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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Inte	nal Revent	Je Service	▶ Information about Form 990 and its instructions is at www.in	s.gov/form99	0.	Inspection			
A	For the	2015 cale	ndar year, or tax year beginning , 2015, and end	ng		, 20			
В	Check if	applicable	C Name of organization Fellowship of Israel Related Ministries		D Employer	identification number			
	Address	change	Doing business as			47-2768324			
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telephone number				
\checkmark	Initial retu	ım	2141 Mill Road		214-	570-0700			
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amended	return	Novato, CA 94947		G Gross rece	epts \$ 368,968			
	Application	on pending	F Name and address of principal officer:	H(a) is this a g	roup return for sub	ordinates? Yes No			
		_		l l		ncluded? Yes No			
ī	Tax-exen	npt status	√ 501(c)(3)			st (see instructions)			
J	Website.		v.firm.org.il	H(c) Group	exemption nu	ımber ▶			
K			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms			legal domicile CA			
Р	art I	Summ							
	1		scribe the organization's mission or most significant activities: To cu	Itivate Messia	h-centered	relationships that			
ø			nhabitants of Israel. To inspire people to bless Israel. To connect individu						
Activities & Governance	1	and syner		2013 0110 11111113	inies ioi gi	sater cooperation			
Ē			s box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of its	not secote			
Š					1 - 1	_			
<u>ن</u> 2			of independent voting members of the governing body (Part VI, line 1b)			0			
es			ober of individuals employed in calendar year 2015 (Part V, line 2a)			0			
Z,			ober of individuals employed in calendar year 2013 (Fart V, line 2a)			0			
ć			elated business revenue from Part VIII, column (C), line 12			0			
•					7a	0			
	B	iver uniter	ated business taxable income from Form 990-T, line 34	Prior Ye	7b	<u>0</u>			
		Caatuskisk	inne and grants (Dart VIII Vine 14)	Prior re		Current Year			
ne ne			ions and grants (Part VIII, line 1h)		0	368,963			
Revenue	1	-	service revenue (Part VIII, line 2g)						
Æ	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)						
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0	368,963			
			d similar amounts paid (Part IX, column (A), lines 1-3)						
	1		paid to or for members (Part IX, column (A), line 4)						
es	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)			····			
ă	1		fraising expenses (Part IX, column (D), line 25) ▶						
ш			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		0	238,616			
			enses. Add lines 13-17 (must equal-Part IX, column (A), line 25)		o	238,616			
_	19	Revenue	ess expenses. Subtract line 18 from line 12		0	130,347			
ssets or				Beginning of Cu	irrent Year	End of Year			
sets	20		ets (Part X, line 16) [0	130,347			
Net As Fund B	21	Total liabi	lities (Part X, line 26)		0	0			
		Net asset	s or fund balances. Subtract line 21 from line 20		0	130,347			
P	art II	Signat	ure Block UC JEN, U						
'Un	der penalt	ies of perjur	y, I declare that I have examined this return, including accompanying schedules and state	ements, and to t	he best of my	knowledge and belief, it is			
~ tru	e, correct,	and comple	te. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowl	edge				
<i>a</i>		\A	daelkiteita		07/14/201	6			
Sig		Signa	ture of officer	Da	te				
Je	re	Mic	hael J Mistretta, Chief Operating Officer						
		Type	or print name and title						
Pa	id	Print/Typ		ate	Check 7	PTIN			
	eparer	אטד .	N LERNER John Jones	102/01/10	Self-employ				
	e Only				n's EIN ▶	<u> </u>			
_	Oilij	Firm's ac			ne no				
Ма	y the IR		this return with the preparer shown above? (see instructions)			· · Yes No			
For	Paperw	ork Reduc	tion Act Notice, see the separate instructions. Cat.	No. 11282Y	•	Form 990 (2015)			



Form 99	00 (2015) Page 2
Part l	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To cultivate Messiah-centered relationships that bless the inhabitants of Israel. To inspire people to bless Israel
	To connect individuals and ministries for greater cooperation and synergy.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue S)
	There were no program expenses in the initial year.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue S)
	······
	•••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
48	Total avagues agains avagues &

Form 990 (2015)

	0 (2015)		!	Page 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√ v	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	V	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	11e		✓
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		✓
	Schedule D, Parts XI and XII	12a		1
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14a	•	1
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.			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18		1
		13	<u> </u>	

Form 99				Page 4
Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		√ √
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	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		1
	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	28b 28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		▼
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		√
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		•
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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 Schedule R,	30		_
	Part VI	37		1
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
			. 000	

Part			-	
	Check if Schedule O contains a response or note to any line in this Part V			. 🗆
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>.</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		1
С	, , , , , , , , , , , , , , , , , , ,			
22	reportable gaming (gambling) winnings to prize winners?	1c	✓	
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	-		
J	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь		3b		
4a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	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		✓
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?			,
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		✓
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year	_		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71		V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	H		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
a b	Gross income from members or shareholders	-	-	
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	100		İ	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	40-		
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		✓
_				

Form 9	90 (2015)			Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	struct	ions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI	• • •		<u>. Ц</u>
OCCI	Of 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 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.	3		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6		√ √ √
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
а	the year by the following: The governing body?	8a	1	
ь 9	Each committee with authority to act on behalf of the governing body? 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.	8b	<i>√</i>	<i>y</i>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No ✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	1	
12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	·/	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	./	
13 14	Did the organization have a written whistleblower policy?	13	سرن	~
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?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b		V V
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17 18	List the states with which a copy of this Form 990 is required to be filed CA 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.	n 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	

Form	$\alpha \alpha \alpha$	1201	ادی

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Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Highest Compensated	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 organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	Pos neck is pe d a d	rson	e than o is both or/trus	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dr Kameel Majdali Director	0	1						0	0	O
(2) Dr Samuel Rodriguez Director	0	1						0	0	0
(3) Eitan Shishkoff Director	0	1						0	0	
(4) Gary Skinner Director	0	1						0		
(5) Erez Soref Director	0	1						0		
(6) Kerry Teplinsky Secretary, Director	0	1		>				0		0
(7) Sandra Teplinsky Director	0	1						0		0
(8) Katharine Weiss Director	0	1						0	0	0
(9) Myles Weiss Director	0	1						0	0	
(10) Jonathan Wiggins Director	0	y						0	0	0
(11) Paul Wilbur Director	0	\						0	0	0
(12) Wayne Wilks Director	0	· /						0	0	0
(13) Yang Tuck Yoong Director	0	·						0	0	
(14) Jonthan Bernis Director	0	1						0	0	0

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (co	tinue	d)		
		(B)				C) sition								
	(A) Name and title				neck	more	than d		(D) Reportable	(E) Reportable			(F) mated	
	Name and me	Average hours per					is both or/trust		compensation	compensation fro	m	amo	ount of	
		week (list any hours for	악등	2	9	6	8.F	5	from the	related organizations	1		ther ensatio	n
		related	direc	i i	Officer	Key employee	ploy	Former	organization	(W-2/1099-MIS	3)	fro	m the	
		organizations below dotted	tor to	ona		탕	8 6		(W-2/1099-MISC)			-	nization related	
		line)	Individual trustee or director	Institutional trusted		è	nper		<u> </u>			organ	ization:	s
		į.	ä	8		ĺ	Highest compensated employee		-					
(15) Dr	Mitch Glaser Director	0				 		-			-			
1	Junear Charles	·····	1						٥		0			0
(16) Dr	Jack Hayford Director	0									1			
			1						0		0			o
(17) W	yne Hilsden President, Director	0	_											
			✓	\square	✓			_	0		0			0
(18) Je	ff Jenkins Treasurer, Director	00	/		1				_					_
(19)				H	•	-			. 0		0			0
3	······································													
(20)														
(21)														
(22)	· · · · · · · · · · · · · · · · · · ·				_									
(22)														
(23)											+			
											İ			
(24)														
								L						
(25)														
1b	Sub-total										_			
	Total from continuation sheets to Part	VII. Section	n A			• •	•	•	0		0			0 0
	Total (add lines 1b and 1c)	-						•	0		0			<u>v</u>
2	Total number of individuals (including but) w	ho received m	ore than \$100,	000 c	of		
	reportable compensation from the organi	zation ► 0	_											
•	Did the association list on the	Carr duan								•			Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	loyee, or high	est compens	ated			
4	For any individual listed on line 1a, is the							n ai	nd other comp	 ensation from	the	3	-	✓
•	organization and related organizations													ı
	individual											4		1
5	Did any person listed on line 1a receive o													
	for services rendered to the organization?	7 II "Yes," C	ompl	ete :	Sch	edu	ile J f	or s	uch person	· · · · · ·	•	5		✓_
	n B. Independent Contractors Complete this table for your five highest of			1000		+			46-24		100.0	200 -4		
1	compensation from the organization. Rep													4 Y
	year.							- , ,	our origining with		o, gu	· mace circ	,,, G (C	
	(A)								(B)			(C)		
	Name and business add	ress							Description of s	ervices	C	ompens	ation	
NONE								ļ						
		-						-	· · · · · · · · · · · · · · · · · · ·					
		· · · · · · · ·												
2	Total number of independent contracto							th	ose listed abo	ove) who				
	received more than \$100,000 of compens	ation from t	he or	gani	zati	on I	<u> </u>		0					

Form 990 (2015)

Par	VIII	Statement of Revenue						_
		Check if Schedule O contain	ns a res	ponse or note to	(A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues						
S, G	С	Fundraising events			Ì			}
ar it	d	Related organizations						
, <u>E</u>	е	Government grants (contribution	s) 1e					
tion S r	f	All other contributions, gifts, gran						
E E		and similar amounts not included abo	/e 1f	368,963	ĺ			
Ę O	g Noncash contributions included in lines 1a-1f S				ļ			
<u>ರಿ ಕ</u>	h	Total. Add lines 1a-1f	<u> </u>	<u>.</u> . >	368,963			
9				Business Code				
λeΓ	2a							
Program Service Revenue	b							
ξ	С							
Š	d							
Ę	е						·	
<u>6</u>	f	All other program service rev		L				<u> </u>
	g	Total. Add lines 2a-2f			0			<u> </u>
	3	and other similar amounts)	-					
	_	Income from investment of tax-			0			ļ
	4		-		0		<u> </u>	
	5	Royalties	Real	(ii) Personal			·	
	6a	Gross rents		ļ · · · · · · · · · · · · · · · · · · ·	1			
	b	Less rental expenses			1			
	c	Rental income or (loss)			ļ			
	d	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·		0			
	7a	· \	urities	(ii) Other				<u> </u>
	'-	assets other than inventory	-	 	1			
	ь	Less cost or other basis			İ			
		and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			o			İ
evenue	8a	Gross income from fundraisir events (not including \$	g					
Other Rev		of contributions reported on lin See Part IV, line 18						
Ĕ	ь	Less: direct expenses	_		1		S	
O		Net income or (loss) from fun		events . >	اه			
		Gross income from gaming at See Part IV, line 19	tivities.					
	ь	Less: direct expenses						
		Net income or (loss) from gar		ivities >	o			
	10a	Gross sales of inventory	less					
	İ	returns and allowances .	а					
	ь	Less. cost of goods sold .	b		1			
	С	Net income or (loss) from sale	es of inv	entory 🕨	0			
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С	***************************************						
	d	All other revenue		L				
	1	Total. Add lines 11a-11d .		🕨				
	12	Total revenue. See instruction	ne	► :			i	1

	90 (2015)				Page 10
Section	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com-	nolete all columns. A	Il other organization	ns must complete colu	mn (A)
36000	Check if Schedule O contains a respon				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	et include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
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		***		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	76,290		76,290	 , ,
b	Legal	12,582		12,582	
Ç	Accounting	378		378	
d e	Lobbying			-	
f	Investment management fees		. _		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		· · · · · · · · · · · · · · · · · · ·		
12	Advertising and promotion	95,281			95,281
13	Office expenses	17,843		17,843	
14	Information technology	3,100		3,100	
15	Royalties				
16 17	Occupancy	7,660	······································	7,660	
18	Payments of travel or entertainment expenses	25,482	 		25,482
	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	1			
	line 24e amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24e expenses on Schedule O.)	1			
а		· · · · · · · · · · · · · · · · · · ·			
ь					
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	238,616	····	117,853	120,763
26	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				
		Check if Schedule O contains a response or note to any line in this Pai	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	130,347
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
S		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0		0
Assets	7	Notes and loans receivable, net	0		0
As	8	Inventories for sale or use	0	 	0
	9	Prepaid expenses and deferred charges			<u>_</u> 0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0		130,347
	17	Accounts payable and accrued expenses	0		130,347
	18	Grants payable		18	0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities	0	\vdash	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	\vdash	0
ψ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L	0	22	0
Ę	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0		0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Š		complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	0	27	0
3al	28	Temporarily restricted net assets	0		0
ᅙ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţs (30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0		130,347
ē	33	Total net assets or fund balances	0		130,347
~	34	Total liabilities and net assets/fund balances			130,347
					Form 990 (2015)

Form 9	0 (2015)			Р	age 12	
Par	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			68,963	
2	Total expenses (must equal Part IX, column (A), line 25)	2			38,616	
3	Revenue less expenses. Subtract line 2 from line 1	3			30,347	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Net unrealized gains (losses) on investments	5			0	
6	Donated services and use of facilities	6			0	
7	Investment expenses	7			0	
8	Prior period adjustments	8			0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1	30,347	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲	
				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 Schedule O.	plaın ı	ו		1	
_						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• . • .	2a	ļ	✓	
	If "Yes." check a box below to indicate whether the financial statements for the year were comproved on a congrete basis, concelled the basis, or both.	oiled o	r			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		2b			
D	Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a	a			
c	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	!	.			
C	of the audit, review, or compilation of its financial statements and selection of an independent account	rersign	¹			
	If the organization changed either its oversight process or selection process during the tax year, ex				 	
	Schedule O.	higin ii	'			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth :-	.		1	
Jd	the Single Audit Act and OMB Circular A-133?	iorin il	1			
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	· · ·	3a			
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	idite	3b			
	and the state of the sta		l. <u></u> _	000	(2015)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Fello	wship	of Israel Related Ministries						68324
Pai		Reason for Public Char						ns.
The o		zation is not a private founda						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2								
3		•		•				(III) (T-446
4	hospital's name, city, and state:							
5		n organization operated for a cection 170(b)(1)(A)(iv). (Comp		college or university	owned o	or operate	ed by a government	al unit described in
6 7	□ A	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8		community trust described in		•	Part II.)			
9		n organization that normally				from con	tributions members	hin fees, and gross
	re Su	ceipts from activities related apport from gross investme equired by the organization a	to its exempt nt income and	functions—subject to unrelated business	certain taxable ı	exceptio ncome (l	ns, and (2) no more less section 511 ta	than 331/3% of its
10	☐ Ai	n organization organized and	operated exclus	sively to test for public	c safety.	See sec t	ion 509(a)(4).	
11	Of	n organization organized and ne or more publicly supported e box in lines 11a through 110	l organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а		Type I. A supporting organiz		_	-			•
ŭ		the supported organization(s organization.) the power to re	egularly appoint or ele				
b		Type II. A supporting organiz	zation supervised	d or controlled in cont	nection w	ith its su	pported organization	n(s), by having
		control or management of the organization(s). You must co	mplete Part IV,	Sections A and C.			_	
С		Type III functionally integra its supported organization(s)	(see instructions	s). You must comple	te Part IV	/, Sectio	ns A, D, and E.	_
d		Type III non-functionally int that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е		Check this box if the organiz functionally integrated, or Ty						I, Type III
f		er the number of supported o		· · ·		·		[
g		vide the following information			•			
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
(A)								
(B)								
(C)								
(D)								
(E)								
					1			

18

	5 11 (t \$1111 555 51 555 EE) = 1 1						i age =
Part	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						,
Section	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						(,,
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						
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)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	· · · · · · · · · · · · · · · · · · ·		,		, ···. ·· · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
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	re					
Section	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2015 (line 6	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2014 Sch					15	%
16a	331/3% support test – 2015. If the organiz						
b	box and stop here. The organization qua 331/3% support test—2014. If the organ check this box and stop here. The organization	nization did no	ot check a box	on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization".	ets the "facts-	and-circumsta	nces" test, ch	eck this box a	nd stop here. E	Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	ion meets the eets the	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check to he organization	his box and st on qualifies as a	op here. a publicly

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

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					368,963	368,963
2	Gross receipts from admissions, merchandise 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		1				
	unrelated trade or business under section 513						
4	Tax revenues levied for the						-
	organization's benefit and either paid	İ				ļ	
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	i					
	organization without charge		ļ				
6	Total. Add lines 1 through 5					368,963	368,963
7a	Amounts included on lines 1, 2, and 3		ł				
	received from disqualified persons .					0	0
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						
_			<u></u>			0	0
8	Add lines 7a and 7b					0	0
•	tine 6.)]			200.002
Secti	on B. Total Support		L	h	I		368,963
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		\	(4, 22 -	(-/	368,963	368,963
10a	Gross income from interest, dividends,					950,000	
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b					0	0
11	Net income from unrelated business			}			
	activities not included in line 10b, whether						
	or not the business is regularly carried on	ļ				0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)					İ	
13	Total support. (Add lines 9, 10c, 11,					0	0
13	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	's first secon	d third fourth	or fifth tay w	368,963	368,963
• •	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2015 (line 8			3, column (f))		15	10. %
16	Public support percentage from 2014 Sch					16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2015 (line 10c, colun	nn (f) divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2014						%
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/2%, check this box						
b	331/3% support tests - 2014. If the organiz						
00	line 18 is not more than 33½%, check this the Private foundation. If the organization di		-				_
20	i nvate roungation, n the organization of	и посспеска	DOX ON IME 14	. 198. Of 190. (Deck Ints hoy	and see institud	cuons 🗩 l l

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Aiso, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С		5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		

determine whether the organization had excess business holdings.)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	_		
Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must contain the property of the prope	g trus imple	it on Nov. 20, 1970. Se e te Sections A through E	instructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	<u> </u>	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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-inte	egrated Type III support	ing organization (see

Schedu	le A (Form 990 or 990-EZ) 2015			Page 7			
Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Current Year						
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	orted				
3	Administrative expenses paid to accomplish exempt purp	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 whice (provide details in Part VI). See instructions.	th the organization is res	ponsive				
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015						
а							
b	•						
С							
d	From 2013						
е	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
ь	Applied to 2015 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).						
7	Excess distributions carryover to 2016. Add lines 3j and 4c.						
8	Breakdown of line 7.						
a							
b							
<u>c</u>	Excess from 2013						
d	Excess from 2014						
<u> </u>	Excess from 2015	<u> </u>	<u></u>	· · · · · · · · · · · · · · · · · · ·			

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

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Fellowship of Israel Related Ministries	47-2768324
Part VI Section A #2Kerry Teplinsky & Sandra Teplinsky are married. Myles Weiss & Katharine Weiss	are married.
Part VI Section B #11b FIRM's COO and President meet to review Form 990 at the annual board meet	ing.
Part VI Section C #19 All governing documents, conflict of interest policy, and financials statements	are available to the public upon request.
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