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EXTENDED TO NOVEMBER 15, 2017

Form **990**

Return of Organization Exempt From Income Tax
Under section 601(c), 627, or 4947(s)(1) of the Internal Revenue Code (except private foundations)

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

		the Treestury o Service	Information about F	orm 990 and its instructions	in at www.k	8.gov/form990.	Inspection (
A Fo	r the	2018 calend	tar year, or tax year beginning	Br	d ending		
Che epp	eck if Liceble:	C Name o	f organization			D Employer identifica	rtion number
FUND FOR ISRAEL'S TOMORROW							
	ohenge Namu Namu		usiness as THANK ISRAI		35-23	74190	
	merge hittel return		r and street (or P.O. box if mail is not d		Room/sulte		14130
	Phosi Pateny	7777		STE. 2001	T TOO TO SUITE	1	620-8540
	temin-		town, state or province, country, and			G Green receipts \$	1,645,205.
/	Amende retum		LOUIS, MO 63105-			H(a) is this a group ret	
	Applica Bon	F Name a	and address of principal officer.PAI			for subordinates?	
	panding	SAME	AS C ABOVE			H(b) Are all autordinates incl	uded? Yes No
) ◀ (insert no.) 4947(aX	1) or 527	If "No," attach a fil	at. (see instructions)
			THANKISRABLISOLDI			H(c) Group exemption	
				Association Other	L Year	of formation: 2010 M	State of legal domicile: MC
Par		Summer	^_	-1-10-10	ODGEN	CAMTON GUDDO	DOC MITE
8			be the organization's mission or mod ION, WELFARE, AND				
			ex lifthe organization disc				
\$			exing members of the governing bod		COOL OI ING	3	ош. Д
3	4 1	dumber of in	dependent voting members of the g	overning body (Part VI. line 1)		VEUN 4	4
感	5 T	otal number	of individuals employed in calendar	year 2016 (Part V. the 2a)		10 6	3
퉏			r of volunteers (estimate if necessar)	1071	1011 A . 9	2017	0
Activities & Governance	7 e 7	Total unrelate	ed business revenue from Part VIII,	column (C), line 12 2	411A 1 00	G) 7a	0.
	ЬN	Vet unrelated	business taxable income from For			7b	0.
)GUEL		Ourrent Year
9			s and grants (Part VIII, line 1h)			1,875,369.	1,645,205.
2			rice revenue (Part VIII, line 2g)			0.	
œ I			ncome (Part VIII, column (A), lines 3,			0.	<u>0.</u>
1			e (Part VIII, column (A), lines 5, 6d, f			1,875,369.	1,645,205.
_			e - add lines 8 through 11 (must equi similar amounts paid (Part IX, column			1,636,400.	1,501,000.
- 1	-		ito or for members (Part IX, column			0.	0.
			er compensation, employee benefits	• • • • • • • • • • • • • • • • • • • •		118,748.	77,143.
8			fundraising fees (Part IX, column (A)			29,187.	42,114.
Expenses			sing expenses (Part IX, column (D), I		015.		S. M. B
ا ۵			ses (Part IX, column (A), lines 11a-11	· · · · · · · · · · · · · · · · · · ·		101,188.	58,935.
1	18 .	Total expens	ses. Add lines 13-17 (must equal Par	t IX, ociumn (A), line 25)		1,885.523.	<u>1,679,192.</u>
-12	19	Revenue les	s expenses. Subtract line 18 from lir	18 12		-10,154.	-33,987.
Searces Searces					В	eginaing of Current Year	End of Year
題			• • • • • • • • • • • • • • • • • • • •		····	313,959. 37.306.	261,234.
	21		es (Part X, ine 25)	Iba 20	····	276,653.	18,568, 242,666.
뙶	22 I	Net assets o	r fund belatices. Subtract line 21 fro	III) HCRQ &U		6/0.0334	A TALVYVI
10.4	18.41	Hon ct	, i declare that I have examined this retu	in Including accompanded pahed	luige and etate	ments and to the heet of mir	knowledge and helief it is
מונק 1904נה	correc	t and couper.	te. Declaration of properer (other than of	in, meluung accompanying school liger) is based on all information o	f which neares	er has anv impwiedos.	The state of the s
	W1100	, and country			J. J		-
Blgn	,	Signate	a to office			Date 10	20/15
Here PAMELA FOX CLAMAN, DIRECTOR/PRESIDENT							
			r print name and title				
			reparer's name	Preparer's signature		Date Court	PTIN
Paid			G. WILHELM	Mulgh		10/24/17 1000000	
Prep	-	Firm's name				Firm's EIN	43-1870213
lise (Oal y	Firm's addre	SS → 7777 BONHOMME A	VB., #2001		104	A) 707 44EF
		<u></u>	ST. LOUIS, MO 6			Phone no. (3)	4) 727-1155
			his return with the preparer shown a				X Yes No Form 990 (2016)
63200	01 11-1	11-16 LHA	For Peperwork Reduction Act No	ruce, see the separate instru	cuons.		rum 200 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2016)

Form 990 (2016) FUND FOR ISRAEL'S TOMORROW Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			}
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	<u></u>	X
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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete]
	Schedule D, Part III	8_	<u> </u>	X
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_		X
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	ļ	X
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		[1
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		l	
	Part VI	11a	 	X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ا المما	l	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11b	 	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		X
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	444	ļ	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
f	the organization's separate of consolidated infancial 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	1 1f	ļ	X
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ļ	_ <u>^</u> _
120	Schedule D, Parts XI and XII	12a	X	ļ
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		_
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, 40		<u> </u>
_	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	х	ļ
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	X	
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	!
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	}	_x_
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		X
		Form	990	(2016)

Form 990 (2016) FUND FOR ISRAEL'S TOMORROW

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		}
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		х
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		Х
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	Į,	X 2
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			ļ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ľ	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 -	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			 -
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			 -
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_
J	Part V, line 1	34		x
35a	and the second s	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36	If "Yes," complete Schedule R, Part V, line 2	26		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	<u> </u>	_^
38	Note. All Form 990 filers are required to complete Schedule O	38	x]
	Mote: And only one died are required to complete defredule of		990	(2016)
		1 01111		(

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
-14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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)		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	_
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ļ
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?	9b		
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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
а	is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand		1	1
140	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	l X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

FUND FOR ISRAEL'S TOMORROW 35-2374190 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions $\overline{\mathbf{x}}$ Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a \mathbf{X}_{-} taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, FL, GA, HI, IL, KS, KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ___ Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
WILHELM & WILHELM - 314-727-1155

7777 BONHOMME AVENUE, STE 2001, CLAYTON, MO 63105

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FUND FOR ISRAEL'S TOMORROW

35-2374190

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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

X Check this box if neither the organization nor any related organization col						n compensated any current officer, director, or trustee				
(A)	(B)			(C	>)			(D)	(E)	(F)
Name and Title	Average	(40		Posi		than c	200	Reportable	Reportable	Estimated
	hours per	box.	unle:	ss pe	rson	s both	nan	compensation	compensation	amount of
	week		cer an	dad	recto	r/trust	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ربه ا			ᇐ		organization	(W-2/1099-MISC)	from the
	related	stee	l sta			l gel		(W-2/1099-MISC)		organization
	organizations	al tru	튵		loye	8 g				and related
	below	Individual trustee or director	Institutional trustee	Officer	em)	Highest compensated employee	je i			organizations
	line)	٤	Ĕ	₹	S.	포트	요			
(1) CHERYL F. HALPERN	0.30								•	
DIRECTOR		X						0.	0.	0.
(2) PAMELA FOX CLAMAN	5.00							_	_	•
DIRECTOR/PRESIDENT	1 00	ļ		X				0.	0.	0.
(3) DOUGLAS M. BARON	1.00							•	•	•
DIRECTOR/VICE PRESIDENT	0 00			X				0.	0.	0.
(4) LAUREN KEST	0.30							•		•
DIRECTOR/SECRETARY-TREASUR		_		X		\vdash		0.	0.	0.
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		NONE	- Desemption	1 01 001 11000	Compensation
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-					
]
					
2	Total number of independent contractors (including bu	it not limited to the	se listed above) who receiv	ed more than	
	\$100,000 of compensation from the organization		0		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under (A) Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 1f 1,645,205. similar amounts not included above Noncash contributions included in lines 1a-1f \$ 645,205 Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 645,205 0. Total revenue. See instructions.

Form 990 (2016) FUND FOR ISRAEL'S TOMORROW

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mpiete column (A).	
	not include amounts reported on lines 6b, Bb, 9b, 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	27 222		}	
	and domestic governments. See Part IV, line 21	35,000.	35,000.		
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	1 466 000	1 455 000	1	
	individuals See Part IV, lines 15 and 16	1,466,000.	1,466,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	24 000	14 400	0.600	
	trustees, and key employees	24,000.	14,400.	9,600.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	44 167	41 050		2 200
7	Other salaries and wages	44,167.	41,958.		2,209
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	3,519.	2 046	339.	124
9	Other employee benefits	5,457.	3,046. 4,542.	734.	134 181
10	Payroll taxes	5,45/.	4,344.	/34.	101
11	Fees for services (non-employees)				
	Management	7,573.		7,573.	
b	Legal	19,354.		19,354.	
C	Accounting	19,334.		19,334.	
	Lobbying Professional fundrations applies See Part IV line 17	42,114.			42,114
e	· · · · · · · · · · · · · · · · · · ·	44,114.			42,114
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
40	· · · · · · · · · · · · · · · · · · ·	755.		755.	
12	Advertising and promotion Office expenses	2,640.		2,640.	
13	Information technology	2,199.		2,199.	
14	Royalties			2,1330	
15 16	Occupancy				
17	Travel	3,143.			3,143
18	Payments of travel or entertainment expenses				
10	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	2,045.		2,045.	
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	DANK AND ODDDIM CADD DE [17,507.	······································	6,372.	11,135
b	DOCUMENT TO THE PROPERTY OF	2,073.		620.	1,453
c	MIDIA	1,646.			1,646
d			 		
e					
25 25	Total functional expenses Add lines 1 through 24e	1,679,192.	1,564,946.	52,231.	62,015
<u>20</u> 26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ		J	
	educational campaign and fundraising solicitation.	ĺ			
	Check here tf following SOP 98-2 (ASC 958-720)	l			

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 283,959. 251,234. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 30,000. 10,000. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr) Complete Part II of Sch L 6 Assets 7 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation Investments - publicly traded securities 11 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 313,959 261,234 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 33,213. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, .iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 4,093 363. 25 Schedule D 37,306. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 232,666. 246,653 Unrestricted net assets 27 30,000. 10,000. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds

> 261,234. Form 990 (2016)

242,666.

31

32

33

34

276,653.

313,959.

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

orm	990 (2016) FUND FOR ISRAEL'S TOMORROW	35 <u>-</u> 237	4190	Pag	e 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,645		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,679	,19	<u>92.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		1,98	<u>87.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	276	6,6!	<u>53.</u>
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			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	242	2,60	66.
Pa	rt 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 L Cash X Accrual Cther				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1]		
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		Ì	
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis]	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c]	<u>X</u> _
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		ļ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form \$	990 (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

2016

Open to Public Inspection

Employer identification number

35-2374190 FUND FOR ISRAEL'S TOMORROW Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 FUND FOR ISRAEL'S TOMORROW 35-2374190 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part 1 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	988,494.	1265373.	1606514.	1875369.	1645205.	7380955.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf					}	
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge					ĺ	
4	Total. Add lines 1 through 3	988,494.	1265373.	1606514.	1875369.	1645205.	7380955.
	The portion of total contributions						
Ĭ	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,	ł	İ			l	
	column (f)				:		169,122.
6	Public support. Subtract line 5 from line 4						7211833.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	988,494.	1265373.	1606514.	1875369.	1645205.	7380955.
8	Gross income from interest,						
•	dividends, payments received on	ì			}		
	securities loans, rents, royalties		İ			1	
	and income from similar sources						
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carned on				j		
10	Other income Do not include gain						
10	or loss from the sale of capital	Ì					
	assets (Explain in Part VI.))			Į		
11	Total support. Add lines 7 through 10					 	7380955.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for			d. fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stop	-			,		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (line 6, column (f) di	ivided by line 11, o	column (f))		14	97.71 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	97.56 %
16a	33 1/3% support test - 2016. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
t	33 1/3% support test - 2015. If the	organization did no	t check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶□
17a	7a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					_	▶□
Ŀ	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, c	neck this box and	stop here. Explair	in Part VI how the	•
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization						s •
		-			C-L-	dula A /Earm 000	000 57) 0040

Schedule A (Form 990 or 990-EZ) 2016 FUND FOR ISRAEL'S TOMORROW Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	ow, please com	piete Fart II		<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and		,-,-,-				(7)
membership fees received (Do not include any "unusual grants")		<u> </u>				
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 unrelated trade or business under section 513				}		
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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📙	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	·					
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is					-	
regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u></u>	L	<u></u>	<u> </u>	
14 First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	0					
Section C. Computation of Public						
15 Public support percentage for 2016 (lin		-	column (f))		15	
16 Public support percentage from 2015 Section D. Computation of Inves					16	
			no 13 notumo (f)\		T47	0/
17 Investment income percentage for 2018 Investment income percentage from 2			ie 13, column (I))	-	18	<u>%</u> %
18 Investment income percentage from 2 19a 33 1/3% support tests - 2016. If the c			on line 14 and lin	e 15 is more than		
more than 33 1/3%, check this box an	-					., is not ▶□
b 33 1/3% support tests - 2015. If the c	•	•	· · ·	• •		and
line 18 is not more than 33 1/3%, chec	-					
20 Private foundation. If the organization			•		-	

Part IV Supporting Organizations

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

Section A. All Supporting Or	rganizations
------------------------------	--------------

- 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
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
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	<u>5</u> b		
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	- tpp			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	, , , , , , , , , , , , , , , , , , , ,	1.	ł	
	below, the governing body of a supported organization?	11a	<u> </u>	<u> </u>
	A family member of a person described in (a) above?	11b	<u> </u>	
Sec	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
-	Alon Di Typo i dapporang digunizationo		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			i
	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	1	
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>	 -	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		ļ	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations		.l	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.55	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s)	1 1		-
Sec	ction 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			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	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	1		ĺ .
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		l
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			ĺ
	supported organizations played in this regard	3		
<u>Sec</u>	ction 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 yea(see instructions).			
а	, · · · · · · · · · · · · · · · · · · ·			
b				
С	, , , , , , , , , , , , , , , , , , , ,	tructions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ĺ		
	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			ļ
	that these activities constituted substantially all of its activities	2a	ļ	
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.		-7	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990 EZ) 2016 FUND FOR ISRAEL'S TOMOR			35-2374190 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ı ın Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	_	
5	Depreciation and depletion	5	_	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	_ 6	_	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minımum 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
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		
Sect	ion 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

3

4

5

6

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2016

	t V Type III Non-Functionally Integrated 509			5-23/4190 Page 7
		(a)(s) Supporting Orga	anizations (continuea)	
	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	or barboses of supported		
3	Administrative expenses paid to accomplish exempt purpose	e of supported organization		
4	Amounts paid to acquire exempt-use assets	es or supported organization	<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
•	(provide details in Part VI) See instructions	to organization to respondive	•	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b			'	
С	From 2013		 	
d	From 2014	· · · · · · · · · · · · · · · · · · ·		
е	From 2015	<u> </u>		
_f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	·		
<u>h</u>	Applied to 2016 distributable amount			<u> </u>
i	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4	<u> </u>		
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 FUND FOR ISRAEL'S TOMORROW	35-2374190 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section II, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, II Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for (See instructions)	, line 17a or 17b, Part III, line 12, on B, lines 1 and 2, Part IV, Section C, ine 1, Part V, Section B, line 1e, Part V,
_		
_		
<u> </u>		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name	of the organization ` FUND FOR ISRAEL'S	™○M○RR○W	Employer identification number 35-2374190
Par			s or Accounts Complete if the
T CII	organization answered "Yes" on Form 990, Part IV, Im		20 of Addoditto. Complete if the
	organization answered Tes Off offin 990, Part IV, iii	(a) Donor advised funds	(b) Funds and other accounts
_	T to the contract of the con	(a) Bollol advised latids	(b) I dilds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (dunng year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	•	vised funds
	are the organization's property, subject to the organization's	-	L Yes L No
6	Did the organization inform all grantees, donors, and donor a	• •	•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	<u> </u>
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990), Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic stru-	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	- of
	violations, and enforcement of the conservation easements	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation easements during the year
•	>	•	,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
•	▶ \$		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 17	70(h)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?		Yes No
۵	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expen	
3	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements	manda statements that gesone	s the organization o accounting for
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under SFAS 116 (AS		ament and balance sheet works of art
18	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		rance of public service, provide, in Fart Alli,
D	If the organization elected, as permitted under SFAS 116 (AS	•	•
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide the following amount:
	relating to these items		.
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		cial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

Sche		R ISRAEL'S								Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simil	ar Asse	ts(continu	Jed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a sigi	nificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d			hange prograi					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co			•	-			ose in Par	t XIII	
5	During the year, did the organization solicit or					er sımılar a	ssets		7	
-	to be sold to raise funds rather than to be ma								_ Yes_	No.
Par	rt IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	is or other ass	sets not in	icluded	Γ	٦.,	<u> </u>
	on Form 990, Part X?		U== = 4	_61.				L	」Yes	LI No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing t	able					A	
_	Reginning belongs						4-		Amount	
ر د	Beginning balance Additions during the year						1c			
u	Distributions during the year						1d 1e			
•	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990 Part X line	21 for e	SCIOW OF CI	istodial accor	unt liabilit			Yes	□ No
	If "Yes," explain the arrangement in Part XIII						,			—
Par)			
		(a) Current year		rior year	(c) Two years			ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
е	Other expenditures for facilities]					
	and programs									
f	Administrative expenses		· <u></u>							
g	End of year balance				<u> </u>				<u> </u>	
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1ç	g, column (a	ı)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held a	nd administer	red for the	organi	zation	Г	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		4. 6						3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment i	unas	-,					
rai	Complete if the organization answered) Part IV	line 11a S	See Form 000	Dart Y II	no 10			
	Description of property	(a) Cost or o			or other		umulate	nd	/d\ Post:	
	bescription of property	basis (investr		• •	(other)	,	eciation		(d) Book	value
10	Land	320.5 (1.1.001)			·/	- Jobi				
	Buildings									
5	Leasehold improvements				+					
d	_									
	Other									
	1. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	n (B), line 1	Oc.)			•		0.

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2) PAYROLL TAXES PAYABLE 363.

(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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

Sche	dule D (Form 990) 2016 FUND FOR ISRAE				35-2	2374190 Page 4
Pai	t XI Reconciliation of Revenue per Audited	l Financial Stateme	ents Wi	ith Revenue per P	leturn	
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 12a		<u>. </u>		
1	Total revenue, gains, and other support per audited financial	ial statements			1	1,669,117.
2	Amounts included on line 1 but not on Form 990, Part VIII,	line 12	1 1			
а	Net unrealized gains (losses) on investments		2a	···-]	
b	Donated services and use of facilities		_2b	23,912.]	
С	Recoveries of prior year grants		2c		1	
d	Other (Describe in Part XIII)		2d		.	
е	Add lines 2a through 2d				2e	<u>23,912.</u>
3	Subtract line 2e from line 1				3	<u>1,645,205.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not o		1 1			
a	Investment expenses not included on Form 990, Part VIII,	line 7b	4a		-	
b	Other (Describe in Part XIII)		4b		1	
c	Add lines 4a and 4b				4c	0.
D ₂	Total revenue Add lines 3 and 4c. (This must equal Form 9 t XII Reconciliation of Expenses per Audited	d Financial Statem	onto M	/ith Evnance ner	5 Dotain	1,645,205.
Га			ente M	ntn Expenses per	Hetu	rn.
	Complete if the organization answered "Yes" on For				Т. Т	1 702 104
1	Total expenses and losses per audited financial statement:				1	1,703,104.
2	Amounts included on line 1 but not on Form 990, Part IX, li	ine 25		22 012		
a	Donated services and use of facilities		2a	23,912.	1 1	
b	Prior year adjustments Other losses		2b		1	
c C	Other (Describe in Part XIII)		2c		1	
d e	Add lines 2a through 2d		2d		1	22 012
3	Subtract line 2e from line 1				2e 3	23,912. 1,679,192.
4	Amounts included on Form 990, Part IX, line 25, but not or	a line 1			3	1,0/9,192.
a	Investment expenses not included on Form 990, Part VIII,		4a			
b	Other (Describe in Part XIII)	III (C / D	4b	-	1 1	
c	Add lines 4a and 4b		40		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form	990 Part I line 18)			5	1,679,192.
	t XIII Supplemental Information.	rood, raren, mile roj			1 3 1	1,010,104.
	de the descriptions required for Part II, lines 3, 5, and 9, Par 2d and 4b, and Part XII, lines 2d and 4b. Also complete this					.,
			-			
63205	1 08-29-16				Sched	ule D (Form 990) 2016

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

FUND FOR ISRAEL	'S TOMOR	ROW		35-237419	90
Part I General Info	rmation on A	ctivities Out	side the United States. Comple		
Form 990, Part I	V, line 14b				
1 For grantmakers. Does	s the organization	maintain recor	ds to substantiate the amount of its gra		
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
_	cribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
United States					
			an be duplicated if additional space is i		T
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments
	 	in the region	resipionis issued in the region,	0.00.000(0) 0.0.00000	in the region
MIDDLE EAST & NORTH		_	GRANTEE DUE DILIGENCE,		_
AFRICA	0	0_	GRANT MONITORING	N/A	0.
	-				
					1
	1	ł			
	-				
		ļ			
	 				
	1				
					
	ľ				Ì
	1				
	}	1			
3 a Sub-total	0	0			0.
b Total from continuation					
sheets to Part I		o_			0.
c Totals (add lines 3a					
and 3b)	<u> </u>	0			
LHA For Paperwork Reduc	tion Act Notice,	see the Instruc	tions for Form 990.	Schedule F	(Form 990) 2016

35-2374190

Schedule F (Form 990) 2016 FUND FOR ISRAEL 'S TOMORROW 35–2374190

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

d of k, FMV, ther)		:				2		01 20 16
(1) Method of valuation (book, FMV, appraisal, other)	,							Schedule F (Form 990) 2016
(h) Description of noncash assistance	-							Sche
(g) Amount of noncash assistance	0	0				kempt by		
(f) Manner of cash disbursement	121,000, WIRE TRANSFER	WIRE TRANSFER				recognized as tax-e;		
(e) Amount of cash grant	121,000,	1345000.				foreign country,		
(d) Purpose of grant	PROGRAM ACTIVITIES	PROGRAM ACTIVITIES				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		
(c) Region	MIDDLE EAST AND NORTH AFRICA -	MIDDLE EAST AND NORTH AFRICA -				Is listed above that are I	r entities	
(b) IRS code section and EIN (if applicable)						recipient organization	other organizations o	
1 (a) Name of organization						2 Enter total number of the IRS or for which the	Enter total number of other organizations or entities	

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Page 3

35-2374190

FUND FOR ISRAEL'S TOMORROW

Schedule F (Form 990) 2016

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

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

Schedule F (Form 990) 2016

	ule F (Form 990) 2016 FUND FOR ISRAEL'S TOMORROW	<u> 35-23/4190</u>	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
	(See Instructions for Form duz 1)	163	<u> </u>
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number FUND FOR ISRAEL'S TOMORROW <u>35-23</u>74190 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes ___ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (III) Did (vi) Amount paid (i) Name and address of individual (IV) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes EPI STRATEGIES, INC - 5800 SW PROVIDE GUIDANCE ON DONOR No 33RD AVENUE HOLLYWOOD FL MEETINGS X 12,314 <u>-12.314.</u> SARAH WEINTRAUB PRODUCTIONS. PROVIDE GUIDANCE ON DONOR LLC - 9358 AIRDROME STREET MEETINGS 0 6,000 X -6<u>.000</u>. DAVID PRAGER INC - 3960 N PROVIDE GUIDANCE ON DONOR 0 22,000 39TH AVENUE HOLLYWOOD FL MEETINGS <u>-22,000.</u> SUSAN FRANCO - 1501 E 7TH PROVIDE GUIDANCE ON DONOR STREET BROOKLYN NY 11230 MEETINGS 0 1,800 <u>-1,800.</u> 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL, AK, AR, AZ, CA, CO, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

1	•		90-EZ, lines 1 and 6b List		grouter than \$6,00
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
		· · · · · · · · · · · · · · · · · · ·		_	
	1 Gross receipts				
	2 Less Contributions				
_	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
2	6 Rent/facility costs				
מפונים באפונים	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
.	10 Direct expense summary Add lines 4 through	gh 9 in column (d)		•	
	11 Net income summary Subtract line 10 from				
aı	t III Gaming. Complete if the organization	n answered "Yes" on Fo	rm 990, Part IV, line 19, or	reported more than	
_	\$15,000 on Form 990-EZ, line 6a	T	# > Dull to be / to - t		1 (N T + 1)
3		(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (a
		(a) billigo	bingo/progressive bingo	(c) Other gaming	
:		(a) Dirigo	bingo/progressive bingo	(c) Other gaming	
?	1 Gross revenue	(a) Dingo	bingo/progressive bingo	(c) Other gaming	
+		(a) Dilligo	bingo/progressive bingo	(c) Other gaming	
\dagger	Gross revenue Cash prizes	(a) Dingo	bingo/progressive bingo	(c) Other gaming	
ryballady.		(a) Dingo	bingo/progressive bingo	(c) Other gaming	
T LAPONISOS	2 Cash prizes	(a) Diligo	bingo/progressive bingo	(c) Other gaming	
חופט דילאםוופ	Cash prizes Noncash prizes	(a) Dinigo	bingo/progressive bingo	(c) Other gaming	col (a) through col
	2 Cash prizes3 Noncash prizes4 Rent/facility costs		bingo/progressive bingo	(c) Other gaming Yes % No	col (a) through col
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	Yes9	6 Yes%	Yes%	col (a) through col
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 	Yes9 No gh 5 in column (d)	% % % %	Yes%	col (a) through col
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	Yes9 No gh 5 in column (d)	% % % %	Yes%	col (a) through col
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 	Yes9 No gh 5 in column (d) 7 from line 1, column (d)	% % % %	Yes%	col (a) through col
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 8 Net gaming income summary Subtract line 	Yes9 No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities	6 Yes % No	Yes%	col (a) through col
a	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through the state (s) in which the organization conditions Enter the state(s) in which the organization conditions	Yes9 No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities activities in each of thes	6 Yes % No	Yes%	col (a) through col
ab	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through the state (s) in which the organization conduct gaming incomes to conduct gaming.	Yes9 No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities activities in each of these	% Yes % No se states?	Yes% No	col (a) through col

Sch <u>-</u>	edule G (Form 990 or 990 EZ) 2016 FUND FOR ISRAEL'S TOMORROW 3	<u>5-2374190</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
-	An outside facility	13b	%
-	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
14	The the hand and address of the person who property are significant a garming opposition of the reservoir		
	Name >		
	Name		
	Address		
	Address		
15 <i>a</i>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
1-	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amoun	+	
	of gaming revenue retained by the third party > \$	·	
_	If "Yes," enter name and address of the third party		
C	; in res, entername and address of the third party		
	Name N		
	Name		
	Addrson		
	Address		
40	Coming manager information		
16	Gaming manager information		
	Name N		
	Name		
	Coming manager componention		
	Gaming manager compensation > \$		
	Description of sequence proyuded		
	Description of services provided		
			
	Director/officer Employee Independent contractor		
	bliector/officer Employee independent contractor		
47	Mandatory distributions		
17	•		
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
	retain the state gaming license?		No
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	.ne	
De	organization's own exempt activities during the tax year \$\infty\$ \$\subseteq \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	A III . barra 0. Ob. 10b	156
Fe		t III, lines 9, 90, 100	, 150,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
90	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	CEDC.	
<u> 50</u>	REDULE G, PART I, DINE 2B, DIST OF TEN HIGHEST PAID FUNDRAL	DEKD:	
(I) NAME OF FUNDRAISER: EPI STRATEGIES, INC		
77	J NAME OF FUNDRAIDER. BET STRATEGIES, INC.		
/ т) ADDRESS OF FUNDRAISER: 5800 SW 33RD AVENUE, HOLLYWOOD, FL	22212	
<u>(I</u>	J ADDRESS OF FUNDRAISER. SOUD SW SERVE, HOUDIWOOD, FL		
_			
7 -) NAME OF FUNDRAISER: SARAH WEINTRAUB PRODUCTIONS, LLC		
<u>(I</u>	/ HAME OF LONDIVITUELS DAMAN METHINADE EXODUCTIONS, DEC		
/ -) ADDRESS OF FUNDRAISER: 9358 AIRDROME STREET, LOS ANGELES,	CA 90035	
<u>(I</u>	1 PARTIES OF LOUDIVETREY. 3220 VIVACINE SIKEEI' HOS WIGHTER'	_CR 30033	
<u>(</u>]) NAME OF FUNDRAISER: DAVID PRAGER INC	-	
77	I HAND OF FUNDAMENDER, DAVID FRAGER INC		

Schedule G (Form 990 or 990-EZ) FUND FOR ISRAEL'S TOMORROW 35-2374190 Page
Part IV Supplemental Information (continued)
(1) ADDRESS OF FUNDRAISER: 3960 N 39TH AVENUE, HOLLYWOOD, FL 33021
(I) NAME OF FUNDRAISER: SUSAN FRANCO
(I) ADDRESS OF FUNDRAISER: 1501 E 7TH STREET, BROOKLYN, NY 11230
PART I, LINE 2B, COLUMN (V):
THE FOUNDATION USED FOUR FUNDRAISING CONSULTANTS TO ADVISE THE FOUNDATION
ON HOW TO CONDUCT DONOR MEETINGS AND FOLLOW UP WITH POTENTIAL DONORS.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

90) of the Treesury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2016 2016

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

Open to Public Inspection	Employer identification number $35-2374190$
	Employer

FUND FOR ISKAEL S TOMORROW	LSKAEL S	TOMORROW					32-63/4190
Part I General Information on Grants and Assistance	ind Assistance		-				
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	izations and Domesti	c Governments.	omplete if the orga	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addit	ional space is need	hed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE ISRAEL DEFENSE							
FORCES - PO BOX 4224 - NEW YORK, VY 10163	13-3156445	501(C)(3)	35,000	0			PROGRAM ACTIVITIES
		;					
							-
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	te line 1 table				4

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

35-2374190 FUND FOR ISRAEL'S TOMORROW

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2016)

Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in	ured in Part I, line	2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	ditional information	
PART I, LINE 2: FUND FOR ISRAEL'S TOMORROW RECEIVES INCOME AND EXPENSE STATEMENTS FROM ITS	STNCOME	AND EXPEN	SE STATEMEN	THS FROM THS	
GRANTEE FOR REVIEW.					

THE ORGANIZATION'S REPRESENTATIVES RECEIVE PROGRAM ACTIVITY REPORTS AND

MEET WITH THE CHARITY'S MANAGEMENT AS NECESSARY.

632102 11-01-16

Schedule I (Form 990) (2016)

SCHEDULE L

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

OMB No 1545-0047

2016

Open To Public Inspection

Name of the orga	inization									Em	ployer	' ident	ıficati	on nu	mber
				ISRAEL'S						35	<u>-23</u>	741	90		
Part I Exc							on 501(c)(4), and 50)1(c)	(29) organization	ns only	/)				
 Con	plete if the o	organization	answ	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25t	b, or	Form 990-EZ, P.	art V.	line 40)b			
1				elationship bety			ified						(d)	Corre	cted?
(a) Name of disqualified person		person	` .	person and or	ganıza	ation	(0	(c) Description of trans			n			es	No
														-	<u> </u>
													_		
														_	
														-+	
													-	-+	
2 Enter the an	ount of tax	incurred by	the or	rganization man	anere	or disc	qualified persons du	ring	the year under						
section 495		incurred by	ti ie oi	rgariization man	agers	or also	qualified persons du	my	trie year under		•				
3 Enter the an		if any on hi	202	ahovo reimbure	od by	the or	ganization				Φ Φ				
3 Litter tile all	lount of tax,	ii atiy, Oii iii	16 L, c	above, reimburs	eu by	ti le Oi	garnzation				Φ				
Part II Loa	ans to and	d/or From	ı İnte	erested Per	sons			_							
لــــــــــا							, Part V, line 38a or I	Corn	a CCC Doct IV In	- DE	ar 4 +1-				
							, Fart v, line 36a or i	POIII	n 990, Part IV, III	ie ∠o,	or II tr	ie orga	ınızatı	on	
(a) Nam		(b) Relation	-	, Part X, line 5, 6		an to or	(e) Original		2 Dalaman dua			(h) Ap	proved	(2.34)	le:ttop
(a) Nam interested		with organiz		(c) Purpose of loan	fror	n the	principal amount	(f) Balance due		(g) In default?		l by bo	ard or	1 117 "	ritten ment?
						ization?				 		committee		 	
		 			То	From		╁—		Yes	No	Yes	No	Yes	No
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Total							\$					L			
Part III Gra	ants or As	ssistance	Ber	efiting Inter	reste	d Pe	rsons.								
Con	nplete if the o	organization	answ	vered "Yes" on I	Form 9	990, Pa	art IV, line 27		r						
(a) Name o	finterested	person	(b) Relationship			(c) Amount of		(d) Type		ı			ose of	f
			1	interested pers		nd	assistance		assistan	ce	1	1	assist	ance	
				the organiza	111011										
							 								
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

FINANCE DIRECTOR OF FIT AND BOD OF A GRANTEE ORGANIZATION
(C) AMOUNT OF TRANSACTION \$ 1,345,000.
(D) DESCRIPTION OF TRANSACTION: GRANTS ARE AWARDED BY FIT TO THE
ORGANIZATION OF WHICH MIMI SITS ON THE BOARD AS AN UNPAID VOLUNTEER.
(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or 990-EZ.

► 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.

2016
Open to Public Inspection

Name of the organization

FUND FOR ISRAEL'S TOMORROW

Employer identification number 35-2374190

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND AFTER THEIR MILITARY SERVICE AND FOSTERS CULTURAL AWARENESS AND
UNDERSTANDING BETWEEN ISRAELIS AND AMERICANS.
FORM 990, PART VI, SECTION A, LINE 2:
THE FINANCE DIRECTOR IS THE COUSIN OF A BOARD MEMBER.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT COPY OF THE COMPLETED FORM 990 WAS EMAILED TO ALL BOARD MEMBERS FOR
REVIEW. ALL QUESTIONS AND COMMENTS WERE DISCUSSED PRIOR TO FILING THE TAX
RETURN WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE FINANCE DIRECTOR ANNUALLY SENDS A COPY OF THE CONFLICT OF INTEREST
POLICY TO THE BOD WITH A LETTER ASKING THEM TO SIGN A STATEMENT IN
ACCORDANCE WITH THE POLICY. SIGNED STATEMENTS ARE RECEIVED FROM EACH BOARD
MEMBER AND ARE FILED WITH THE BOD DOCUMENTS.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AR, AZ, CA, CO, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND ANNUAL AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA REQUEST
THROUGH THEIR WEBSITE.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization FUND FOR ISRAEL'S TOMORROW	Employer identification number 35-2374190
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, ETC:
PAMELA FOX CLAMAN - 5185 MACARTHUR BLVD. NW SUITE 636	
WASHINGTON, DC 20016-3341	
DOUGLAS M. BARON - 5185 MACARTHUR BLVD. NW SUITE 636	
WASHINGTON, DC 20016-3341	
CHERYL F. HALPERN - 5185 MACARTHUR BLVD. NW SUITE 636	
WASHINGTON, DC 20016-3341	
LAUREN KEST - 5185 MACARTHUR BLVD. NW SUITE 636, WASHINGT	ON, DC 20016-3341
FORM 990, PART XII, LINE 2C:	
A DRAFT COPY OF THE COMPLETED FINANCIAL STATEMENTS WAS EN	MAILED TO THE
PRESIDENT AND EXECUTIVE DIRECTOR FOR REVIEW. ALL QUESTION	ONS AND
COMMENTS WERE DISCUSSED PRIOR TO ISSUANCE OF THE FINANCIA	AL STATEMENTS.