Form 990

Return of Organization Exempt From Income Tax

QMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. 2018, and ending For the 2018 calendar year, or tax year beginning 20 C Name of organization Fellowship of Israel Related Ministries В Check if applicable D Employer identification number Address change Doing business as 47-2768324 Number and street (or P O box if mail is not delivered to street address) Room/suite Name change E Telephone number Initial return 2141 Mill Road (054)524-9930 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Novato, CA 94947 Amended return **G** Gross receipts \$ 2,100,710. H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer Michael Mistretta, 2141 Mill Road, CA 94947 H(b) Are all subordinates included? Yes No Novato. **×** 501(c)(3) If "No," attach a list (see instructions) 501(c) (Tax-exempt status) ◀ (insert no) 🔲 4947(a)(1) or Website: ▶ https://firm.org.il/ H(c) Group exemption number 🕨 Form of organization

Corporation □ Trust □ Association □ Other ► L Year of formation 2015 M State of legal domicile CA Part I Briefly describe the organization's mission or most significant activities: Mobilizing Christians to support trusted ainistries in Israel and helping ainistries in Israel Activities & Governance grow better together. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a 20. Net unrelated business taxable income from Form 990-Toline 38-1VED 7b 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8) OS 794,268 944,734. 9 Program service revenue (Part VIII, line 2g) 313,811 1,155,956. Investment income (Part VIII, column (A), lines 3, 4, and 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 00c and (1e) 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, col 1,108,079 2,100,710. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 159,754. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 481,302. 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,120,398 1,524,439. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,120,398 2,165,495. 19 Revenue less expenses. Subtract line 18 from line 12 -64,785. -12,319 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 26,477 29,522. 21 Total liabilities (Part X, line 26) 24,216 92,067. 22 Net assets or fund balances. Subtract line 21 from line 20 2,261 -62,545. Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and completed Declaration of prepare to the Union of the Completed Declaration of prepare to the Union of the Declaration of the Dec

11/11/2019 Sign Signature of office Date Here <u> Michael Mistretta,</u> Chief Operations Officer Type or print name and title Print/Type preparer's name Preparer's signature Paid Check I if Ariel Katz 11/11/2019 self-employed P10993323 Ariel Katz Preparer Fire 's name ► Grant Thornton Firm's EIN ▶ **Use Only** Firm's address > 32 HaMasger St, Wichita, Phone no (972) 710-6666 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form **990** (2018)

Part		Statement of Program Service Accomplishments	<u></u>
<u> </u>		Check if Schedule O contains a response or note to any line in this Part III	
•	•	lizing Christians to support trusted ministries in Israel and helping ministries in Isra	ae l
		better together.	
	35.90		
2		e organization undertake any significant program services during the year which were not listed on the	
	•	Form 990 or 990-EZ?	lo
3		s," describe these new services on Schedule O ne organization cease conducting, or make significant changes in how it conducts, any program	
3	servic	es?	مام
		s," describe these changes on Schedule O	10
4		the the organization's program service accomplishments for each of its three largest program services, as measured	l by
•		ises Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	
		tal expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 1,175,237. including grants of \$ 0.) (Revenue \$ 1,163,902.)	
	Isra	el Engagement	
	Engagi	ng Christians who come to Israel to connect with trusted ministries through events, service opportunities, and tou	rs.
		······································	
	•••••		
4b	(Code) (Expenses \$ 218,391. including grants of \$ 0.) (Revenue \$ 17,200.)	
		al Engagement	
	Deve	loping strategic relationships with unengaged leaders and influencers to	
	beco	me Global Partners.	
		······································	
4c	(Code) (Expenses \$ 134,663. including grants of \$ 0.) (Revenue \$ 0.)	_
		ne Engagement	
		uencing the online community with relevant content and	
	givı	ng a digital platform for Israel ministries to cultivate new supporters.	
			- -
4d	Other	program services (Describe in Schedule O.)	_
		nses \$ 322,066. including grants of \$ 0.) (Revenue \$ 110,496.)	
4	Total .	270070M 0001100 0VD00000 1 000 000	

ABFO

Part	IV Checklist of Required Schedules			
			Yes	No
` 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		×
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		×
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		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	×	×
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	×	
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	×	
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		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
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		×
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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	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 1? If the angle of the specific property of the second s	21		×

<u>Part</u>	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	×
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)	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
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	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 22			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
`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 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×					
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		×					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ŀ					
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u></u>					
	and services provided to the payor?	7a		×					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		×					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8		×					
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×					
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b		×					
10	Section 501(c)(7) organizations. Enter								
a	Initiation fees and capital contributions included on Part VIII, line 12								
11									
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			: 					
a	Gross income from other sources (Do not net amounts due or paid to other sources								
b	against amounts due or received from them.)	•							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
a	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.	.00		ļ					
ь	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								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		 -					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15							
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16							
-	If "Yes," complete Form 4720, Schedule O								

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins		
•	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u>.</u>	\blacksquare
Secti	on A. Governing Body and Management				-
10	Enter the number of voting members of the governing body at the end of the tax year .	1a 16		Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or	_ 1a 16	-		
	if the governing body delegated broad authority to an executive committee or similar				ŀ
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relationship with			
	any other officer, director, trustee, or key employee?		2		×
3	Did the organization delegate control over management duties customarily performed by or				
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		<u> </u>
5 6	Did the organization become aware during the year of a significant diversion of the organization by the organization have members or stockholders?	on s assets?.	5 6		<u>×</u>
7a	Did the organization have members, stockholders, or other persons who had the power to	oloot or appoint	۳		×
	one or more members of the governing body?		7a_		×
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		_ x _
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during	}		
•	the year by the following: The governing body?				
a b	Each committee with authority to act on behalf of the governing body?		8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the second of the second o	of he reached at	 		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	×	
Secti	on B. Policies (This Section B requests information about policies not required by th			ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	×	
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before passages of any used by the agreement to review the Form 990.	ore filing the form?	11a	X	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	×	
c	Did the organization regularly and consistently monitor and enforce compliance with the				
	describe in Schedule O how this was done		12c	×	
13	Did the organization have a written whistleblower policy?		13	×	
14	Did the organization have a written document retention and destruction policy?		14	×	
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				ŀ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarly during the year?	lar arrangement	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization]
	participation in joint venture arrangements under applicable federal tax law, and take steps to such arrangements?	•	465		
Secti	organization's exempt status with respect to such arrangements?	·	16b		
17	List the states with which a copy of this Form 900 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable				
	(3)s only) available for public inspection Indicate how you made these available Check all that		,500		J . (U)
	Own website Another's website Upon request Other (explain in Sci				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of into	erest (oolicy	, and
20	financial statements available to the public during the tax year.	nio books and are			
20	State the name, address, and telephone number of the person who possesses the organization	ii s books and rec	oras		

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if heither the organization no	T any relate	u orga	ailiz			ompe	1154	lied any curren	Tomcer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related	box, office	Position do not check mo ox, unless perso officer and a direct institution of the control of the			tion more than one son is both ar rector/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee	3	(W-2/1099-MISC)		organization and related organizations
(1)Wayne Hilsden Chairman	5.00	×		×				0.	0.	0.
(2) Scott Montgomery Secretary	5.00	×		×				0.	0.	0.
(3) Jeff Jenkins Treasurer	5.00	×		×				0.	0.	0.
(4) Stephen Hertzog	1.00	×						0.	0.	0.
(5) Jeff Lestz	1.00	×						0.	0.	0.
(6) Jonathan Wiggins	1.00	×				-		0.	0.	0.
(7) Nic Lesmeister	1.00	×						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	ļ									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (co	ntinued)	
٠	(A) Name and title	(B) Average hours per week (list any	box, office	Position (do not check more than box, unless person is bo officer and a director/tru				an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	o o a	mpensation from the rganization and related ganizations
(15)							a.					
(16)												
(17)										,		
(18)					_							
(19)								_			+	
(20)												_
(21)												
(22)											-	
(23)										-		
(24)												
(25)												
1b c	Sub-total Total from continuation sheets to Part	 VII, Sectio	n A		•	• •		A	0.	-	0.	0
d 2	Total (add lines 1b and 1c) . Total number of individuals (including but reportable compensation from the organic			ose			bove	► e) wl	ho received mo		0 . ,000 of	0
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," <i>complete</i> S	ficer, direct				е,	key e		loyee, or high	est compens	ated 3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha		50,0	000	? #	"Yes	s, "	complete Sch			×
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indiv	idual 5	
Section	on B. Independent Contractors									<u> </u>	· -	1
1	Complete this table for your five highest of compensation from the organization. Replyear.											
_	(A) Name and business addi	ess							(B) Description of se	ervices		C) ensation
2	Total number of independent contractor						ed to	the	ose listed abo	eve) who		

Part	VIII	Statement of Revenue		···· ,				
		Check if Schedule O con	tains a res	ponse or note t	(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, g and similar amounts not included	. 1d nons) 1e prants,	934,795.		,		
od G	g	Noncash contributions included in I	ines 1a-1f \$]	.		
	h	Total. Add lines 1a-1f	•	. Business Code	944,734.			
Program Service Revenue	2a b c	Israel Tour		IT IT	1,155,956.	1,155,956.	0. 0. 0.	0. 0.
hogram Ser	d e f	All other program service			1 155 056			
	3	Total. Add lines 2a-2f Investment income (inclu	idina divid	ends. interest.	1,155,956.			
	4 5	and other similar amounts income from investment of talknown investment of talknown in the Royalties) . ax-exempt b	▶ ond proceeds ▶ ▶	20.	0.	20.	0.
	6a b c d 7a	Gross rents	(i) Real	(ii) Personal				
	b c d	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		•		i i i i i i i i i i i i i i i i i i i	00 - 0 2400 4 4	
Other Revenue		Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18 .	0 . line 1c)					
Ę	ь	Less direct expenses	b					
Ŭ	С	Net income or (loss) from the Gross income from gaming See Part IV, line 19			1		NA SEL	
	С	Less direct expenses . Net income or (loss) from g Gross sales of inventoreturns and allowances	gaming acti ory, less	vities				
		Less: cost of goods sold Net income or (loss) from s						
	_	Miscellaneous Revenu		Business Code			-	
	11a b c d	All other revenue						
	e	Total. Add lines 11a-11d		•	2 100 710	1 155 056	20	

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con			s must complete col	umn (A).
<u>. </u>	Check if Schedule O contains a respon		_		<u></u> . 🔲
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	159,754.	159,754.		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	481,302.	346,654.	134,648.	0.
9 10	Other employee benefits Payroll taxes				
11 a	Fees for services (non-employees): Management				
b	Legal	32,262.	0.	32,262.	0.
С	Accounting	2,565.	0.	2,565.	0.
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule (O)				
12	Advertising and promotion	162,865.	162,865.	0.	0.
13	Office expenses	10,487.	0.	10,487.	0.
14	Information technology	114,877.	70,145.	44,732.	0.
15	Royalties	114,077.	70,143.	44,732.	<u></u>
16	Occupancy	47,429.	0.	47,429.	0.
17	Travel	122,334.	110,275.	0.	12,059.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	222,001.	220,273.		12,000.
19	Conferences, conventions, and meetings .	1,009,923.	1,006,980.	0.	2,943.
20	Interest			_	·=·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				· · · · · · · · · · · · · · · · · · ·
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
_	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	1 100		1 100	
a	Shipping	1,188.	0.	1,188.	0.
b	Bank Charges	5,037.	0.	5,037.	0.
c d	Financial Fees	15,472.	0.	15,472.	0.
e	All other expenses	+			
25	Total functional expenses. Add lines 1 through 24e	2,165,495.	1,856,673.	293,820.	15,002.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)	2,103,433.	1,030,073.	273,020.	13,002.

Part X Balance Sheet

		Check if Schedule O contains a response of	r note to any line in this Par	t X		
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		26,477.	1	29,522.
	2	Savings and temporary cash investments	[· · · · · · · · · · · · · · · · · · ·	2	
	3	Pledges and grants receivable, net	[_	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and	former officers, directors,	<u>-</u>		
		trustees, key employees, and highest co	ompensated employees			
		Complete Part II of Schedule L .			5	
S.	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(3) volur organizations (see instructions) Complete Part II of Sche		6		
Assets	7	Notes and loans receivable, net	<u> </u>		7	
As	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·		8	
	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment cost or	ri rii i h			
		other basis. Complete Part VI of Schedule D	10a			
	ь	Less. accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line	11	 	12	
	13	Investments-program-related See Part IV, line	11		13	
	14	Intangible assets	F		14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	26,477.	16	29,522.
	17	Accounts payable and accrued expenses		24,216.	17	92,067.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	<u> </u>		21	
ĒS	22	Loans and other payables to current and for				
ij		trustees, key employees, highest compen				
Liabilities		disqualified persons. Complete Part II of Schedu	⊢		22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	' <u> </u>		24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines of Schedule D	s 17-24). Complete Part X			
	00		-	24 216	25	02.067
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	24,216.	26	92,067.
es		complete lines 27 through 29, and lines 33 and				
nc	27	Unrestricted net assets	I <u>-</u> -	- · - · · · · · · · · · · · · · ·	27	<u> </u>
ala	28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·		28	
9 P	29	Permanently restricted net assets	· · · ·	_	29	
5	23	Organizations that do not follow SFAS 117 (ASC 9	58) check here ▶ 🔀 and		23	
7		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	-		30	
set	31	Paid-in or capital surplus, or land, building, or ed		-	31	
As	32	Retained earnings, endowment, accumulated in	· ·	2,261.	32	-62,545.
et	33	Total net assets or fund balances		2,261.	33	-62,545.
~	34	Total liabilities and net assets/fund balances	· · · · · · · · · · · · · · · · · · ·	26,477.	34	29,522.
						

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
Ì	Total revenue (must equal Part VIII, column (A), line 12)	2,1	00,7	10.	
2	Total expenses (must equal Part IX, column (A), line 25)	2,1	65,4	95.	
3	Revenue less expenses. Subtract line 2 from line 1			85.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,261.			
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	-	62,5	24.	
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
			Yes	No	
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	2b		×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both	İ			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	 			
Ju	the Single Audit Act and OMB Circular A-133?	3a	İ	×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name	of the organization					Employer identification	n number	
Fel	lowship of Israel Relat					47-2768324		
Pai				•			ons	
The	organization is not a private found		•		-	•		
1	A church, convention of church						1/1	
2	A school described in section		•			, ,	\cup \cup	
3	A hospital or a cooperative ho						, , , , , , , , , , , , , , , , , , ,	
4	A medical research organization hospital's name, city, and start	te:					· ·	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	tal unit described in	
6	A federal, state, or local government	rnment or govern	imental unit described	ın secti d	on 170(b)	(1)(A)(v).		
7	An organization that normally			port from	a gover	nmental unit or fron	n the general public	
	described in section 170(b)(1		· · · · · · · · · · · · · · · · · · ·					
8	A community trust described							
9	An agricultural research organ or university or a non-land-gra university:							
10	☐ An organization that normally	receives: (1) mor	e than 331/3% of its s	upport fro	m contri	butions, membershi	p fees, and gross	
	receipts from activities related support from gross investmen	to its exempt fu tincome and un	inctions—subject to c related business taxa	ertain exc ble incom	ceptions, le (less si	and (2) no more tha	n 331/3% of its	
	acquired by the organization	after June 30, 19	75. See section 509(a	a)(2). (Cor	nplete Pa	art III.)	businesses	
11	☐ An organization organized and	d operated exclu	sively to test for publi	c safety. S	See sect	ion 509(a)(4).		
12	An organization organized and							
	of one or more publicly supp							
2	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
J	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the							
	supporting organization.							
b	☐ Type II. A supporting orga	inization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having	
	control or management of organization(s). You must				persons	that control or man	age the supported	
С	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.							
d	☐ Type III non-functionally	integrated. A su	pporting organization	operated	in conn	ection with its suppo	orted organization(s)	
	that is not functionally inte							
	requirement (see instruction	ons) You must c	omplete Part IV, Sec	tions A a	ind D, ar	nd Part V.		
е	Check this box if the organ functionally integrated, or	nization received Type III non-fund	a written determination	on from th	ne IRS the organizat	at it is a Type I, Type ion.	e II, Type III	
f	Enter the number of supported	-						
g	Provide the following information	n about the supp	orted organization(s).			r·		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
	•							
(B) ——								
(C)								
(D)							-	
(E)			,					
Total								

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	ri)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		-				
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and			ļ			
	membership fees received. (Do not						
_	include any "unusual grants")	_			_		
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities				-	 / 	
	furnished by a governmental unit to the					/	
	organization without charge				ر ا	/	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
-	each person (other than a				/		
	governmental unit or publicly			,	/		
	supported organization) included on				/		
	line 1 that exceeds 2% of the amount shown on line 11, column (f)			,	ľ		
c	` '			 /-			<u> </u>
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support		l	\		İ	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(4) 20 1 1	(2) 2010	(6) 20.0	(4) 2011	(6) 2010	(1) 1014
8	Gross income from interest, dividends,						
	payments received on securities loans,		/				
	rents, royalties, and income from			İ			
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						1
10		<i></i>	<u> </u>				
10	Other income. Do not include gain or loss from the sale of capital assets						İ
	(Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	. (see instruction	ons)		· · ·	12	
13	First five years. If the Form 990 is for th	ne organization	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re			<u> </u>		▶ 🗆
<u>Secti</u>	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line 6			1, column (f))		14	%
15	Public support percentage from 2017 Sch					15	<u>%</u>
16a	331/3% support test—2018. If the organi box and stop here. The organization qua				na line 14 is 33	31/3% or more,	check this
b	331/3% support test—2017. If the organi	•		•			oro chock
	this box and stop here. The organization					15 33 73 76 01 11	lore, crieck
17a	10%-facts-and-circumstances test – 20			•		6a or 16h an	اسا d line 14 نو
	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						. `` ▶ □
b	10%-facts-and-circumstances test - 20	017. If the orga	anızatıon dıd r	ot check a bo	x on line 13, 1	6a, 16b, or 17	'a, and line
	15 is 10% or more, and if the organiza	ition meets th	e "facts-and-o	circumstances	" test, check t	this box and	stop here.
	Explain in Part VI how the organization in	neets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						. ▶ 🗀
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	ınştructions					· ·	🕨 🔲

Schedule A (Form 990 or 990-EZ) 2018 Page 3 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) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 levied for the Tax revenues organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . **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 Public support. (Subtract line 7c from line 6.) Section B. Total Support **(b)** 2015 (e) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2014 (c) 2016 (d) 2017 (f) Total Amounts from line 6 . . 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part VI.) . . Total support. (Add lines 9, 10c, 11, 13 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % Public support percentage from 2017 Schedule A, Part III, line 15 . . . 16 %

17/is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ► 331/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line

Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) . . .

Investment income percentage from 2017 Schedule A, Part III, line 17

Section D. Computation of Investment Income Percentage

17

%

П

Part IV Supporting Organizations

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

Section	A.	All S	upporting	Organizations
---------	----	-------	-----------	----------------------

500.	on A. All cupper and organizations		_	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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		
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		
С	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.			
5а	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).	4c 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b		10b		

				. age t
Part	Supporting Organizations (continued)		1.4	
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	44.	 	
_		11a	 	
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) shows? If "Yee" to a board detail in Port I "	11b	ļ .	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
JCC11	on b. Type roupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	i		
	controlled the organization's activities. If the organization had more than one supported organization,	l		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	d		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ŀ		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Ì	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u></u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	i		1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļ	ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a	- 1		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	<u> </u>		
Sa a ti		3	l	
	on E. Type III Functionally Integrated Supporting Organizations		-4:	_1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se The organization satisfied the Activities Test. Complete line 2 below.	e instru	cuon	S).
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	v (soo in	etnict	ione)
2	Activities Test. Answer (a) and (b) below.	y (300 ii i	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	ŀ		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	<i>`</i>		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
4	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			-
-	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non	gani	izations	
d Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization. □			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount	h	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	, <u></u>	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	***************************************	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		-
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		-
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			Í
3	Excess distributions carryover, if any, to 2018			
a	From 2013		, ,	
<u>u</u>	From 2014			
	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<u>-</u>	
4	Distributions for 2018 from			
	Section D, line 7:			
<u>a</u>	Applied to underdistributions of prior years	····		
	Applied to 2018 distributable amount			
<u>C</u>	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015 .			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018 .			

Schedule A (Form 990 or 990-EZ) 2018

Paṛt VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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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.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Fel:	lowship of Israel Rel	lated Min	istries		47-2768	8324
Par	General Information Form 990, Part IV, line	n on Activit 14b.	ies Outside	the United States. Con	nplete if the organization ai	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility	for the grant			☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants and	d other assistance
3	Activities per Region (The fo	llowing Part	l, line 3 table o	an be duplicated if addition	nal space is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Middle East	1	10	Program Services	Israel Engagment, Ministry Advancem	1,497,302.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)			<u>.</u>			
(13)						
						·
(14)						
(15)						
(16)						<u> </u>
(17)	Cubantal					1 10 - 22 -
3a b	Subtotal Total from continuation sheets to Part I	1	10		<u>'</u>	1,497 <u>,3</u> 02.
С	Totals (add lines 3a and 3b)	1	10			1,497,302.

Schedule F (Form 990) 2018

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

]] [1							1										Н	2018
(i) Method of valuation (book, FMV, appraisal, other)																		Schedule F (Form 990) 2018
(h) Description of noncash assistance																	x-exempt •	Sch
(g) Amount of noncash assistance																	itry, recognized as ta	
(f) Manner of cash disbursement	Transfer													,			s by the foreign coun ncy letter	
(e) Amount of cash grant	133,800.																t are recognized as charities by the for a section 501(c)(3) equivalency letter	
(d) Purpose of grant	Charitable								:									
(c) Region	Middle East																Enter total number of recipient organizations listed above tha by the IRS, or for which the grantee or counsel has provided	Enter total number of other organizations or entities
(b) IRS code section and EIN (if applicable)																	nber of recipie for which the	nber of other o
1 (a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	Enter total nur by the IRS, or	3 Enter total nur
ļ	li							l			<u> </u>			≃ا				ı

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2018

Part III Grants al

(a) Type of grant or assistance (b) Region	of grant or assistance (b) Region (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						,
	:					
	REV 11/05/18 PRO				Sche	Schedule F (Form 990) 2018

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Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	! !	⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	_	□ 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)		⊠ 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)		⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? In "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).	!	⊠ No
BAA	REV 11/05/18 PRO	Schedule F (Fo	orm 990) 2018

	1 age 2
Part V	Supplemental Information
	Supplemental information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	Total de la montación region de la constanting en la la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constanting en la constantin
	amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method); and
	Part III. column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	rait in, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	information. See instructions

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**18**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Fellowship of Israel Related Ministries 47-2768324 Pt VI, Line 11b: The accounting Firm forwards a draft of the completed form 990 to the Director of Finance who does a comprehensive review of the return. The Chief Operations Officer then reviews the form. Once Executive Management is satisfied that the return is correct, it is sent (via pdf file) to members of our Legal Team for review and approval. Any issues of concern are discussed in a meeting with the Legal team. When the Legal Team approves the Return, it is sent to the Board of Directors for review and final approval. After the approval by the Board, the COO signs the necessary documents and files the returns with the appropriate Tax Authorities. Pt VI, Line 12c: The Conflict of Interest policy has been presented to each Board Member and signed. At each board meeting, the Board of Directors are reminded to disclose any conflict of interest that come up with the President and the COO. Both the President and the COO monitor all vendor relationships to see if there are any potential conflicts. Pt VI, Line 15a: FIRM conducts a comprehensive compensation review consistent with Section 4958 of the IRC. Compensation decisions are approved in advance by the Executive Committee of the Board of Directors who rely upon comparable third party data to determine a compensation level consistent with standards. A full compensation review is completed annually for the President, COO and Director of Global Engagement by the Executive Committee for the Board. Pt III, Line 4d: Expenses: \$322,066 including grants of: \$0 Revenue: \$110,496 Description: Ministry Advancement project development, and Advancing local ministries through consulting, fostering unity and collaboration.

Name of the organization	Employer identification number
Fellowship of Israel Related Ministries	47-2768324
Pt VI, Section A, Line 9:	
Name: Wayne Hilsden	
Address: 97 Jaffa Street Jerusalem, IS IL 91003	
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