		EXTENDED TO NOVEMBER 15, 2	774997°	1221402 0
	_	Return of Organization Exempt From	income Tay	OMB No 1545-0047
For	<b>"</b> 9	<b>90</b> (Clunder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		ons) 2017
		C 2 Do not enter social security numbers on this form as it m		<u> </u>
		of the Treasury Social Security Humbers on this form as it in the Service Serv		Open to Public Inspection
		e 2017 calendar year, or tax year beginning and ending	test information.	
			D Employer identif	ication number
B a	heck if pplicab	le l'ante oi organization	Employer lucikii	iloution number
_	Addre	FUND FOR ISRAEL'S TOMORROW		
F	Name	MUANU TODARIT COIDTERS	35-2	2374190
F	Initial Ireturr	( DO ) and an add a data delication ( Do )	<del></del>	
F	Final	7777 BONHOMME AVE STE 2001	I —	L)620-85 <b>4</b> 0
	returr termii ated	· · · · · · · · · · · · · · · · · · ·	G Gross receipts \$	2,072,071.
$\Gamma$	Amen	ded cm tottte MO 63105_1016	H(a) Is this a group	<del></del>
$\vdash$	Apple		for subordinate	
	pend	SAME AS C ABOVE	H(b) Are all subordinates	ıncluded? Yes No
T	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or 1	527 If "No," attach	a list. (see instructions)
		te: NWW.THANKISRAELISOLDIERS.ORG	H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·
K F	orm o	forganization: X Corporation Trust Association Other ▶ \ LY	ear of formation: 2010	M State of legal domicile: MO
Pa	ırt I	Summary		
-	1	Briefly describe the organization's mission or most significant activities: THE ORGA	NIZATION SUPP	PORTS THE
Activities & Governance		EDUCATION, WELFARE, AND WELL-BEING OF YOUNG	ADULT ISRAEL	S DURING
ř	2	Check this box If the organization discontinued its operations or disposed of n	nore than 25% of its net a	assets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	. 3	4
G.	4	Number of independent voting members of the governing body (Part VI, line 1b)	. 4	4
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	2
viti	6	Total number of volunteers (estimate if necessary)	. 6	0
Cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
	b	Net unrelate <del>d business taxable income from E</del> orm 990-T, line 34	7b	0.
		KECEIVED	Prior Year	Current Year
ē	8	Contributions and grants (Part VIII) line Th)	1,645,205.	2,072,071.
Revenue	9	Program servenue (Partylli) line 29)	0.	<u> </u>
Re	10	Investment (Part VIII, column A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII. column (A), lines 5 and 8c, 9c, 10c, and 11e)	1,645,205	<u> </u>
_	12	Total revenue - add the 8th (April 11 Injust equal Part VIII, column (A), line 12)	1,501,000	1,641,889.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	77,143	<u> </u>
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)	42,114.	59,911.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 161,431.	,	37,722.
M	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	58,935.	81,223.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,679,192.	
	19	Revenue less expenses. Subtract line 18 from line 12	-33,987.	
or es		10701.00 000 0001.001.001.001.001.001.001.0	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	261,234.	
ABS	21	Total liabilities (Part X, line 26)	18,568.	
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20	242,666.	438,895.
	rt II	Signature Block		
Unde	er pena	alties of perjury, T <mark>deciate that I</mark> have examined this return, including accompanying schedules and sta	tements, and to the best of n	ny knowlodge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep		
			11/12	18
Sigr	1	Signature of officer	Date /	
Here		PAMELA FOX CLAMAN, DIRECTOR/PRESIDENT		
		Type or print name and title		

Print/Type preparer's name Preparer's signature P01263356 43-1870213 MIRIAM G. WILHELM Paid LLC Preparer WILHELM & WILHELM, 7777 BONHOMME AVE., #2001 Use Only Firm's address ST. LOUIS, MO 63105-1946 Phone no. (314) 727-1155

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

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

X Yes No Form **990** (2017)

	990 (2017) FUND FOR ISRAEL S TOMORROW 35-2374190 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO EDUCATE AND SUPPORT YOUNG ISRAELI ADULTS THROUGHOUT THEIR IDF
	SERVICE AND BEYOND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 1,655,379. including grants of \$ 1,641,889.) (Revenue \$ 2,072,071.)
40	THE ORGANIZATION WILL OPERATE AND FUND PROGRAMS THAT SUPPORT EDUCATION
	AND WELFARE PROGRAMS WITH YOUNG ISRAELIS DURING AND AFTER THEIR
	MILITARY SERVICE AND TO FOSTER UNDERSTANDING BETWEEN ISRAELIS AND
	DILIGENCE IN ORDER TO FUND TODAH L'TZAHAL AND FRIENDS OF THE ISRAEL
	DEFENSE FORCES, TWO CHARITIES WITH A STRONG TRACK RECORD OF WORKING
	WITH ISRAELI YOUTH.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
44	Other program services (Describe in Schedule O)
4d	1.6
4-	4 655 250
<u>4e</u>	Total program service expenses ► 1,655,379.
	1 Oilli TTT (EUT)

Form	990	(2017)

Form 990 (2017) FUND FOR ISRAEL'S TOMORROW

Part IV Checklist of Required Schedules

		$\neg$	Vaa	Na
	Little control described in section 501/a/(2) or 4047/a/(1) (ather then a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	Х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Λ	
3		3		Х
	public office? If "Yes," complete Schedule C, Part I			Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II	-		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	}		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u>X</u>	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	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		Х
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 (	2017

Yes No

Form 990 (2017) FUND FOR ISRAEL'S TOMORROW

Part IV Checklist of Required Schedules (continued)

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 12 if "Yes," complete Schedule I, Parts I and II	21	Х	
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			<u>"</u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
h	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			
L		24c		
	any tax-exempt bonds?  Did the exemptation set as an "on behalf of sequer for bonds outstanding at any time during the year?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		<del> </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	234		
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	OEL		х
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		, .
	complete Schedule L, Part II	26		_X_
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			٦,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			٠,,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u>X</u>	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
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_		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (	(2017)

# (2017) FUND FOR ISRAEL'S TOMORROW Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1bC	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?	1 •	1c	<u>X</u>	
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			w
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
D	If "Yes," enter the name of the foreign country		l		
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ccounts (FBAR)	-		v
	, , ,	otion?	5a	-	<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	CHOIT	5b 5c	<del></del>	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	o organization colicit	30		
Ua	any contributions that were not tax deductible as charitable contributions?	e organization solicit	6a	1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts	_Oa_		- 21
-	were not tax deductible?	iono or ginto	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 ser	vices provided to the payor?	7a		Х
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	as required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	·	_7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	_		
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			- 1	
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	$\longrightarrow$	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	10a			
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	.,,_			
-	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	- 1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O	ı		T	
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b		- 1	
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		

Pa	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	"No" r	espon	SØ					
				$\mathbf{x}$					
Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			بما					
	tion A. dovorning Body and Managoment		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent  1b  4	i							
2									
-	officer, director, trustee, or key employee?	2	Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
, 0	more members of the governing body?	7a		Х					
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
D	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		_X_					
b	Other officers or key employees of the organization	15b		<u>X</u>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		_X_					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, FL, GA, HI			<u>, KY</u>					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	ıvaılab	le						
	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)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	WILHELM & WILHELM - 314-727-1155								
	7777 BONHOMME AVENUE, STE 2001, CLAYTON, MO 63105								

Form	990	(2017)

### FUND FOR ISRAEL'S TOMORROW

35-2374190

Page 7

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

(A) Name and Title  Name and Title  Average hours pay week (list any hours for below line)  1. CHERYL F. HALPERN  O. 300  DIRECTOR / PRESIDENT  (3) DOUGLAS M. BARON  1.100  INTERCTOR / PRESIDENT  (4) LAUREN KEST  O. 300  DIRECTOR / SECRETARY-TREASUR  (A) Page 1 of the componisation or significant componisation or significant componisation or significant componisation or significant componisation from the componisation or significant componisation from the componisation or significant componisation or significant componisation or significant componisation from the componisation or significant componisation from the componisation or significant componisation from the componisation or significant componisation or significant componisation from the componisation or significant componisation from the componisation or significant componisation or significant componisation or significant componisation from the componisation or significant componisation or significant componisation from the componisation of the componisation or significant componisation from the componisation of the componisation or significant componisation from the componisation or significant componisation from the componisation of the componisation	X Check this box if neither the organization	organization compensat						ted any current officer, o					
hours per week (list any hours for related organizations below line)  (1) CHERYL F. HALPERN  DIRECTOR  (2) PAMELA FOX CLAMAN  DIRECTOR/PRESIDENT  (3) DOUGLAS M. BARON  DIRECTOR/VICE PRESIDENT  (4) LAUREN KEST  DOUGLAS M. BARON  DIRECTOR/VICE PRESIDENT  (4) LAUREN KEST  DOUGLAS M. BARON  DIRECTOR/VICE PRESIDENT  (Inter and a director/trustee) compensation from the organization (W-2/1099-MISC)  Compensation from the organizations (W-2/1099-MISC)  Organization (W-2/1099-MISC)  Organiz		(B)	-	(C)					•		(F)		
week (list any hours for related organizations below line)  (1) CHERYL F. HALPERN  DIRECTOR  (2) PAMELA FOX CLAMAN  DIRECTOR/PRESIDENT  (3) DOUGLAS M. BARON  DIRECTOR/VICE PRESIDENT  (4) LAUREN KEST  (Ist any hours for related organizations below line)  (I) CHERYL F. HALPERN  O • 30  X  DIRECTOR/VICE PRESIDENT  (4) LAUREN KEST  (Ist any hours for related organization (W-2/1099-MISC))  (W-2/1099-MISC)  (W-2/1099	Name and Title		(do	(do not check more th			ore than one		•		ľ		
(1) CHERYL F. HALPERN DIRECTOR (2) PAMELA FOX CLAMAN DIRECTOR/PRESIDENT (3) DOUGLAS M. BARON DIRECTOR/VICE PRESIDENT (4) LAUREN KEST  (IIST ANY hours for related organizations below line)  (II) CHERYL F. HALPERN (W-2/1099-MISC)  (W-2/109-MISC)  (W-2/109-MISC)			box	box, unles officer and		box, unless person is both an			is bot or/trus	th an stee)			
(1) CHERYL F. HALPERN DIRECTOR X 0. 0. 0.  (2) PAMELA FOX CLAMAN DIRECTOR/PRESIDENT X 0. 0. 0.  (3) DOUGLAS M. BARON DIRECTOR/VICE PRESIDENT X 0. 0. 0.  (4) LAUREN KEST 0.30		í	흕					Π	í	E .	ſ		
(1) CHERYL F. HALPERN DIRECTOR X 0. 0. 0.  (2) PAMELA FOX CLAMAN DIRECTOR/PRESIDENT X 0. 0. 0.  (3) DOUGLAS M. BARON DIRECTOR/VICE PRESIDENT X 0. 0. 0.  (4) LAUREN KEST 0.30		, ,	ā	stee or dire									
(1) CHERYL F. HALPERN DIRECTOR X 0. 0. 0.  (2) PAMELA FOX CLAMAN DIRECTOR/PRESIDENT X 0. 0. 0.  (3) DOUGLAS M. BARON DIRECTOR/VICE PRESIDENT X 0. 0. 0.  (4) LAUREN KEST 0.30			stee o			(W-2/1099-MISC)		_					
(1) CHERYL F. HALPERN DIRECTOR X 0. 0. 0.  (2) PAMELA FOX CLAMAN DIRECTOR/PRESIDENT X 0. 0. 0.  (3) DOUGLAS M. BARON DIRECTOR/VICE PRESIDENT X 0. 0. 0.  (4) LAUREN KEST 0.30			la la	onalt		ployer	E e						
(1) CHERYL F. HALPERN DIRECTOR X 0. 0. 0.  (2) PAMELA FOX CLAMAN DIRECTOR/PRESIDENT X 0. 0. 0.  (3) DOUGLAS M. BARON DIRECTOR/VICE PRESIDENT X 0. 0. 0.  (4) LAUREN KEST 0.30			dwb	sttub	fficer	ey em	nploy	DIME			organizations		
DIRECTOR   X	(1) CHERVI. F. HALPERN		=_	┝ <u>╼</u>	8	×	1 .	-					
(2) PAMELA FOX CLAMAN  DIRECTOR/PRESIDENT  (3) DOUGLAS M. BARON  DIRECTOR/VICE PRESIDENT  (4) LAUREN KEST  D. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			$\mathbf{x}$						0.	0.	0.		
DIRECTOR/PRESIDENT         X         0.         0.         0.           (3) DOUGLAS M. BARON         1.00         X         0.         0.         0.           DIRECTOR/VICE PRESIDENT         X         0.         0.         0.         0.         0.           (4) LAUREN KEST         0.30         0.         <		5.00											
(3) DOUGLAS M. BARON DIRECTOR/VICE PRESIDENT  (4) LAUREN KEST  1.00  X  0.0.0.			1_		X	<u> </u>			0.	0.	_ 0.		
(4) LAUREN KEST 0.30		1.00											
	DIRECTOR/VICE PRESIDENT				Х		<u> </u>	L.	0.	0.	0.		
DIRECTOR/SECRETARY-TREASUR  X  0. 0. 0. 0.	(4) LAUREN KEST	0.30							_	_			
	DIRECTOR/SECRETARY-TREASUR		<u> </u>	-	X		<u> </u>	<u> </u>	0.	0.	0.		
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Part VII Section A. Officers, Directors, (A)	(B) Average				<b>)</b>			(D)	(E)			(F)	
Name and title	hours per week (list any hours for related organizations below	office or director	not c	heck ss pe d a d	more rson i irecto	than is bot	h an tee)	from the	Reportable compensation from related organization (W-2/1099-MIS	on d s	com fi org an	other other opensation the anizated related	of ation e cion ed
	line)	Individ	Institut	Officer	Key employes	Highes employ	Former					anızatı	Ons
						<u></u>							
	***************************************	$\prod$									_		
		-											
										$\dashv$			
								}					
										$ \bot $			
1b Sub-total c Total from continuation sheets to Pa	art VII, Section A					i	<b>&gt;</b>	0.		0.	<del></del>		0
d Total (add lines 1b and 1c)  2 Total number of individuals (including to the control of the co		iose	liste	d ab	ove	) wh	no re	0. eceived more than \$100	,000 of reportabl	θ.		•	0
compensation from the organization	<u> </u>											Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J			, ke	у өп	nplo	уөө,	or I	highest compensated e	mployee on		3_		х
For any individual listed on line 1a, is the and related organizations greater than									the organization		4	ļ	Х
5 Did any person listed on line 1a receive	e or accrue comper	nsatı	on f	rom	any	unr			dual for services	ſ	_		
rendered to the organization? If "Yes," Section B. Independent Contractors											5	!	X
Complete this table for your five higher the organization. Report compensation.										pensa	ition f	rom	
(A) Name and busi		NC	NE	:				(B) Description of s	ervices	Cc	Ompei	;) nsatioi	ก
	·						-						
			•		_		+	· · · · · · · · · · · · · · · · · · ·				_	
2 Total number of independent contracte \$100,000 of compensation from the or		ot lin	nited	l to i	thos		ted	above) who received m	ore than				
4 - 55 - 55 Compensation from the Or	garnzation									F	orm (	<b>990</b> (2	2017)

تت		Check if Schedule O cont	ains a response	or note to any l	ine in this Part VIII			
	-	Check in Control and Control	and a response	or note to any n	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats	1	a Federated campaigns	1a					
irar		b Membership dues	1b		_			
G,E		c Fundraising events	1c		-			
ifts ar A	ł	d Related organizations	1d	·	1	1		1
S,E		e Government grants (contribute	<del></del>		7			
Sign		f All other contributions, gifts, gran	. —	<del></del>	1			
her		similar amounts not included above		072,071.				
풀		Noncash contributions included in lines		, 0, 2, 0, 12	4			
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f			2,072,071.			
				Business Code	T			
<b>9</b>	2	a						
ه ≩		b						
8 5		С						
am eve		d						
Program Service Revenue		е						
ď		f All other program service reve	nue					
		g Total. Add lines 2a-2f		<b>&gt;</b> _	ļ			
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)			· · · · · · · · · · · · · · · · · · ·			
	4	Income from investment of tax	k-exempt bond	proceeds				
	5	Royalties						
i			(i) Real	(ii) Personal		]		
	6	a Gross rents	<u></u>	ļ <u>.                                    </u>				
		<b>b</b> Less rental expenses						
		c Rental income or (loss)		<u> </u>	_	}		
		d Net rental income or (loss)	r	<u> </u>				
	7	a Gross amount from sales of	(i) Securities	(II) Other	_			
		assets other than inventory		ļ	1			
		b Less cost or other basis						
		and sales expenses		ļ.	_			
-		c Gain or (loss)	L	L .				
		d Net gain or (loss)						
e l	8	a Gross income from fundraising	•			}		
/en		including \$						
Other Revenu		contributions reported on line	1c) See					
Jer		Part IV, line 18	а		4			
₹		b Less direct expenses	b	L	4			
		c Net income or (loss) from fund	_	<u>P</u>				
	9	a Gross income from gaming ac						
		Part IV, line 19	а		-			
		b Less direct expenses	b		-			
Ì		c Net income or (loss) from game	-					<del>                                     </del>
	10	a Gross sales of inventory, less i	returns					
		and allowances	a		-			
		b Less cost of goods sold	b		_			
ŀ		c Net income or (loss) from sales		<b>_</b>			···	
ŀ		Miscellaneous Revenue	<del></del>	Business Code	9			
	11 (			·		-	<del>-</del>	<del></del>
		b					· · ·	
	•	c			<del> </del>		<del></del>	
		d All other revenue						<del>                                     </del>
		e Total, Add lines 11a-11d			2,072,071.	0.	0.	0.
	12	Total revenue See instructions			(4, U/4, U/1 • )	ı • • • • • • • • • • • • • • • • • • •	U•	J •

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations 249,889 249,889. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 1,392,000. 1,392,000. individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 24,000. 12,000. 12,000. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 60,183. 60,183 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 620. 620. 750. 1,990. Other employee benefits 9 870. 870. 4.906. 6,646. 10 Payroll taxes Fees for services (non-employees) a Management Legal 14,408. 14,408 c Accounting d Lobbying 59.911 59,911 e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 819 819 column (A) amount, list line 11g expenses on Sch O.) 900. 900. Advertising and promotion 12 3,157 3,157 13 Office expenses 20,350. 23,901. 3.551 Information technology 14 Royalties 15 Occupancy 16 13,575 13,575. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1.721 1,721 Insurance 23 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) 14,886. 14,886. BANK AND CREDIT CARD FE 7.000. 7,000. BUSINESS REGISTRATION F 856. 856 c POSTAGE AND PRINTING d e All other expenses 161,431. 1,655,379. 59,032. 1,875,842. Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X Balance Sheet

		Objects of Cohodula O contains a reconstruct or not	a to any line in this Dort V			
		Check if Schedule O contains a response or not	e to any line in this Part X	//		(D)
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash non-interest-bearing		251,234.	1	370,443.
	2	Savings and temporary cash investments	•	2	-	
	3	Pledges and grants receivable, net		10,000.	3	80,000.
	4	Accounts receivable, net	.,	4		
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	· · ·			
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1		12	<u></u>	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15	162.	
	16	Total assets. Add lines 1 through 15 (must equi	al line 34)	261,234.	16	<u>450,605.</u>
	17	Accounts payable and accrued expenses	18,205.	17	11,687.	
	18	Grants payable		18		
	19	Deferred revenue	<u> </u>		19	· · · · · · · · · · · · · · · · · · ·
	20	Tax exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former	officers, directors, trustees,			
Lıabilities		key employees, highest compensated employee	s, and disqualified persons			
labi		Complete Part II of Schedule L	<u> </u>		22	
ت	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D	-	363.	25	23.
	26	Total liabilities. Add lines 17 through 25		18,568.	26	11,710.
		Organizations that follow SFAS 117 (ASC 958	), check here ▶			
es		complete lines 27 through 29, and lines 33 an	d 34.	000 666		250 005
auc	27	Unrestricted net assets		232,666.	27	358,895.
3al	28	Temporarily restricted net assets		10,000.	28	80,000.
ē	29	Permanently restricted net assets	. — +		29	
Ī		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖 📗			
Net Assets or Fund Balances		and complete lines 30 through 34.		i		
ets	30	Capital stock or trust principal, or current funds	-		30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	1		31	
et	32	Retained earnings, endowment, accumulated in	come, or other funds	242 666	32	420 005
Z	33	Total net assets or fund balances		242,666.	33	438,895.
	34	Total liabilities and net assets/fund balances		261,234.	34	<u>450,605.</u>

Form	1990 (2017) FUND FOR ISRAEL'S TOMORROW	35-237	4190	Page	9 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,072		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,875	,84	2.
3	Revenue less expenses Subtract line 2 from line 1	3	196		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	242	<u>,66</u>	<u>66.</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			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	438	<u>,89</u>	<u> 5.</u>
Pa	rt XIII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII				X
			(	/es	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
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 reviewed	d on a		İ	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		-	
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			ĺ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			77
	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	OO (=	
			Form 9	<b>19U</b> (2	017)

### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**Open to Public** Inspection

Name of the organization

Employer identification number

				L'S TOMORROW					<u>15-2374190</u>
Pa	rt I	Reason for Public	Chari <u>ty</u> Status (	All organizations must c	omplete th	nis part ) S	ee instructions	;	
The	organ	zation is not a private found	dation because it is	(For lines 1 through 12,	check only	one box)	)		. —
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(	1)(A)(i).		<i> </i>
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990 or 9	90·EZ))			()/
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	D(b)(1)(A)(i	iti).		
4		A medical research organiz	zation operated in co	njunction with a hospita	l describe	d in section	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state							·
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental u	nıt descril	oed in
		section 170(b)(1)(A)(iv). (0	Complete Part II)						
6		A federal, state, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A	)(v).		
7	$\mathbf{X}$	An organization that norma						ne general	public described in
		section 170(b)(1)(A)(vi) (C	omplete Part II)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	tII)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ıx) operat	ed in conji	unction with a	land-grant	college
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state of	the collec	je or
		university							
10		An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions	and (2) no	o more tha	ın 33 1/3% of	ts suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ured by the or	ganızatıon	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III )						
11		An organization organized a	and operated exclus	ively to test for public sa	afety See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to ca	rry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2)	See section 5	09(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete line:	s 12e, 12f, and	l 12g	
а	<u> </u>	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting
	_	organization You must o	·						i
b		Type II A supporting org							
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	pported
	,	organization(s) <b>You mus</b>	•						
С	<u> </u>	Type III functionally inte		· ·			_	ly integrat	ed with,
		its supported organizatio		•					
d	L	Type III non-functionally							
		that is not functionally int	-					an attent	iveness
_		requirement (see instruct	•	•				II. Tupo III	
e		Check this box if the orga functionally integrated, or					з турет, туре	п, туре п	
	Ento			riany integrated support	ing organi	Zation			
		r the number of supported on the following information	•	od organization(s)					
y		Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga		(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)
				above (see instructions)		-			
					ļ				
				<u> </u>					
oto		· · · · · · · · · · · · · · · · · · ·			<u></u>				

Schedule A (Form 990 or 990 EZ) 2017 FUND FOR ISRAEL'S TOMORROW 35-2374190 Page 2

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

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

Se	ction A. Public Support	<del></del>				,	
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1265373.	1606514.	1875369.	1645205.	2072071.	8464532.
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						
4	Total. Add lines 1 through 3	1265373.	1606514.	1875369.	1645205.	2072071.	8464532.
5						20/20/20	<u> </u>
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						124 060
	``						124,069. 8340463.
	Public support. Subtract line 5 from line 4						0340403.
	<del></del>	4-1-2010	(5) 001 (	(-) 2016	(4) 2016	(-1.0017	(4) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2013 1265373.	(b) 2014 1606514.	(c) 2015 1875369.	(d) 2016 1645205.	(e) 2017 2072071.	(f) Total 8464532.
	Amounts from line 4	12000/00	1000314.	10/3303.	1043203.	20/20/1.	0404552.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources					·	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	Total support. Add lines 7 through 10	<u></u>					8464532.
12	Gross receipts from related activities,	etc (see instruction	ons)		Į	12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					<u></u>
Sec	tion C. Computation of Publi	ic Support Per	centage		<sub>_</sub>	<del></del>	
14	Public support percentage for 2017 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	98.53 %
	Public support percentage from 2016	•	•		l	15	<u>97.71 %</u>
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	i line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
b	33 1/3% support test - 2016. If the o	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	t - <b>2017</b> . If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% i	or more,
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	zation
	meets the "facts-and circumstances"						ightharpoons
b	10% -facts-and-circumstances test					7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-	•			▶ □
					<del></del>		

### 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 qualify under the tests listed below, please complete Part II) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 (c) 2015 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (d) 2016 (e) 2017 (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) Total support (Add lines 9 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# 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 Bilf you checked 12b of Part I, complete Sections A and Cillf 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)

### $\overline{\mathbf{s}}$

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	ļ		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			}
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	<u> </u>	
С	3 · · · · · · · · · · · · · · · · · · ·			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	<u> </u>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	ـــــ	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		}	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	ļ	
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	<u> </u>	
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)	5a_		
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
~	Part VI	6	-	
,	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	7		
	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)	8	ĺĺ	
0.0	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		
94	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
<b>h</b>		34		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	90		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
.00	4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
	CORPORATION OF CONTROL OF THE TOO, WHOTTON YOU MONOTE	,	, 1	

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)

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

5

Schedule A (Form 990 or 990-EZ) 2017

4

7

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

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

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016
e Excess from 2017

Schedule A	(Form 990 or 990 EZ) 2017 FUND FOR ISRAEL'S TOMORROW	35-2374190 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions)	or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, t V, Section B, line 1e, Part V,
	•	
		<u> </u>
		74-4
	,	

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Inspection

Name of the organization

FUND FOR ISRAEL'S TOMORROW

Employer identification number 35-2374190

Pa		d Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6		
	15 4.700	(a) Donor advised funds	<b>(b)</b> Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		used only	
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line	7
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)		
	Preservation of land for public use (e.g., recreation or e		orically impo	ortant land area
	Protection of natural habitat	Preservation of a certi	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a co <u>nser</u> v	vation easement on the last
	day of the tax year		<u> </u>	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	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre	,
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organizatio	n during the tax
	year ▶			·
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ea	sements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservat	tion easeme	ents during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			└ Yes └ No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organiza	ation's accounting for
	conservation easements			
Pai	t III Organizations Maintaining Collections o		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		nce of public	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	olic service,	provide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treating		gain, provid	de
	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>&gt;</b>	\$
b	Assets included in Form 990, Part X			\$

		<u>)R ISRAEL'S</u>							<u>74190</u>	
Pa	rt III   Organizations Maintaining (	Collections of A	rt, His	torical Tr	reasures, or O	her	Simil	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that are	a sign	ıfıcant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	(	d 🔲	Loan or exc	change programs					
b	Scholarly research	•	. 🗆	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla-	ın how t	hey further t	he organization's e	xemp	t purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	•		•	-	-				
	to be sold to raise funds rather than to be m		•						Yes	☐ No
Pai	t IV Escrow and Custodial Arran					on Fo	rm 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	-		J						
1a	Is the organization an agent, trustee, custod	lian or other intermer	diary for	contribution	ns or other assets r	ot inc	cluded			
	on Form 990, Part X?		,						Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina	table					_	
	•	•	J						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21. for	escrow or c	ustodial account lia	bility			Yes	□ No
		•				-			_	
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	orm 990, Part IV, Iir	e 10				
		(a) Current year		Prior year	(c) Two years back		Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses			-				_		•
d	Grants or scholarships								-	
е	Other expenditures for facilities									
	and programs		[							
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment	•	%	•						
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶	 %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	ind administered fo	r the d	organiz	zation		
	by								Y	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds						
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990	D, Part I	V, line 11a S	See Form 990, Part	X, line	9 10	····		
	Description of property	(a) Cost or o	ther	(b) Cost	or other (c)	Accu	mulate	ed	(d) Book v	alue
		basis (investr	nent)	basis	(other) c	depred	ciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other									
Total	Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	Oc)			<b>&gt;</b>		0.

	on Form 990, Part IV, III			ad of your market walks
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or er	nd-of-year market value
(1) Financial derivatives			<u>-</u>	
(2) Closely-held equity interests				
(3) Other				
(A)			.,	
(B)				·
(C) (D)			·	
(E)				
(F)				
(G)			······································	
(H)				<del></del>
Total (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.		<del>'</del> .		
Complete if the organization answered "Yes"	on Form 990, Part IV, Iir	ne 11c See Form 990,	, Part X, line 13	
(a) Description of investment	(b) Book value			nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)	<del></del>			
(6)				
(7)				
(8)				
(9) Total (Col (b) must equal Form 990, Part X, col. (B) line 13 ) Part IX Other Assets.				
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 ) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [	on Form 990, Part IV, lir Description	ne 11d See Form 990,	, Part X, line 15	(b) Book value
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 ) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [	"-	ne 11d See Form 990,	, Part X, line 15	(b) Book value
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2)	"-	ne 11d See Form 990,	, Part X, line 15	(b) Book value
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3)	"-	ne 11d See Form 990,	, Part X, line 15	(b) Book value
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1)  (2)  (3)  (4)	"-	ne 11d See Form 990,	, Part X, line 15	(b) Book value
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 ) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5)	"-	ne 11d See Form 990,	, Part X, line 15	(b) Book value
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 ) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6)	"-	ne 11d See Form 990,	, Part X, line 15	(b) Book value
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7)	"-	ne 11d See Form 990,	, Part X, line 15	(b) Book value
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8)	"-	ne 11d See Form 990,	, Part X, line 15	(b) Book value
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	Description			
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a)	Description	e 11e or 11f See Forn		
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description			
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f See Form		
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9) [  Total (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAXES PAYABLE	Description	e 11e or 11f See Forn		
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3)	Description	e 11e or 11f See Form		
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) (4)	Description	e 11e or 11f See Form		
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) (4) (5)	Description	e 11e or 11f See Form		
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) (4) (5) (6)	Description	e 11e or 11f See Form		
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) (4) (5) (6) (7)	Description	e 11e or 11f See Form		
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) (4) (5) (6) (7) (8)	Description	e 11e or 11f See Form		
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )  Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) (4) (5) (6) (7)	Description  15)  on Form 990, Part IV, lin	e 11e or 11f See Form		

732054 10-09-17

Schedule D (Form 990) 2017

### SCHEDULE F (Form 990)

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

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

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

FUND FOR ISRAE	L'S TOMOR	ROW		35-23741	90
Part I General Info	ormation on A	Activities Ou	tside the United States. Comple	ete if the organization answered	"Yes" on
Form 990, Part				· · · · · · · · · · · · · · · · · · ·	
			ds to substantiate the amount of its gra		a —
the grantees' eligibility	for the grants or	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers, Des	oribo in Dart V th	o organization's	procedures for monitoring the use of it	s grants and other assistance of	staida tha
United States	schoe in Part V th	e organization s	procedures for monitoring the use of it	s grants and other assistance of	urside fue
	The following Par	t I line 3 table c	an be duplicated if additional space is i	needed )	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
(4)	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	ın the region	Independent	gram services, investments, grants to		for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
MIDDLE EAST & NORTH			GRANTEE DUE DILIGENCE,		
AFRICA		0	GRANT MONITORING	N/A	1,392,000.
		ĺ			
3 a Sub-total	0	0			1,392,000.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			1 392 000.

Page 2

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

, , ,					-	) <u>}</u>
(i) Method of valuation (book, FMV, appraisal, other)						0 Schedule F (Form 990) 2017
(h) Description of noncash assistance						Schec
(g) Amount of noncash assistance	0.				xempt	
(f) Manner of cash disbursement	1392000 MIRE TRANSFER				recognized as tax-e	
(e) Amount of cash grant	1392000				foreign country, ar	
(d) Purpose of grant	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 -				ns listed above that are insel has provided a sec	or entities
(b) IRS code section and EIN (if applicable)					recipient organization ch the grantee or cou	other organizations o
1 (a) Name of organization						<ol> <li>Enter total number of other organizations or entities</li> </ol>

Page 3

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)					Schedule F (Form 990) 2017
(g) Description of noncash assistance					Schedul
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of (d) Amount of recipients cash grant					
(b) Region					
(a) Type of grant or assistance					

Sched	ule F (Form 990) 2017 FUND FOR ISRAEL'S TOMORROW	35-2374190	Page 4
Part			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	No X
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, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

732075 10-06-17

Schedule F (Form 990) 2017

## SCHEDULE G

(Form 990 or 990-EZ)

### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

FUND FOR ISRAEL'S TOMORROW

Employer identification number 35-2374190

	JR ISRAEL S TUMURRO			···-	33-23/4	
Part I Fundraising Activities required to complete this pa	<ol> <li>Complete if the organization answ irt</li> </ol>	ered "\	'es" o	n Form 990, Part IV,	line 17 Form 990-E2	Z filers are not
1 Indicate whether the organization ra	ised funds through any of the follow	na acti	vities	Check all that apply		
a Mail solicitations	~ / —	•		overnment grants		
b X Internet and email solicitation			_	rnment grants		
TT =:	_		_	events		
	g L Specia	riuriura	aising	events		
d X In person solicitations						
2 a Did the organization have a written						
key employees listed in Form 990, l	Part VII) or entity in connection with p	orofess	ional 1	fundraising services?	Yes	No
<b>b</b> If "Yes," list the 10 highest paid ind	ividuals or entities (fundraisers) purs	uant to	agree	ements under which	the fundraiser is to t	96
compensated at least \$5,000 by th	e organization					
		Τ			( ) )	
(i) Name and address of individual		(iii) fundi	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	fundraiser	to (or retained by) organization
•		contrib	utions?	1	listed in col (i)	Organization
EPI STRATEGIES, INC - 5800 SW	PROVIDE GUIDANCE ON DONOR	Yes	No			
33RD AVENUE HOLLYWOOD FL	MEETINGS	-	Х.	0.	31,731.	-31,731.
SARAH WEINTRAUB PRODUCTIONS,	PROVIDE GUIDANCE ON DONOR	1	l	Ì		
LLC - 9358 AIRDROME STREET	MEETINGS		X	0.	6,000,	-6,000.
DAVID PRAGER INC - 3960 N	PROVIDE GUIDANCE ON DONOR	1				
39TH AVENUE, HOLLYWOOD, FL	MEETINGS		X	0.	20,000,	-20,000.
		<u> </u>				
					~	
Total			•		57,731,	-57,731.
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified		
or licensing	or is registered or licerised to solicit	COLLLING	utions	o or rigo been notined	it is exempt nom re	gistration
AL, AK, AR, AZ, CA, CO, FL,	CA UT TI VC VV TA	ME	MD	MA MT MNI M	S MO NH N.T	NM NV NC
ND, OH, OK, OR, PA, RI, SC,		1111	m,	PHY, PIL, PHY, PI	D, MO, MII, NO	, 1411 , 141 , 14C
ND, OH, OK, OK, FA, KI, SC,	IN, OI, VA, WA, WV, WI					
					<del></del>	
				<del></del>		<del></del>
				<u> </u>		

	edu art	II Fundraising Events. Complete if t	OR ISRAEL'S '	romorrow d "Yes" on Form 990, Pa	35-	-2374190 Page 2
L		of fundraising event contributions and g				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
m			(event type)	(event type)	(total number)	- col (c))
Revenue						
Rev	1	Gross receipts				
	2	Less Contributions			· · · · · · · · · · · · · · · · · · ·	
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes	-			1
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 throug			<b>▶</b>	
Pa	11	Net income summary Subtract line 10 from III Gaming. Complete if the organization		n 990 Part IV June 19 or	reported more than	<u>[</u>
		\$15,000 on Form 990-EZ, line 6a	answered res on ron	11 990, Part IV, IIIIe 19, OF	reported more than	
			(-) Dinne	(b) Pull tabs/instant	(a) Other comme	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Reve						
	_1_	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %		Yes%	
	6	Volunteer labor	No No	No	☐ No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	-
	8	Net gaming income summary Subtract line 7	7 from line 1, column (d)		•	
	<u> </u>					
9	Ent	er the state(s) in which the organization condi	ucts gaming activities _			
а	ls t	he organization licensed to conduct gaming a		states?		Yes No
b	If "I	No," explain				
		re any of the organization's gaming licenses re			year?	Yes No
b	If "	Yes," explain	· · · · · · · · · · · · · · · · · · ·			

Schedule G (Form 990 or 990-EZ) 2017 FUND FOR ISRAEL'S TOMORROW	35-2374190 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	<u></u>
to administer charitable gaming?	☐ Yes ☐ No
13 Indicate the percentage of gaming activity conducted in	1 1
a The organization's facility	13a %
b An outside facility	13b   %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ırds
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name ►	,, <u>.</u>
Address ►	
16 Gaming manager information	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	; in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	<u></u>
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	AISERS:
/I NAME OF FINIDATORS FOR CODAMECTED TAIC	
(I) NAME OF FUNDRAISER: EPI STRATEGIES, INC	
(I) ADDRESS OF FUNDRAISER: 5800 SW 33RD AVENUE, HOLLYWOOD, E	FL 33312
(I) NAME OF FIRIDIATORD CARAM METAMBAND PRODUCTIONS ITS	
(I) NAME OF FUNDRAISER: SARAH WEINTRAUB PRODUCTIONS, LLC	
(I) ADDRESS OF FUNDRAISER: 9358 AIRDROME STREET, LOS ANGELES	S, CA 90035
(I) NAME OF FUNDRAISER: DAVID PRAGER INC	
732083 09-13-17 Schedule	G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) FUND FOR ISRAEL'S TOMORROW  Part IV Supplemental Information (continued)	35-2374190 Page 4
(I) ADDRESS OF FUNDRAISER: 3960 N 39TH AVENUE, HOLLYWOOD	, FL 33021
PART I, LINE 2B, COLUMN (V):	
THE FOUNDATION USED FUNDRAISING CONSULTANTS TO ADVISE TH	E FOUNDATION ON
HOW TO CONDUCT DONOR MEETINGS AND FOLLOW UP WITH POTENTIA	AL DONORS.
•	A Maria Carres
	,

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

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

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

► Attach to Form 990.

information.
latest
or the
Form990 for the I
www.irs.gov/
2
8

OMB No 1545-0047 Open to Public Inspection **2** 

Employer identification number 35-2374190 X Yes 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 TOMORROW FUND FOR ISRAEL'S General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part 1

<u>5</u>  -	ocedures for mon	oring the use of grant	lunds in the United	) States				1
ration   Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000. Part II can be directed if additional space is peaded	Sono Part II can	zations and Domestic be diplicated if additi	s Governments. C	omplete if the orga	ınızatıon answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any and it additional space is peeded	IV, line 21, for any	
1 (a) Name and address of organization or government	(a)	(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	1
FRIENDS OF THE ISRAEL DEFENSE FORCES - PO BOX 4224 - NEW YORK, NY 10163	13-3156445	501(C)(3)	249,889,	o			PROGRAM ACTIVITIES	
								]
	and government o	ganizations listed in th	re line 1 table				<b>A</b>	انا.
Enter total number of other organizations listed in the line 1 table     HA For Danamark Deduction Act Motice see the Instructions for Form 000	ns listed in the line	1 table					Ochodo Il Clubodo	
	9, See 1116 1115 11 12 1	TOUS FOLLINGSO.					Schedule I (Form 990) (2017)	2

Part III

35-2374190

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

(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	
	1					
Part IV Supplemental Information. Provide the information required in I	uired in Part I, line	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	Iditional information		
PART I, LINE 2:	- 1	ממעק מואג				
EE F	1	INCOME AND EAFENSE	SE STATEMENTS	NIS FROM LTS		
THE ORGANIZATION'S REPRESENTATIVES		PROGRAM A	RECEIVE PROGRAM ACTIVITY REPORTS AND	PORTS AND		
MEET WITH THE CHARITY'S MANAGEMENT AS	- 1	NECESSARY.			į	

### SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

### **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.

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

OMB No 1545-0047

**Open To Public** Inspection

Internal Revenue Service Name of the organization **Employer identification number** 35-2374190 FUND FOR ISRAEL'S TOMORROW Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved by board or committee? (d) Loan to or (ı) Written (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In from the interested person of loan principal amount default? agreement? with organization organization? To From Yes No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (e) Purpose of (c) Amount of (d) Type of (a) Name of interested person (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2017

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

FUND FOR ISRAEL'S TOMORROW 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) (2017)	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 EM	AILED TO THE
PRESIDENT AND EXECUTIVE DIRECTOR FOR REVIEW. ALL QUESTIO	NS AND
COMMENTS WERE DISCUSSED PRIOR TO ISSUANCE OF THE FINANCIA	L STATEMENTS.
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