170(b)(1)(A)	(III). Enter the
_	•		a allama ar i mujaraiti.				
5	An organization operated for the section 170(b)(1)(A)(iv). (Complete Section 170(b)(1)(A)(iv).		college or university	owned o	r operate	ed by a government	ai unit described in
_		•			45041	/43/A3/ 3	
	A federal, state, or local govern						
7	An organization that normally			port from	a gover	nmental unit or fron	n the general public
_	described in section 170(b)(1)						
8	A community trust described in			· ·			
9	☐ An organization that normally						
	receipts from activities related						
	support from gross investme						x) from businesses
	acquired by the organization a		·		•	•	
10	An organization organized and			-			
11	☐ An organization organized and						
	one or more publicly supported						
	the box in lines 11a through 11e	d that describes	the type of supporting	organiza	tion and d	complete lines 11e, 1	1f, and 11g.
а	☐ <b>Type I</b> . A supporting organiz						
	the supported organization(s			ct a majo	rity of the	e directors or trustee	es of the supporting
	organization. You must com	•					
b	Type II. A supporting organiz						
	control or management of th			e same p	ersons th	nat control or manaq	ge the supported
	organization(s). You must co	-					
С	☐ Type III functionally integra						y integrated with,
	its supported organization(s)	•	•			· ·	
d	<del>_</del> ,.						
	that is not functionally integr						an attentiveness
	requirement (see instructions	•	-				
е	Check this box if the organiz						I, Type III
	functionally integrated, or Ty		onally integrated supp	orting or	ganızatıo	n	
f	Enter the number of supported of						
<u>g</u>	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9		organization or governing	(v) Amount of monetary	(vi) Amount of
			above or IRC section		ment?	support (see instructions)	other support (see instructions)
			(see instructions))				,
				Yes	No		<u> </u>
A)							
				<del> </del>			
<b>B</b> )	·						
<u>~</u>	··				-		
(C)				<u> </u>			
(D)							
				-	<u> </u>		
E)							
				1	-		
Fotal	1	İ			0		

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,478,720	12,088,588	16,126,877	19,673,626	25,657,201	84,025,012
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	10,478,720	12,088,588	16,126,877	19,673,626		84,025,012
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	8 分 (*) イ 4 、 6 か 以 会 、 2 、 3 ・ 3 ・ 4 ・ 4 ・ 6 ・ 7 ・ 7 ・ 8 ・ 8 ・ 8 ・ 8 ・ 8 ・ 8 ・ 8 ・ 8	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			4 N 6 K	18,705,935
6	Public support. Subtract line 5 from line 4.		* * * * * *	· · · · · · · · · · · · · · · · · · ·	3 × )		
6 Secti	on B. Total Support			. * * %		<u></u>	65,319,077
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	10,478,720	12,088,588	16,126,877	19,673,626	25,657,201	84,025,012
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
_	sources	14,810	11,600	7,333	7,408	8365	49,516
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.)						
11	Total support. Add lines 7 through 10			< 2 % % % **		. 🕻 💰	84,074,528
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u></u>			▶ □
	on C. Computation of Public Suppor						
	Public support percentage for 2014 (line		-			14	78 %
15	Public support percentage from 2013 Scl	nedule A, Part	II, line 14		4 1	15	81 %
16a	331/3% support test—2014. If the organi box and stop here. The organization qua	zation did not i	check the box	on line 13, and	ine 14 is 33"	/3% or more, cr	
L							
b	331/3% support test—2013. If the organ check this box and stop here. The organ	ızatıon qualıfıe	s as a publicly	supported org	anızation .		. ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts- acts-and-circu	and-circumsta	nces" test, che st. The organiza	eck this box an ation qualifies	nd <b>stop here.</b> E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part VI how the organization m supported organization	tion meets the neets the "facts	"facts-and-ci s-and-circumst	rcumstances" tances" test. T	test, check th he organizatio	us box and ste	and line op here.
18	Private foundation. If the organization di					k this box and	see
	instructions	<u> </u>	<u>.</u>	<u>.</u>		<u> </u>	. ▶ □

### 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.)

	If the organization fails to qualify	under the tes	sis listed bei	ow, piease cc	implete Fart	··· <i>i</i>	
	on A. Public Support				1,0010		
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the					[	
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		_				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						<u> </u>
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	2 - 4 3 4 4 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , ,	AMARI	· és e Radio (1961)		
	line 6.)	×4	141	; 7 ; 8 ( 8 ) % <u> </u>	\$ 2 2 8 4 6 6 5 1 7 1	,	
	on B. Total Support	1					
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					,	
	acquired after June 30, 1975						
	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						
12	(Explain in Part VI.)	<del></del>					<del></del>
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	o organization	e firet sassa	d third fourth	or fifth toy	ar as a soction	501/0\/2\
14	organization, check this box and <b>stop he</b>	-					
Sacti	on C. Computation of Public Suppor			<u></u>	<u> </u>		· · - U
15	Public support percentage for 2014 (line			3 column (fl)		15	
	Public support percentage from 2013 Sci		-			16	<del></del>
16 Section	on D. Computation of Investment In			<u> </u>	<u></u>		
17	Investment income percentage for 2014 (			v line 13. colun	nn (fl)	17	%
18	Investment income percentage from 2013					18	<del>%</del>
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2014. If the organ						
.Ja	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2013. If the organiz		_				
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	<del>-</del>	-	•		· ·	_

V-- IN-

#### 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.)

Se	ection	A. Al	Suppo	ortina	Organi	zations
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- Are all of the organization's supported organizations listed by name in the organization's governing 1 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 statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte 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.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- 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 discretio 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E 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 Eli 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 actio 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 alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable clas benefited by one or more of its supported organizations; or (c) other supporting organizations that als support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantia contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percer controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990).
- 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 mor 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.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benef 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 (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - 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.)

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Part	V 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)	3		<u>                                     </u>
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	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		
Section	on B. Type I Supporting Organizations		<u> </u>	T
_	Did the direction to the control of an arrangement of an arrangement of an arrangement of the manual transfer		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	*		395
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	4 %	`	l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•	. ,	<del>                                     </del>
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>	؞	x }	ѷ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		} ·	k /
	supervised, or controlled the supporting organization	2		
Section	on 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	, ,	3 3	*
	or management of the supporting organization was vested in the same persons that controlled or managed		_ `	
	the supported organization(s)	1	_	
Section	on D. All Type III Supporting Organizations		V	l NI -
	Did the experimentary provide to each of its supported arganizations, by the last day of the fifth month of the	7	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	, \ \	4 % 60	
	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	\$ × 5. 5	% } - &x	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			di
	supported organizations played in this regard.	3		<u> </u>
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	, >	"	
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	, (	,	4
	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	,		à.
	reasons for the organization's position that its supported organization(s) would have engaged in these	<i></i>		<u> </u>
_	activities but for the organization's involvement.	2b	ļ	<u> </u>
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			<b></b>
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard.	3b	·	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the contain			nstructions. All
Section A - Adjusted Net Income	iripi	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
<b>6</b> 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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 instructions).	ly-ır	tegrated Type III supportin	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required			
6_	Other distributions (describe in Part VI). See instructions	·		
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable 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:		; * <b>*</b>	\.
a	<b>₹</b> ₩\$ '\$ ·		* !	1.8
b			: <b>₩ %</b> :	*,
<u>c</u>		ž i.	· ***	` ` `
d	1	***	*	
е	From 2013		***	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			ŗ
h_	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section	% / `	, »	
	D, line 7 \$		\$ \$ \$	
a	Applied to underdistributions of prior years	* } *		
b	Applied to 2014 distributable amount	33%, 4.		
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		A	. (1
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	> <sup>5</sup> <sup>8</sup>		
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7	•		; ;
а				Į.
b				
С	> *			ŧ ;
d	Excess from 2013			
е	Excess from 2014			

Schedule A (F	Form 990 or 990-EZ) 2014	Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b Part III, line 12. Also complete this part for any additional information. (See instructions.)	; and
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#### **SCHEDULE F** (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

Employer identification number

ai Fund of Israei				1 13	5-2992900
t I General Information		es Outside	the United States. Comp		
					☑Yes □No
		the organizati	on's procedures for monit	oring the use of its grant	s and other
Activities per Region. (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	nal space is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
middle east	0	0	grants		22,590,061
middle east	0	0	free loans		262,601
					. ,
		-			
	:				
					22,852,662
				`	
	<u> </u>				22,852,662
	Form 990, Part IV, line  For grantmakers. Does the assistance, the grantees' eligrants or assistance?  For grantmakers. Describe assistance outside the Unite Activities per Region. (The form) (a) Region  middle east  middle east	General Information on Activities Form 990, Part IV, line 14b.  For grantmakers. Does the organization assistance, the grantees' eligibility for the grants or assistance?  For grantmakers. Describe in Part V to assistance outside the United States.  Activities per Region. (The following Part  (a) Region (b) Number of offices in the region  middle east 0  middle east 0  Sub-total	General Information on Activities Outside Form 990, Part IV, line 14b.  For grantmakers. Does the organization maintain reco assistance, the grantees' eligibility for the grants or as grants or assistance?  For grantmakers. Describe in Part V the organization assistance outside the United States.  Activities per Region. (The following Part I, line 3 table of offices in the region offices in the region offices in the region of offices in the long of offices in the region of offices in the region of offices in the long of offices in the region of offices in the region of offices in the long of offices in the region of offices in the long of offices in the region of offices in the long of offices in the region of offices in the long of offices in the region of offices in the long of offices in the region of offices in the long of offices in the region of offices in the long of offices in the region of offices in the long of offices in the region of offices in the long of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the organization of offices in the organizati	Form 990, Part IV, line 14b.  For grantmakers. Does the organization maintain records to substantiate the ami assistance, the grantees' eligibility for the grants or assistance, and the selection grants or assistance?  For grantmakers. Describe in Part V the organization's procedures for monit assistance outside the United States.  Activities per Region. (The following Part I, line 3 table can be duplicated if addition of officies in the region in the region of officies in the officies in the officies in the officies in the officies in the officies in the officies in the officies in the officies in the officies in the officies in the officies in the officies in the officies in the officies in the officies in the officies	General Information on Activities Outside the United States. Complete if the organization ans Form 990, Part IV, line 14b.  For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the granteser eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance. Provided the United States.  Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Pegion  (b) Number of offices in the region of the re

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

(f applicable)  Organization section and EIN (if applicable)	code (c) Region and EIN cable)	no	(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,
-								other)
-	middle east	ds	special education	50,750 check	heck			
	middle east	rel	religious programs	10,000 check	heck			
	middle east	aic	aid to the needy	12,000 check	heck			
	middle east	S	security	35,760 check	heck			
	middle east		educational prgrms	65,704 check	heck			,
	middle east		religious programs	1,283,000 check	heck			
	middle east		educational prgrms	16,500 check	heck			
	middle east		humanitarian aid	27,914 check	heck			
	middle east		educational prgrms	9,420 check	heck			
,	middle east		aid to the needy	7,200 check	heck			
	middle east		humanitarian aid	5,000 check	heck			
	middle east		community projects	5,000 check	heck			į
	middle east		community projects	15,000 check	heck			
	middle east		humanitarian aid	46,022 check	heck			
	mıddle east		aid to the needy	44,000 check	theck			
¥	middle east		educational prgrms	42,696 check	heck			

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

279

Enter total number of other organizations or entities

(a) Name of					to tourons (m) to some (M)	(a) Amount of		(i) Method of
ж <sup>–</sup>	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	cash disbursement	non-cash assistance	(h) Description of non-cash assistance	(book, FMV, appraisal, other)
<u></u>		middle east	educational prgrms	105,251 check	check			
		middle east	educational prgrms	, 10,018 check	check			
		mıddle east	aid for needy	20,000 check	check			
		middle east	womens health	18,000 check	check			
		middle east	educational prgrms	54,250 check	check			
		middle east	educational prgrms	5,000 check	check			
		middle east	religious programs	360,861 check	check			
		middle east	food kitchen	25,000 check	check			
		middle east	religious programs	6,450 check	check			
		middle east	religious programs	50,000 check	check			
		middle east	food kitchen	5,300 check	check			
		middle east	synagogue cnstr	33,492 check	check			
		middle east	syn general support	5,000 check	check	;		
		middle east	syn general support	7,986 check	check			
1		middle east	synagogue cnstr	85,000 check	check			
	,	middle east	syn general support	6,520 check	check			

<sup>0</sup> 

Enter total number of other organizations or entities

Schedule F (Form 990) 2014

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

÷	(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	synagogue cnstr	159,732 check	heck			•
(2)			middle east	synagogue cnstr	5,724 check	heck			
(3)		×	middle east	synagogue cnstr	151,344 check	heck			
(4)			middle east	aid to the needy	25,000 check	heck			
(2)			middle east	educational prgrms	9,000 check	heck			
(9)			middle east	educational prgrms	6,000 check	heck			
(2)			middle east	educational prgrms	5,000 check	heck			
· (9)			middle east	educational prgrms	55,266 check	heck			
(6)			middle east	educational prgrms	10,660 check	heck			
(10)		2	middle east	community projects	400,000 check	heck			
(11)		1	middle east	educational prgrms	41,688 check	heck			
(12)			middle east	social welfare	25,860 check	heck			
(13)			middle east	religious programs	11,360 check	heck			
(14)			middle east	synagogue cnstr	60,000 check	heck			
(15)		٠	middle east	after school prgms	133,018 check	heck			
(16)			middle east	religious programs	13,498 check	heck			

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

က

(f) Name of section and EIN (if applicable) (i	middle east  middle east  middle east  middle east  middle east  middle east	aid to the needy humanıtarian aid humanitarian aid humanitarian aid social awareness aid to the needy	(e) Amount of cash grant d 6,600 check 10,000 check 685,563 check 92,107 check	ant of cash cash cash class and cash cash cash class and cash class and check and chec	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(l) Method of volume (book, FMV, appraisal, other)
		aid to the needy humanitarian aid humanitarian aid social awareness aid to the needy	6,600 cl 10,000 cl 685,563 cl 92,107 cl	heck heck & bank transfer heck heck			
		humanitarian aid  pub awarness prm  humanitarian aid  religious programs  social awareness	10,000 cl 10,000 cl 685,563 cl 92,107 cl	heck & bank transfer			
		pub awarness prm humanitarian aid religious programs social awareness aid to the needy	685,563 cl 92,107 cl	heck & bank transfer heck heck			
		humanitarian aid religious programs social awareness	92,107 cl	heck			
		religious programs social awareness aid to the needv	14,180 cl	heck			
		social awareness					
		aid to the needv	10,000 check	heck			
	middle east	Taranta and the same	8,740 check	heck			
	middle east	humanıtarıan aid	14,285 check	heck			
	middle east	community projects	16,489 check	heck			
	middle east	humanıtarıan aid	7,175 check	heck			
	middle east	humanıtarıan aid	15,000 check	heck			
midd	middle east	humanitarian aid	77,000 check	heck			
midd	middle east	social programs	6,100 check	heck			
(14) midd	middle east	humanitarian aid	60,000 check	heck			
ppim	middle east	educational prgrms	7,000 check	heck			
mdd	middle east	educational prgrms	100,000 check	heck			

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

Schedule F (Form 990) 2014

(a) Name of	(h) 100 code		to cooming (b)	by tangent (a)	(f) Manner of	(a) Amount of		(i) Method of
organization	section and EIN (if applicable)	100feu <b>(5)</b>	grant	cash grant	cash disbursement	non-cash assistance	(n) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
		middle east	food kitchen	32,650 check	check			
		middle east	religious programs	15,013 check	check			
		middle east	religious programs	90,000 check	check			
		middle east	religious programs	6,100 check	check			
:		middle east	religious programs	54,000 check	check			
		middle east	religious programs	35,000 check	check			
		middle east	educational prgrms	10,385 check	check			
		middle east	educational prgrms	10,600 check	check			
		middle east	educational prgrms	23,000 check	check			
		middle east	medical aid	122,800 check	check			
		mıddle east	womens health	346,470 check	check			
		middle east	humanitarian aid	92,385 check	check			
		middle east	Interary foundation	215,860 check	check			
		middle east	educational prgrms	8,975 check	check			
		middle east	public awareness	11,328 check	check			
		middle east	humanitarian aid	12,000 check	check			

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

	(i) Method of valuation of non-cash assistance appraisa, appraisa, other)																
ional space is needed.	(g) Amount of non-cash of non-cash assistance																
Fart IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	(f) Manner of cash disbursement	23,000 check	21,500 check	10,000 check	25,000 check	27,500 check	25,080 check	5,000 check	10,000 check	70,000 check	5,000 check	71,556 check	21,500 check	31,000 check	check	11,600 check	10,000 check
1 \$5,000. Part II ca	(e) Amount of cash grant	23,000		10,000	25,000	27,500	25,080	2,000	10,000	000'01	2,000	71,556	21,500	31,000	105,500 check		10,000
received more than	(d) Purpose of grant	humanıtarıan aid	community projects	religious programs	religious programs	security issues	youth at risk	humanitarian ard	humanitarian ard	humanitarian aid	educational prgrms	aid to the needy	womens health	educational prgrms	security issues	community projects	ard to the needy
ny recipient wno	(c) Region	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east
, IIIIe 13, IOI al	(b) IRS code section and EIN (if applicable)												,				
Fari IV	1 (a) Name of organization	(1)	(2)	)(c)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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

Schedule F (Form 990) 2014

								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	(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)
Ξ			middle east	syn general support	53,383 check	check			
(2)			middle east	community projects	50,000 check	check			
<u>(6</u>	-		middle east	humanıtarian aid	21,400 check	check			
<u>4</u>			middle east	educational prgrms	34,035 check	check			
(2)	- 1		middle east	humanitarian aid	84,328 check	check			
(9)			middle east	literary fndt	81,000 check	check			
(2			middle east	pub awarness prgm	220,100 check	check			:
(8)			middle east	pub awarness prgm	7,600 check	check			
(6)			middle east	community projects	18,893 check	check			
(10)			middle east	pub awarness prgm	35,000 check	check			
(11)			middle east	community projects	101,800 check	check			
(12)			middle east	educational prgrms	8,000 check	check			
(13)			middle east	youth at risk	69,035 check	check			
਼ <b>(1</b>			middle east	educational prgrms	200,000 check	check			
(15)			mıddle east	educational prgrms	25,000 check	check			
(16)			middle east	educational prgrms	30,000 check	check			

Enter total number of other organizations or entitles 8 က

Schedule F (Form 990) 2014

						_			
-	(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)
Ξ			middle east	youth at risk	17,358 check	check			•
<u>(S</u>			middle east	humanitarian aid	25,000 check	heck			
(3)		* :	middle east	synagogue cnstr	141,955 check	check			
(4)		٩	mıddle east	community projects	56,250 check	check			
(2)		*	middle east	humanıtarıan aid	15,960 check	check			
(9)			middle east	humanıtarıan aid	89,112 check	check			
3		. 3	middle east	humanitarian aıd	55,770 check	sheck			
(8)			middle east	humanıtarıan aid	5,000 check	check			
6			middle east	educational prgrms	116,515 check	check			
(10)			mıddle east	humanitarian aid	25,000 check	check			
(11)			middle east	scholarships	15,180 check	check			
(12)			middle east	religious programs	57,300 check	check			
(13)			middle east	humanıtarian aid	9,355 check	check			
<del>1</del>	3	^	middle east	humanitarian aid	102,947 check	check			
(15)			middle east	community projects	69,106 check	check			
(16)	2		middle east	aid to the needy	60,000 check	check			

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

Enter total number of other organizations or entities က

Schedule F (Form 990) 2014

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

(I) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance disbursement (f) Manner of 116,735 check 65,825 check 70,259 check 30,976 check 1,435,601 check 11,000 check 8,350 check 10,000 check 35,199 check 10,000 check 50,000 check 7,160 check 65,640 check 5,000 check 5,200 check 92,516 check (e) Amount of cash grant educational prgrms educational prgrms educational prgrms educational prgrms religious programs religious programs pub awarness prm pub awarness prm (d) Purpose of grant special education humanitarian aid humanitarian aid humanitarian aid humanitarian aid humanitarian aid humanıtarıan aid scholarships (c) Region middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east middle east (b) IRS code section and EIN (if applicable) (a) Name of organization . (2) (E) 12 (13) (<del>1</del>4) (12) (16) E 8 6 <u>@</u> 2 9 <u>2</u>

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

(h) Description (book, FMV, aluation (book) (book)	(616)															
se of (e) Amount of (f) Manner of (g) Amount of (h) cash grant disbursement assistance of non-cash of non-cash																
(f) Manner of cash disbursement	66,891 check	5,180 check	15,883 check	20,000 check	14,724 check	191,550 check	5,858 check	76,175 check	234,112 check	20,000 check	23,133 check	11,000 check	5,830 check	24,167 check	135,060 check	25,000 check
(e) Amount of cash grant	38'99	5,18	15,88		14,72	191,58	5,86	76,17	234,11			11,00		2		
	religious programs	religious programs	humanitarian aid	educational prgrms	security issues	humanitarian aid	humanıtarıan aid	special education	synagogue cnstr	community projects	religious programs	religious programs	educational prgrms	educational prgrms	educational prgrms	educational prgrms
e of (b) IRS code (c) Region (d) Purpor ition section and EIN (fr applicable)	middle east	middle east	middle east	middle east	mıddle east	mıddle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east
(b) IRS code section and EIN (if applicable)							,									
1 (a) Name of organization	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	(2)	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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

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

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

	A Marco of						7 - 7 - 7		(A Motherd of
<b>-</b>	organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(1) mainter or cash disbursement	non-cash assistance	(h) Description of non-cash assistance	(book, FMV, appraisal, other)
´ E			middle east	women health	35,734 check	heck		:	
(2)			middle east	educational prgrms	5,075 check	heck			
(9)			middle east	educational prgrms	306,390 check	heck			
(4)			middle east	religious programs	62,850 check	heck			
(2)			mıddle east	women health	20,400 check	check			
(9)			middle east	religious programs	10,000 check	check			
(1)			middle east	educational prgrms	60,700 check	check			
(8)			middle east		15,054 check	check			
(6)			middle east		17,700 check	theck			
(10)			middle east		12,000 check	check			
(1)			middle east		39,221 check	check			
(12)	æ	4	middle east		10,000 check	check			
(13)			middle east	າ ທ	45,000 check	check			
(14)			middle east	religious programs	61,000 check	check			
, P. (15)	-	-	middle east	prgms for elderly	15,000 check	check			
(16)			middle east	community projects	5,840 check	check			

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

Enter total number of other organizations or entitles

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Schedule F (Form 990) 2014

-								
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)
<b>(E)</b>		middle east	museum den subbort	33.000 check	heck			
· · · · · · · · · · · · · · · · · · ·		middle east	religious programs	16.750 check	theck			
(3)		middle east	educational prorms	955.948 check	heck			
(4)		middle east	educational prgrms	15,930 check	heck			
(2)		mıddle east		34,000 check	heck			
(9)		mıddle east		20,000 check	heck			
(2)		middle east	educational prgrms	6,100 check	heck			
(8)	-	mıddle east		5,000 check	heck			
(6)		middle east	womens health	97,701 check	heck			
(10)		middle east	humanitarian aid	54,330 check	theck			
(11)		middle east	humanitarian aid	20,000 check	heck			
(12)	,	mıddle east	syn general support	25,000 check	heck			
(13)	J	middle east	humanıtarıan aid	16,500 check	heck			
(14)		mıddle east	educational prgrms	55,796 check	heck			
(15)		mıddle east		19,673 check	heck			
(16)		middle east	aid for needv	5,000 check	heck			

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

Schedule F (Form 990) 2014

	-							
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		middle east	educational prgrms	64,740 check	check			•
		middle east	educational prgrms	106,266 check	check			
		middle east	educational prgrms	5,000 check	check			
, ,,,		middle east	special education	10,000 check	check			
		middle east	pub awarness prm	5,000 check	check			
		middle east	religious programs	48,000 check	check			
		middle east	environmental issues	8,200 check	check			
	*		religious programs	62,700 check	check			
		middle east	religious programs	16,623 check	check			
(10)		middle east	special education	125,250 check	check			
(11)		middle east	community projects	6,000 check	check			
	2	middle east		11,200 check	check			
(13)	*	middle east	community projects	23,100 check	check			
(14)	¥	middle east	educational prgrms	50,360 check	check			
(15)`		middle east	community projects	15,525 check	check			
		middle east	educational prgrms	73,157 check	check			

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

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

Schedule F (Form 990) 2014

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

אַן אַנ	, ER 5, 5 B	latery, me 13, for any recipient willo received mor		0,000. I all II cal	e tilait \$3,000. I alt il call be daplicated il additiolial space is liceded.	מוניסומו פאמכי ופ		
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)
(3)		middle eact	special education	31.000 check	theck			
(2)		toco olohim	modical aid	46 200 chack	hock			
(2)		middle east	community projects	300,000 check	check			
(4)		middle east	humanıtarian aid	96,100 check	check			
(5)	*	middle east	legal aid	2,132,800	2,132,800 check & bank transfer			
<b>(9)</b>		middle east	special education	84,391 check	check			
° (7)		middle east	humanitarian aid	69,000 check	check	-		
(8)		middle east	humanitarian aid	184,565 check	check			
(6)		middle east	humanitarian aid	5,000 check	check			
(10)		middle east	community projects	325,000 check	check			
(11)		middle east	educational prgrms	26,500 check	check			
(12)	<b>.</b>	middle east	religious programs	10,918 check	check			
(13)		middle east	religious programs	46,000 check	check			
(14)		mıddle east	religious programs	15,000 check	check			
(15)		mıddle east	religious programs	15,050 check	check		7	
(16)		middle east	community projects	119,025 check	check			

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

•	(i) Method of valuation (book, FMV, appraisal, other)	•															
ובפתפת.	(h) Description of non-cash assistance																
uupiicateu II auditioriai space is Heedeu.	(g) Amount of non-cash assistance																
	(f) Manner of cash disbursement	check	check	5,000 check	5,760 check	check	check	check	7,532 check	check	check	check	check	check	9,768 check	5,000 check	7,100 check
e ulail 40,000. r ait il call De	(e) Amount of cash grant	574,000 check	167,660 check	5,000	5,760	62,766 check	15,700 check	81,979 check	7,532	10,680 check	39,870 check	10,150 check	300,000 check	155,000 check	9,768	2,000	7,100
	(d) Purpose of grant	educational prgrms	pub awarness prm	library general spprt	syn general support	youth at risk	educational prgrms	humanitarian aid	educational prgrms	community projects	food dist center	humanıtarian aid	religious programs	pub awarness prm	religious programs	religious programs	educational prgrms
artiv, ille 13, for any recipient with received into	(c) Region	mıddle east	middle east	mıddle east	mıddle east	middle east	mıddle east	mıddle east	mıddle east	middle east	middle east	mıddle east	middle east	middle east	middle east	middle east	middle east
11 12, 121 Al	(b) IRS code section and EIN (if applicable)	9	c		,				4,	,	*	,	**	,			
רמווע,	1 (a) Name of organization	(t)	(2)	(c)	( <b>4</b> ) <sub>0</sub>	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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

Enter total number of other organizations or entities

of non-cash assistance of non-cash assistance of non-cash assistance appraisal, other)																
of (g) Amount of non-cash assistance					:											
ant disbursement dispursement	18,900 check	6,200 check	15,750 check	8,500 check	5,000 check	10,600 check	20,000 check	448,940 check	37,860 check	5,000 check	14,245 check	20,665 check	9,440 check	30,000 check	874,935 check	50 000 check
(d) Purpose of (e) Amount of grant	nal prgrms	nal prgrms	aal prgrms	pi	rian aıd	rıan aid	community projects		religious programs	health issues	edy	center	Þ	rian aıd	ıter	community projects
(c) Region (d) Po	east educational	east educational	east educational	east medical aid	east humanitariar	east humanıtarıan						east food dist center	east refugee and	east humanitarian	east food dist cer	
(b) IRS code section and EIN (if applicable)	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east				
1 (a) Name of organization	(1)	(2)	(6)	(4)	(2)	(9)	, ( <u>)</u>	(8)	( <b>9</b> ), we is	(10)	(11)	(12)	(13)	(14)	(15)	(16)

N

Enter total number of other organizations or entities က

Schedule F (Form 990) 2014

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

	5 5 5 - 5 - 5 - 5	i de la la la la la la la la la la la la la			an annual and an an	or obado in ionini		
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)
Œ		middle east	environment issues	50,760 check	heck			•
(2)		middle east		111,429 check	heck			
(6)		middle east		80,000 check	heck			
(4)		middle east	educational prgrms	210,000 check	heck			
(5)		middle east	religious programs	27,160 check	heck			
(9)		middle east	religious programs	94,075 check	heck			
(2)		middle east	religious programs	459,265 check	heck			
(8)		middle east	religious programs	37,000 check	heck			
(6)		middle east	religious programs	71,643 check	heck			
(10)		middle east	religious programs	12,000 check	heck			
(11)		mıddle east	religious programs	17,000 check	heck			
(12)	Ŷ	middle east	religious programs	9,200 check	heck			
(13)		middle east	religious programs	52,900 check	heck			
(14)		mıddle east	religious programs	60,200 check	heck			
(15)		middle east	religious programs	7,000 check	heck			
(16)		middle east	religious programs	30,600 check	heck			

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

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1 (a) Name of organization	tion (b) IRS code section and EIN (if applicable)	code and EIN cable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			middle east	religious programs	106,700 check	heck			
(2)			mıddle east	religious programs	13,845 check	heck			
(9)		Ţ.	middle east	religious programs	19,500 check	heck			
(4)			middle east	educational prgrms	110,000 check	heck			
(S)			middle east	religious programs	184,205 check	heck			
(9)		,	middle east	religious programs	5,000 check	heck			
(2)		•	middle east	religious programs	7,089 check	check			
(8)			middle east	religious programs	29,763 check	heck			
(6)		1	middle east	religious programs	25,000 check	heck			
(10)			middle east	special education	28,400 check	heck			
(11)			middle east	humanitarian aid	10,000 check	check			
(12)			middle east	medical aıd	17,000 check	heck			
(13)			middle east	community projects	22,026 check	heck			
(14)		٥ ـ	middle east	community projects	5,000 check	heck			
(15)		5	middle east	humanitarian aid	6,365 check	heck	i		
(16)	<del>, , , , , , , , , , , , , , , , , , , </del>								
								- -	

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

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2014

Part III Grants al

(a) Type of grant or assistance	of grant or assistance (b) Region (c) Number of recipients	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) free loan -wedding exp	middle east	-	5,300				
(2) free loan - fixing expenses	middle east	1	5,800				
(3) free Ioan -supplies	middle east	1	5,830				
(4) free loan -wedding exp	middle east	-	8,570				
(5) free loan - supplies	mıddle east	1	9,715				
(6) free loan - education	mıddle east	1	14,450				
(7) free loan - supplies	middle east	1	15,400				
(8) free loan - short term bridge loa middle east	a middle east	1	20,000				
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2014

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Part	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	☑ 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)		☑ 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	☑ 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	✓ 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	✓ 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	<b>√</b> No

#### Part V

#### **Supplemental Information**

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

schedule F part 1 line 2
some of the volunteers and administrators are residing in israel and are in contact with the recipients on a recurring basis by phone
and e mail and on site visits
schedule F part 1 line 3 col f
as the charity is all volunteer there are no expenditures other than the grants ( and loans) themselves which are by checks or bank or
bank transfer
schedule F part 2 line 1
grants are made by check or bank transfer
schedule F part 3 accounting method
99% of loans are made by checks and are included in the number in part ix form 990, we have over a 94 % return on our free loans.
when it is apparent that a loan will not be re paid we deduct it from the a/r figure , this would be reflected in
part x of the 990 form line 7
we made approx 15 free loans this past year, about 1/2 to charitable institutions and 1/2 to individuals
·

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Employer identification number

Name of	the organization				Empioyer id	entification nui	mber		
Central	Fund of Israel					13-29929	85		
Part									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contamounts report Form 990, Part V	orted on	Method o			
1 2 3 4	Art—Works of art  Art—Historical treasures  Art—Fractional interests  Books and publications								
5	Clothing and household goods		\$ \$ \$ \$ \$ \$ s						
6 7 8 9	Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded	<b>✓</b>	7		191,673	selling price	of stock		
10 11	Securities—Closely held stock . Securities—Partnership, LLC, or trust interests								
12 13	Securities—Miscellaneous Qualified conservation contribution—Historic structures						•		
14	Qualified conservation contribution—Other								
15 16 17 18	Real estate—Residential Real estate—Commercial Real estate—Other								
19 20 21	Food inventory								
22 23 24	Historical artifacts								
25 26 27	Other ► ( ) Other ► ( ) Other ► ( )							-	
28 29	Other ► ( ) Number of Forms 8283 received which the organization completed					29	-		
30a	During the year, did the organiza 28, that it must hold for at least the to be used for exempt purposes	nree years f	from the date of the initial o	contribution, and	which is n	ot required	30a	es	No /
ь 31	If "Yes," describe the arrangement Does the organization have a contributions?	gift accep	· · · · · · · · · · · · · · · · · · ·		-		31	<b>√</b>	
32a		=	ties or related organization				32a		<b>√</b>
33	If "Yes," describe in Part II.  If the organization did not report a describe in Part II.	n amount ir	n column (c) for a type of pro	operty for which	column (a)	s checked,			,

	Form 990) (2014) Page <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

**Open to Public** Inspection

Employer identification number Name of the organization Central Fund of Israel 13-2992985 990 part III line 4d Category # 4 - support of religious institutions. Grants in this category are primarily for the support, maintenance and the contruction of synagogues and other religious institutions, and programs, total expenses, - 3,555,086, total grants, - 3,555,086 ategory 5 security programs - The amount of grants for security related programs to guard against terrorism has gone down this year , not because the attempted terrorist attacks has dissipated, but the governmental security has improved, we look forward to the time when this category is no longer needed . total expenses - 183,484 total grants - 183,484 category 6 medical services includes support for clinics and hospitals - aid to the blind & diabled - postpartum depression medical aid and therapy, in addition to construction & improvments to medical facilities total expenses - 203,308 total grants - 203,308 1 pair of board members are married to each other , and one is a son of another board member 990 part V1 line 9 Arthur Marcus ---- 1 Hagoel St Efrat Israel Jay Marcus - 13 Hagoel St - Efrat Israel Dr Linda Kalish Marcus - 13 Hagoel St - Efrat Israel 990 part VI line 11A copies of the 990 are e mailed to the different board members . There is no review process by the board upon request - financial & other documents are e- mailed or they are directed to public websites which maintain them

Scriedule O (Form 990 of 990-E2) (2014)	Page 2
Name of the organization	Employer identification number
Central Fund of Israel	13-2992985
990 amendment chariges page 1	
Prior year figures have been updated to reflect the 2013 amended return	
Part I. line 8 - contributions and grant revenue, has been reduced to remove loan repayments which had	previously been treated as income.
Part I line 11 other revenue, has been increased to reflect income from foreign exchange transactions.	ant provings by reported
and the 11 other revenue, has been increased to reflect income from foreign exchange transactions in	iot previously reported
Part I line 13 . grants and similar amounts paid , has been reduced to remove loans made which were pro	eviously reported as expenses . It
has also been increased to reflect distributions that were applied towards the repayment of outstanding lo	ans, and that were previously not
reported as grants	
Page 2	
Part III line 4a - has been changed to remove the reference to the loans as expenses	
Pages 9 & 10	
Part VIII and IX have been revised to reflect the the changes described above	***************************************
Page 11	
part x col a has been updated with the ending figures from the 2013 amended return	
part x cora has been updated with the ending figures from the 2013 amended return	
Part X line 1 - has been changed to reflect the correct cash balance at January 31st 2015	
part 10 line 7 has been adjusted since the original return was filed	
Page 12	
part lx has been revised to reflect the the changes described above	
	•••••••••••••••••••••••••••••••