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Form **990** 

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

OMB No. 1545-0047

2016

Open to Public Inspection

, 20 17

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

Department of the Treasury Internal Revenue Service

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

A For the 2018 calendar year, or tax year beginning February 1 , 2016, and ending January 31

B Check If applicable:

C Name of organization Central Fund of Israel

Doing business as

В	Check If	heck If applicable: C Name of organization Central Fund of Israel D Employer identification number										
	Address	change	Doing business as								13-2992985	
	Name cl	nange	Number and street (or P.O.	box if mail is n	ot delivered to s	treet address	) 5	Room/suite		E Telepho	ne number	
	initial ref	-	c/o Marcus 980 Avenue o	of the Ameri	cas			3rd	n l		212-519-0247	
	Final retu	m/terminated	City or town, state or provin			postal code						
	Amended return New York NY 10018 -7809 G Gross receipts \$										eceipts \$	
$\bar{\Box}$		ion pending	F Name and address of princip						His) is this a on	oup return for	subordinales? 🗌 Yes 🗹 N	Jo
_	Прис		Arthur Marcus 1 hagoel		aei						s included? 🔲 Yes 🔲 N	
1	Tax-exe	mpt status:		501(c) (	) ◀ (insert no.)	4947(a)(1	1) or [	527			i list. (see Instructions)	
<u>;                                    </u>	Website			501(0)1	1 - (0.00.1.10.)		7.5.		H(c) Group	exemption	number ▶	
K			Corporation Trust	Association	Other ▶		L Year	of formation			of legal domicile: NY	$\bar{c}$
_	art I	Summ										
	1		escribe the organization	e mission o	r most signif	cant activ	rities:	promoting	charitabl	e activiti	es in Israel	
90	} .	Distriy de	socino dia oiganization	3 1116310(1 C	i moot agiii	100311 00111	11.001		7			
2												
Activities & Governance	2	Check th	is box ▶ ☐ if the organiz	zation disco	entimed its c	norations	or dier	nosed of r	nore than	25% of	its net assets	
Š	3		of voting members of the					011	11070 111011	3		6
2	4		of independent voting m					 ina 1h\	• • •	4		- 6
98	5		nber of individuals empl						• • •	5		_ <u>~</u>
Ž	1		•	•		•		-		6		<del>_</del>
Ş	6		nber of volunteers (estim							7a		
•	7a		elated business revenue							7b		<u>0</u>
_	B	Net urire	lated business taxable in	icome iron	Form 990-1	, IIIIe 34	• • •	<del>`                                    </del>	Prior Ye		Current Year	0
		Cantribus	Name and supple (Dout ).	11 15m + 4 LA				<b> </b> -				
ā	8		tions and grants (Part VI						22	,992,780	20,123	
Revenue	9	_	service revenue (Part VI					·		0		0
æ	10		nt income (Part VIII, coli							9,326		<u>,317</u>
	11		venue (Part VIII, column							186,012		,033
	12		enue-add lines 8 throug							,188,118	20,289	
	13		nd similar amounts paid	•				· ·	24	,823,342	18,458	<u> 258,</u>
	14		paid to or for members (	•				· · <u> </u> _		0		0
ŝ	15		other compensation, emp				lines 5-	-10)		0		0
Expenses	16a		onal fundraising fees (Pa							0		0
ğ	b	Total fun	draising expenses (Part	IX, column	(D), line 25)	<b></b>						
ш	17	Other ex	penses (Part IX, column	(A), lines 1°	la–11d, 11f–:	24 <b>e</b> ) .		· ·		16,248	17	,969
	18		enses. Add lines 13-17					<b></b> -,	24	,839,590	18,476	,227
	19	Revenue	less expenses. Subtrac	t line 18 fro	m line 12(	)FIVE	-D.		(1,	651,472)	1,813	,498
58				ŀ			<del></del>		inning of Cu	rrent Year	End of Year	
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16) .	!	<b>9</b>	5 1 60	:- ·	S	7	,660,773	9,474	,271
# B	21	Total liab	ilities (Part X, line 26) .		MUNT: THE	2 1 20	₩.,					
₹	22	Net asse	ts or fund balances. Sub	otract line 2	1 from line 2	0	<u> </u>	œ l	7	,660,773	9,474	,271
P	art II	Signat	ture Block		_0G	LNI	IT					
			ry. I declare that I have example								my knowledge and belief	i, it is
tru	e, correc	t, and comp	lete. Declaration of preparer	her than office	r) is based on al	information	of which	preparer ha	is any knowl	edge.		
		<b>N</b> _	Last Ille	<b>/</b>								
Sig	_	Sign	ature of officer						Da	te ,		
He	ere	<b>                                     </b>	U JAY MA	M cus	VP					6/13	//7	
		Турс	or print name and title									
Pa	nid .	Print/Ty	pe preparer's name	Prep	arer's signature			Date		Check	□ if PTIN	
	epare	r		_ {				(		self-em		
	se On		name >	<del></del> -					Firm	n's EIN ▶	· · · · · · · · · · · · · · · · · · ·	
:	VIII	<u> </u>	uddress ▶							ne no.	<del></del>	
Ma	y the If		s this return with the pre	parer show	n above? (se	e instructi	ions)			• •	Yes 🔲	No
_			ction Act Notice, see the					Cat. No.	11282Y		Form 990 (	2016
				-								

Page	2

Part	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:
	promoting charitable activities in Israel
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,139,136 including grants of \$ 6,139,136) (Revenue \$)
	Social services , Humaitarian aid , aid to the poor ;
	As in the past this is the core area of donations the Central fund is involved with . We received the Jerusalem award in the 1990's
	for our work in humanitarian aid . We aid over 250 charities in israel each year in many areas but this area is always largest
	helping those people who are in need. It can be monetary need or physical needs or emotional needs
	This Category includes aid to food kitchens , children at risk , aid to terror victims and their families , aid to refugees & new
	ımmıgrants ,special ed , after school programs etc
4b	(Code: ) (Expenses \$ 5,710,745 including grants of \$ 5,710,745 ) (Revenue \$ )
70	(Code:) (Expenses \$\psi
	support of educational programs and institutions. There is a great overlap of humaitarian services as many educational programs.
	service the humanitarian aspects of education
	this category also including schools dedicated to the care and education of special needs individuals
	***************************************
4c	(Code:) (Expenses \$ 3,872,010 including grants of \$ 3,872,010) (Revenue \$)
	community proceeds a greate to good in the construction 0 maintaneous of community facilities and projects proving public
	community projects; grants to assist in the construction & maintenance of community facilities and projects invoving public
	awareness
	······································
	***************************************
	•
	•
	······································
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,736,367 including grants of \$ 2,736,367) (Revenue \$ )
4e	Total program service expenses ► 18,458,258

Part	Checklist of Required Schedules		Yes	No
<b>`1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		165	
•	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	
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	з		,
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		<b>V</b>
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		/
<b>9</b>	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		V
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, 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	HARRIST IC.	v
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		V
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		V
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		,
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
	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		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
-	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	v	
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		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		<del>-</del> -	000	┷

ı aıı	Checklist of Required Schedules (Continued)		1	
òo	Did the average star are as a series for the same of t	00-	Yes	No
∠∪a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		·
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		~
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		~
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		V
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		V
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		V
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		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	u-so-garden	
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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	~	
	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		v
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		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		,
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	<u> </u>	~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	,	

art	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<del></del>	
`.		[106.8826-251]	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Lib contacts and the contact and the c	4	3	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		, vie e
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	trada veti	eretant wi
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		هُــنگلاً.	356
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
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:   Israel	A.X		
	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		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-	1	~
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
7	gifts were not tax deductible?	6b	12/-25 <sub>0</sub>	135-49-
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			Blue.
	and services provided to the payor?	7a	1.178	•
c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7b 7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>J</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	L'EDLPER.	<b>1</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8	ntin komedel	<b>/</b>
9	Sponsoring organizations maintaining donor advised funds.	121		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b	reply more	, Elke
а	Initiation fees and capital contributions included on Part VIII, line 12		Ţij.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		156	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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		20.5	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N.	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	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			
C	Enter the amount of reserves on hand		Reserve	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1

	90 (2016)	Page 0
Part		
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>
Secu	on A. Governing Body and Management	Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 6	[5] S. 100
	If there are material differences in voting rights among members of the governing body, or	1 (19:11)
	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 6	
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 under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3 /
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 /
6 7a	Did the organization have members or stockholders?	6
_	one or more members of the governing body?	7a 🗸
b	stockholders, or persons other than the governing body?	7b ~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	
-	the year by the following:	
а	The governing body?	8a 🗸
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 reached at	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	
10a	Did the expansion have level shouters broughes as officers?	Yes No
b	Did the organization have local chapters, branches, or affiliates?	10a 🗸
_	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 filling the form?	11a V
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 🗸
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c
13	Did the organization have a written whistleblower policy?	13
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 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 🗸
ь	Other officers or key employees of the organization	15b 🗸
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	
16a	with a taxable entity during the year?	16a 🗸
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	
Sect:	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	List the states with which a copy of this Form 990 is required to be filed ► New York  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s only
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest policy, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ecords: ▶
	lay Marcus - 12 harped St. Efrat Jergel phone 212 510 0247	

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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 employees."
- 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 boy if petities the organization per any related organization compensated any current officer, director, or trustee

Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				(0	<b>C)</b>					
(A)	(B)	/da -		Posi				(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, i	unles er and	s pe la d	rson	than on the street of the stre	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Arthur Marcus	1									
president		1								
(2) Jay Marcus	40									
Vice President										
(3) Jeff Most	2									
treasurer	ļ	ļ								
(4) Dr Linda Kalısh Marcus	88									
(5) Mitchell Eichen	0									
(6) Michael Fischberger	0									
(7)				-						
(8)										
(9)										
(10)							-			
(11)									-	
(12)		-								
(13)	<del> </del>									
(14)							$\top$			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
•					•	C)				1		
	(A)	(B)	(do n	ot ch		ition more	than c	ne	(D)	(E)		(F)
	Name and title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportable		Estimated amount of
		hours per week (list any		er and			or/trust	<del></del>	compensation from	compensation related	trom	amount of other
		hours for	Individual trustee or director	Inst	Officer	₩ •	Highest compensated employee	Former	the	organizatio		compensation
		related	lirec	重	er er	em	nest	<u>a</u>	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	from the organization
		organizations below dotted	o i	ona		employee	<b>အီ</b> ပွဲ	ĺ	(VV-2/1099-WIIGC)	1		and related
		line)	rust	2		/ee	npe	}	İ	{		organizations
		1	8	Institutional trustee			nsat		1		1	
						<u>L</u> _	8.					
(15)				ł		Ì	1			ı	- 1	
(16)				1			1	1	[	ſ		
(17)					ļ	1					ĺ	
				<u> </u>		<u> </u>		<u> </u>	<u> </u>			
(18)						ļ			Ţ			
				l		L.,		<u>L</u> .	<u> </u>			
(19)										Ţ.		
	_	<del></del> -	]	Ì	i _							
(20)				Γ								
								_				
(21)	·											<del>-</del>
			1									
(22)												
			1	ļ	j		,	}	j	}		
(23)												
			1				1				1	
(24)										1		
	·		1			ŀ						
(25)				T		T				<del></del>		
			1	1	1		ĺ		1		1	
1b	Sub-total		· · ·	٠.	•	•		<b>&gt;</b>	0		0	0
С	Total from continuation sheets to Part		n A					<b>•</b>	0	+	0	0
d	Total (add lines 1b and 1c)							<b>•</b>	0	+	0	0
2	Total number of individuals (including bu								<del></del>		00.000	
	reportable compensation from the organ							-,	0		,	
					_							Yes No
3	Did the organization list any former of	fficer, direc	ctor, o	or ti	rust	ee,	key (	emp	oloyee, or high	nest compe	nsated	
	employee on line 1a? If "Yes," complete							. '				3 1
4	For any individual listed on line 1a, is the	sum of re	norta	ble	con	nne	nsatır	n s	and other com	nensation fr	om the	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
•	organization and related organizations											
	individual											4
5	Did any person listed on line 1a receive of	or accrue c	omne	ensa	tion	fro	m an	v ur	related organi	zation or inc	lividua	
Ŭ	for services rendered to the organization											5
Section	on B. Independent Contractors			_				_				
1	Complete this table for your five highest	compensat	ted in	den	enc	lent	conti	ract	ors that receiv	ed more tha	n \$10	0.000 of
•	compensation from the organization. Re											
	year.	port compe	, ioati	0111	01 1		Jaione	J (4)	year chang w	ar or within		gui iizalioi i o tax
	<del></del>	<del></del>						т-				(0)
	(A) Name and business add	dress							(B) Description of	services		(C) Compensation
								+-				
								+-	<del></del>			<del></del>
				-				+-	·			
								╁-				
								+-				
	Tatal number of today at the state of the st					1	40-1	<u></u>	han 11-4 -1 1		. Marita Maria	AND A THE REPORT OF THE PROPERTY OF THE
2	Total number of independent contract							o t	nose listed ab	ovej who		
	received more than \$100,000 of compens	sation from	tue o	rgar	ııza	uon					W 3 23	

Part	VIII	Statement of Reve	nue						
		Check if Schedule O	contains	a res	oonse or note to	any line in this		<u></u>	<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns		1a					
ts, Grants Amounts	b	Membership dues .		1b					
	С	Fundraising events .		1c					
Gifts, ilar An	d	Related organizations		1d			8	Citable and same	nega androne e por manda angres e en
imi	е	Government grants (con		1e					
tior er S	f	All other contributions, gi							
ibu The		and similar amounts not inc		1f	20,123,375		7.		
Contributions, Giff and Other Similar	g	Noncash contributions includ			110,078 76	1		ideliak dan Ma	
	h	Total. Add lines 1a-1	<u>f</u>	<u>· · · </u>	<u> </u>	20,123,375			
Program Service Revenue					Business Code				
eve	2a				ļ				
ë E	b								<del></del>
Ž	C				<u> </u>	<del></del>	<u> </u>		
ຶ່ນຮ	d								
ran	e I f	All other program sen					i {	<del> </del>	
Prog	g	Total. Add lines 2a-2							
	3	Investment income					in butto (chapa addicatedimated).	mbelones, in R.C. Here Britiste Intonstater	20, dari - 20, teE. Il World Laboration of the Con-
		and other similar amo	ounts) .		•	11,317	11,317		
	4	Income from investment	t of tax-exer	npt bo	ond proceeds >				
	5	Royalties	<del></del>	<u> </u>	<b>&gt;</b>		Local to 1. 2 to 1 to Date miles the collection	4- 4463 h	benda the organization of the state of the s
	_	_	(i) Real		(ii) Personal				
	6a	Gross rents						i kara sa	
	b	Less: rental expenses				Signa e i ne			
	C	Rental income or (loss)	(1		<u> </u>				
	d 7a	Net rental income or ( Gross amount from sales of	(i) Securit	ies	▶	1007 to 1100 120 120 120 120 120 120 120 120 12			MONEY TO SERVICE A COLOR
	'"	assets other than inventory	(,, 5554		(1) 0 2 10				
	ь	Less: cost or other basis	<del></del>		<del> </del>				
	~	and sales expenses .	]		j				
	c	Gain or (loss)							
	d	<b>N</b> 1 1 (1)			· <b>&gt;</b>	A is, in its like the control of the		Processor Control of the Control of	22 Hildry Wile Superior February 18
4		, ,					14		State Color Subserv Clear Services
Ę	8a	Gross income from fu	ındraısıng		l				
Ş.		events (not including \$			l				
æ		of contributions reporte	ed on line 1	c).	ł				
ře	1	See Part IV, line 18 .		· a					
Other Revenue	Ь	Less: direct expenses		. b	Ĺ				
	C	Net income or (loss) f			events . ►	3.1000067594.e20.sis b., 3.1 st.			
	9a	•	aming activ						
				_					
	b	Less: direct expenses Net income or (loss) f							
	10a		_	_	ivilles P				
	104	returns and allowance		· a				British A	
	ь	Less: cost of goods s		. b	<del></del>			V4.02	7.
	c	Net income or (loss) f					BOLES & PRESCRIPTION		
	<u> </u>	Miscellaneous F			Business Code				
	11a	gains from currency co	onversions		<del> </del>	155,033	PER PARA CALL AND THE SERVICE SERVICES	a paramoras, paria 19 mandar 1990, 1991	a minor man liberamentificament album, 18 16. 3
	b					1	1		
	С								
	d	All other revenue .							
	е	Total. Add lines 11a-			<b>&gt;</b>		Mires Steaking		
	12	Total revenue. See it	nstructions	:	<b>•</b>	20,200,725	· !	1	I

Form 99					Page 10
	Statement of Functional Expenses		· · · · · · · · · · · · · · · · · · ·		himme (A)
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
Dono	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b,	se or note to any III		(C)	<u>L</u>
8b. 9b	, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	Properties
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	18,458,258	18,458,258		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10	Other employee benefits				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	9990		9990	
ď	Lobbying		7.77 m. r. v.		
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1853	1	1853	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				<u> </u>
15 16	Royalties	<del></del>	<u> </u>		
17	Occupancy	5876	<u> </u>	5876	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3876		3876	
19	Conferences, conventions, and meetings .				
20	Interest			<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	<u> </u>		<del> </del>	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C		<b></b>		ļ	
d	All other eveness	<u></u>	<del> </del>	<del> </del>	ļ
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	40.47/ 007	10.450.050	47.0/0	<del> </del>
26	Joint costs. Complete this line only if the	18,476,227	18,458,258	17,969	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X <u>.</u> .		🔲
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,737,694	1	2,336,207
	2	Savings and temporary cash investments	4,553,273	2	6,647,984
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	on the company of the company of the company of		
	ĺ	trustees, key employees, and highest compensated employees.	Andreas de la companya del companya del companya de la companya de		index :
	ļ	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	4		
	}	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		4	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ	1	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	369,806	7	490080
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 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,660,773	16	9,474,271
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	Nuclear Committee of the Name of the Committee of the Com
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and		11/2	
Liabilities	1	disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third		}	
		parties, and other liabilities not included on lines 17-24). Complete Part X			1
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ø	1	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ဦ	07				
<u>s</u>	27	Unrestricted net assets		27	<del> </del>
ĕ	28	Temporarily restricted net assets		28	
Ę	29	Permanently restricted net assets		29	
Ť		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
Net Assets or Fund Balances	20				
ets	30	Capital stock or trust principal, or current funds	ļ	30	<del> </del>
<b>A</b> SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del>                                     </del>
et/	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Ž	33 34	Total net assets or fund balances	7,660,773		9,474,271
	<u> </u>	Total liabilities and net assets/fund balances	L	34	L

Page	1	2
, ago	•	•

- 01111 00	35 (2515)		1 = go 1 =
Part	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,289,725
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,476,227
3	Revenue less expenses. Subtract line 2 from line 1	3	1,813,498
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,660,773
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	<del></del>
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	9,474,271
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>
	-		Yes No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain 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 com	oiled or	
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
þ	Were the organization's financial statements audited by an independent accountant?		2b 🗸
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		1_
	of the audit, review, or compilation of its financial statements and selection of an independent accounts		2c 🗸
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	
_	Schedule O.	£	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	tonn in	
	the Single Audit Act and OMB Circular A-133?		3a 🗸
b	, 5	-	ar
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uuiis.	3b
			Form <b>990</b> (2016)

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Centr	al Fund	of Israel				1	13-299	
Par		Reason for Public Char						ns
		ation is not a private foundat						
1		hurch, convention of church						
2		chool described in section						
3		ospital or a cooperative hos nedical research organizatio						iii) Enter the
4		pital's name, city, and state		injunction with a nosp	niai uesci	IDEC III S	ection motol(man)	inj. Enter the
5	☐ An	organization operated for total times. (Comparison 170(b)(1)(A)(iv).	he benefit of a	college or university	owned or	operate	d by a government	al unit described in
6		ederal, state, or local govern		mental unit described	ın <b>sectio</b>	n 170(b)(	(1)(A)(v).	
7		organization that normally cribed in section 170(b)(1)			oort from	a govern	nmental unit or from	the general public
8	ΔAc	ommunity trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	or u	agricultural research organi iniversity or a non-land-graf versity:						
10	rece sup	organization that normally repts from activities related port from gross investment pured by the organization at	to its exempt fur income and unr	nctions—subject to ce elated business taxat	ertain exc ole incom	eptions, a e (less se	and (2) no more thar ection 511 tax) from	າ 33¹/₃% of its
11		organization organized and		-	_			
12		organization organized and						
		one or more publicly suppo eck the box in lines 12a thro						
_		Type I. A supporting organ	<del></del>	• • • • • • • • • • • • • • • • • • • •		_		
а		the supported organization						
		supporting organization. You						300 31 11.12
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organization	on(s), by having
		control or management of t				persons	that control or mana	age the supported
		organization(s). You must		•				. U S L
С		Type III functionally integrated organization(	s) (see instructio	ns). <b>You must comp</b> l	lete Part	IV, Secti	ons A, D, and E.	
ď		Type III non-functionally i that is not functionally integ requirement (see instruction	grated. The orgain	nization generally mus	st satisfy	a distribu	ition requirement an	
е		Check this box if the organ	•	•		-		e II. Type III
		functionally integrated, or 7						·, . <b>, , ,</b>
f	Ente	the number of supported o	organizations .					
<u>g</u>	Provi	de the following information	about the supp	orted organization(s).			<del>,</del>	
	(i) Name	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)				<u> </u>				<del>-</del> -
(B)				-			<u> </u>	
(C)								
(D)	<del></del>					-		
(E)								
Tota	<u> </u>				<b>143703</b>			

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,126,877	10 472 424	25,657,201	22,992,907	20,123,375	104,573,986
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	10,120,877	19,673,626	25,657,201	22,992,907	20,123,373	104,373,780
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	16,126,877	19,673,626	25,657,201	22,992,907	20,123,375	104,573,986
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)						23,339,186
6	Public support. Subtract line 5 from line 4			\$ 500 M.S			81,234,800
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	16,126,877	19,673,626	25,657,201	22,992,907	20,123,375	104,573,986
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,333	7,408	8365	9,325	11,317	43,748
9	Net income from unrelated business activities, whether or not the business is regularly carried on	7,550	7,400	5003	7,020	11,017	,
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11		NEW TOWN				har de la company	104,617,734
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the	_			•		
<del></del>	organization, check this box and stop he			<u> </u>	<u> </u>		▶ []
	on C. Computation of Public Suppo			(0)			
14	Public support percentage for 2016 (line			1, column (f))		14	78 %
15 162	Public support percentage from 2015 Sc 331/3% support test—2016. If the organ					15	82 %
IUa	box and <b>stop here.</b> The organization qua						
h	331/3% support test—2015. If the organ						
	this box and <b>stop here.</b> The organization						
170	10%-facts-and-circumstances test—2			=			
174	10% or more, and if the organization meets the organization meets the organization	eets the "facts "facts-and-circ	-and-circumst :umstances" te	ances" test, cl est. The organi	heck this box a	and <b>stop here</b> s as a publicly	. Explain ın supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	2015. If the org ation meets the meets the "fac	anization did rile "facts-and-cits-and-circum	not check a bo circumstances stances" test.	ox on line 13, " test, check The organizat	16a, 16b, or 17 this box and a non qualifies as	'a, and line stop here. s a publicly
18	Private foundation. If the organization d instructions						

### 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.)

	if the organization rails to quality	under the te	esis listed bei	ow, please co	ompiete Fart	11.)	
	on A. Public Support	1	4.5.5.5		1		
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		<del> </del>				
~	sold or services performed, or facilities						
	furnished in any activity that is related to the	Ì	]			}	
^	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		j				
4	·	<u></u>	<del> </del>	<u> </u>			
4	Tax revenues levied for the organization's benefit and either paid		ļ	ļ			
	to or expended on its behalf						
5	The value of services or facilities				<del> </del>		
3	furnished by a governmental unit to the		}				
	organization without charge	]					
6	Total. Add lines 1 through 5	<del></del>		<del> </del>			
	Amounts included on lines 1, 2, and 3		-				<u> </u>
	received from disqualified persons .				ļ	1	
b	Amounts included on lines 2 and 3		<del> </del>				<del></del>
	received from other than disqualified	1			1	1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			<b>建设设计</b>			
<del></del>	line 6.)	100				M. 2 (7, 14)	
	on B. Total Support	T	T		т : :	T T	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	<del></del>	<del></del>				
iva	Gross income from interest, dividends, payments received on securities loans, rents,			1			
	royalties and income from similar sources .		1				
ь	Unrelated business taxable income (less		<del> </del> -		<u> </u>		
~	section 511 taxes) from businesses			İ			
	acquired after June 30, 1975			ļ			
С	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business	<del></del>	<del> </del>				
	activities not included in line 10b, whether		1				
	or not the business is regularly carried on					ļ	
12	Other income. Do not include gain or						
	loss from the sale of capital assets			ļ			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			[		1	
4.	and 12.)		<u> </u>	<u> </u>		<u> </u>	
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			•		
Cooti						<u> </u>	
15	on C. Computation of Public Suppo Public support percentage for 2016 (line			12 ookuma /A\	<del></del>	15	
16	Public support percentage for 2016 (inte		_				% %
	on D. Computation of Investment In			<u> </u>	<u> </u>	131	70
17	Investment income percentage for 2016			v line 13 colu	ımn (fl)	17	
18	Investment income percentage from 201						<del></del>
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2015. If the organization	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more than 3	33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	a box on line 14	, 19a, or 19b,	check this box	and see instru	ctions 🕨 🗌

#### Part IV Supporting Organizations

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

### Section A. All Supporting 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Schedu	le A (Form 990 or 990-EZ) 2016	Page 3
Part	Supporting Organizations (continued)	W . I N .
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	Yes No
	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110
<u>Jeci</u>	on B. Type I dupporting Organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	ion C. Type II Supporting Organizations	
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	ion D. All Type III Supporting Organizations	<del></del>
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Sect	ion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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 <b>Part VI</b> the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	izations	
.1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (explain	n in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Section	ns A through E.
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		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		Kappada (1777 - Adapta Laston Cardo	
factors (explain in detail in Part VI):	78		44. Feb. 20 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	0.33 Th	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in		g organization (see

Part		) 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	mpt purposes of suppo	rted	
	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.	· · · · · · · · · · · · · · · · · · ·		
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			<u> </u>
10_	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	· · · · · · · · · · · · · · · · · · ·		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			જાતા કાર્ય માત્રો માદ્રાત સામા માત્ર કે માત્ર કરતા કરતા છે. જે માત્ર કરતા માત્ર કરતા છે 
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See	<b>搬</b> 运车 2000年1		
	instructions.		Section and the second section is a second	
_3_	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
<u> </u>		All and the second seco		The state of the s
<u>c</u>	From 2013	Constitution of the Consti		PROGRAMMENT OF THE PROGRAMMENT O
<u>d</u>	From 2014			
_ <u>e</u>	From 2015			
<u>f_</u>	Total of lines 3a through e			
<u>g</u> _ h	Applied to underdistributions of prior years  Applied to 2016 distributable amount	8.040 P	(2005)	7 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1
— <u>''</u> '	Carryover from 2011 not applied (see instructions)		ras di parimenta successi.	
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<u> </u>		
4	Distributions for 2016 from			
7	Section D, line 7:			
a	Applied to underdistributions of prior years		gen haddarig Adder-des-diffundamer Hope en e	TOPOS IN A LOUIS AND THE COLOR
b	Applied to 2016 distributable amount			17-20-20 Nove 1 (19-20-20-20-20-20-20-20-20-20-20-20-20-20-
C	Remainder, Subtract lines 4a and 4b from 4.	1 12 14 14 14 14 14 14 14 14 14 14 14 14 14		######################################
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			Parada (Service)
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
<u>-</u> _a				
b	Excess from 2013	The state of the s	Compression of the Compression o	THE CAN BE SHOULD BE SEEN TO SEE THE CONTROL OF THE
C	Excess from 2014	A PART CONTROL OF THE STATE OF		
d	Excess from 2015			
е	Excess from 2016	Park Street		

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Part 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.

► Attach to Form 990.

2016
Open to Public

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Central Fund of Israel

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

Employer identification number

13-2992985

Part	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organization ansv	vered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the	e grants or as	sistance, and the selection		☑Yes □No
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for monit	oring the use of its grants	and other
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	can 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	0	0	grants		18,458,258
(2)	mıddle east	0	0	free loans		264,560
(3)						
(4)						
(5)						
(6)						
(7)						
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(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Sub-total					18,722,818
c	Totals (add lines 3a and 3h)		-	Control of the Contro	Control of the second s	40.700.040

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. Schedule F (Form 990) 2016

Part || Grants a

, אפת אמת ועי	line 15, for all	ny recipient who re	Part IV, line 15, for any recipient who received fitten \$5,000. Part III can be supposed in additional space is needed.	5,000. rail II cal	i de duplicateu II at	Julional space is i	legaea.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(C)		míddle east	educational prgrms	22,750 check	check			
(2)		middle east	educational prgrms	35,000 check	check			
(6)		middle east	humanitarian aıd	25,000 check	check			
(4)		middle east	community projects	11,650 check	check			
(5)		middle east		25,000 check	check			
		middle east		35,000 check	heck			
ω.		middle east	community projects	6,487 check	check			
		middle east	security	42,249 check	check			
(6)		mıddle east	synagogue cnst	19,900 check	check			
(01)		middle east	humanitarian aid	7,500 check	check			
(11)		niddle east	aid for the needy	5,000 check	check			
(2.2)	u i	míúdle east	security	50,000 check	check			
		middle east	community projects	20,000 check	check			
(14)			educational prgrms	26,500 check	check			
(15)		middle east	synagogue cnst	50,000 check	check			
(16)		middle east	educational prgrms	10,675 check	check			

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

Enter total number of other organizations or entities က

Schedule F (Form 990) 2016

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Schedule F (Form 990) 2015

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 ar	Part IV, line 15, for any recipient who received		5,000. Part II can	more than \$5,000. Part II can be duplicated if additional space is needed	ditional space is	needed.	
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
6	middle east	middle east	humanitarian aid	10,964 check	check			
(2)	1	middle east	ald for the needy	10,000 check	check			
(3)		middle east	educational prgrms	71,771 check	check		•	
(4)		middle east	educational prgrms	6,450 check	check			
(0)		middle east	humanitarian aid	10,000 check	check			1
(9)		middle east	educational prgrms	50,480 check	check			
(1)		mıddle east	educational prgrms	185,000 check	check			
(8)		middle east	educational prgrms	9,300 check	theck			
(6)		mickly east	womens health	10,108 check	heck			
(10)	les and the same	i	educational programs	8,520 check	theck			
		mit.tle cast	humanitarısın aid	16,800 check	heck	:		
161	0.00	ar toller as	sur 5 id pedo rež <b>np</b> a	330,782 check	· ·	1		
(13)		middle east	educational prgrms	119,730 check	check			
(4)	u .	middle east	synagogue cnst	10,000 check	check			
(91)		middle east	special education	5,000 check	heck			
(10)		middle east	synagogue cnst	5,860 check	heck			

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

Enter total number of other organizations or entitles ന

Page 2

Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, 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 duniteded if additional enacte is needed.

Par	t IV, line 15, for a	Part IV, line 15, for any recipient who received		5,000. Part II can	more than \$5,000. Part II can be duplicated if additional space is needed	ditional space is	needed.	
1 (a) Name of organization		(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		middle east	food kitchen	5,000 check	heck			
(2)		middle east	synagogue cnst	7,500 check	heck			
(6)		middle east	maintain religious inst	15,745 check	heck			
(4)		middle east	maintain religious inst	12,600 check	heck			
(5)		middle east	synagogue cnst	138,000 check	heck			
(9)		middle east	youth at risk	10,000 check	heck			
$ \omega $		middle east	synagogue cnst	40,000 check	heck			
(8)		middle east	synagogue cnst	10,000 check	heck			- Andrews
6)		middle east	synagogue chst	26,109 check	heck			
(10)	m lille ast		synagogue crist	13,770 check	heck			
	monte ast	mobile past	religious prgrms	6,950 check	heck	,		
•		ter julistini	aft set mil pg his	42,625 check	heck	:		
(13)		middle east	educational prgrms	6,600 check	heck			
(14)		middle east	community projects	51,046 check	heck			
(15)		middle east	aid for the needy	6,620 check	heck			
(16)		middle east	community awareness	500,000 check	heck			

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

**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 dublicated if additional space is needed. Part II

-	'arı ıv, "	ne 13, 10r al	ny recipient who re	Par IV, line 15, for any recipient who received more than \$5,000. Part it can be duplicated it additional space is needed.	5,000. Part II car	n be duplicated if ac	iditional space is	needed.	
1 (a) Name of organization		(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(D)			middle east	religious prgrms	8,000 check	heck			
(2)			middle east	religious prgrms	40,000 check	heck			
(6)		J	middle east	_	88,811 check	heck			
(4)		Ш	middle east	aid for the needy	10,000 check	heck			
(5)			middle east	aid for the needy	44,388 check	heck			
(9)		middle east	middle east	aid for the needy	5,000 check	heck			
Ū			mıddle east	humanitarian ard	25,750 check	heck			
(9)			middle east	aid for the needy	22,500 check	heck			
(6)			middle east	synagogue crist	8,000 check	heck			
1101			midde, ast	educational prytims	22,415 check	heck			
			nik(die nast	educa: เกเลโ pryrms	20,400 check	:heck			
70 L			มูชับ ัล <sub>ได้</sub> ก็เ	food kaction	29,010 check	heck			
(13)			middle east	religious prgrms	5,288 check	heck			
(14)			middle east	educational prgrms	11,000 check	:heck			
(15)			mıddle east	educational prgrms	99,000 check	heck			
(16)			mıddle east	religious prgrms	5,500 check	heck			

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

3. Enter total number of other organizations or entities . . .

N

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

Part IV.	line 15 for a	ny recipient wno re	Part IV. line 15, for any recipient who received more than \$5,000. Part in carl be duplicated if additional space is freeded	SO, DOD. Part is cal	i de auplicateu :: a	dallional space is	leeded.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(E)		middle east	religious prgrms	22,105 check	check			
(2)		middle east		25,000 check	check			
(8)		middle east	educational prgrms	6,200 check	check			
(6)		middle east	educational prgrms	275,000 check	check			
(5)	middle east	middle east	educational prgrms	900,000 check	check			
(9)	middle east	middle east	outreach prgms	96,800 check	check			
E		middle east	educational prgrms	24,000 check	check			
		middle east	medical ald	12,000 check	check			
(6)		nudle cast		18,000 check	check			
		mehly, east	women's health	290,630 check	check			
		1 (alternation)	educational prgrms	5,000 check	check	ţ.		
			ร์,วะรัด สี คุณิทนน์นอว	11,550 check	check	;		
(13)		iniddle east	community projects	40,854 check	check			
14)		middle east	medical aid	141,000 check	check			
(19)		middle east	outreach prgms	58,655 check	check			
(16)		middle east	educational prgrms	5,258 check	check			

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

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

Grants and Other Assistance to Organizations or Entities Outside the United States, Complete if the organization answered "Yes" on Form 990, Part IV line 15, for any recipient who received more than \$5 000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2016

Part II Grants ar

Part IV,	line 15, for ar	y recipient who re	line 15, for any recipient who received more than \$5,000. Part II can be duplicated it additional space is needed	5,000. Part II can	be duplicated it ad	ditional space is	needed.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(0)		middle east	community projects	25,000 check	heck			
		middle east	educational prgrms	25,000 check	heck			
(e)		middle east	community projects	12,420 check	heck			
(4)		middle east		10,000 check	heck			
		middle east	youth at risk	100,180 check	heck			
(9)			humanitarian aid	10,000 check	heck			
		middle east	aid for the needy	5,500 check	heck			
(8)		middle east	special education	98,000 check	heck			
(6)		middle east	humanitarian aid	30,839 check	heck			
(0.1)		niddle cast	educational prgrms	5,400 check	heck	,		
(A) The second of the second o		tsed ottopy.	aid for the needy	58,964 check	heck	;		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	speciriedก	24,926 check	heck			
(13)		middle east	educational prgrms	24,850 check	check			
(14)		middle east	community projects	35,840 check	check			
(15)		middle east	security	22,300 check	check			
(16)			medical aid	85,000 check	check			

N

Page 2

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (g) Amount of noncash assistance (f) Manner of cash disbursement 15,450 check 82,335 check 5,200 check 15,000 check 6,000 check 14,000 check 45,958 check 15,000 check 10,000 check 236,594 check 17,000 check 6,568 check 23,424 check 75,168 check 126,990 check 50,000 check (e) Amount of cash grant community projects community projects community projects community projects community p ojects community projects educational pryrms educational prgrms educational prgrms (d) Purpose of grant religious prgrms humanitarian aid religious prgrms aid for the needy religious prgrms free loan fund legal aid (c) Region and a little of the section of the s middle east ि middle east middle east middle east middle east middle east widdle east middle east middle east michile past middle east middle east middle east midole east (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

8 Enter total number of other organizations or entities

8

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

Fabrica   Community projects	_`	III 13, 101 a	iy iecipietit wilo iy	III TO J. DOL BLIFT WHO TOCONYOG THE TOTAL WIND THE	(a) Amount of	(f) Manner of	(a) Amount of	(h) Description	(i) Method of
middle east         community projects         44,300         check           middle east         youth at risk         47,730         check           middle east         youth at risk         47,730         check           middle east         youth at risk         70,000         check           middle east         youth at risk         19,600         check           middle east         youth at risk         19,600         check           middle east         youth at risk         92,600         check           middle east         synagogue crist         92,600         check           middle east         synagogue crist         282,729         check           middle east         community projects         5,000         check           middle east         community projects         70,000         check           middle east         community projects         70,000         check           middle east         community projects         70,000         check	(a) Name of organization	(if applicable)	uolbay (a)	(u) Fulpose of grant	cash grant	disbursement	assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
middle east youth at risk 47,730 check middle east educational prgms 20,000 check middle east refugee aid 241,832 check middle east refugee aid 70,000 check middle east religious prgms 5,000 check middle east synagogue crist 282,729 check middle east synagogue crist 100,000 check middle east synagogue crist 100,000 check middle east community projects 70,000 check middle east elderly aid 95,000 check middle east elderly aid 95,000 check middle east aid for the needy 5,000 check			middle east	community projects	44,300	check			
middle east educational prgms 20,000 check  The middle east refugee and 241,832 check  The middle east refugee and 70,000 check  The middle east youth at risk 19,600 check  The middle east youth at risk 19,600 check  The middle east religious prgms 5,000 check  The middle east synagogue crist 100,000 check  The middle east community projects 70,000 check  The middle east community projects 70,000 check  The middle east elderly aid 95,000 check  The middle east elderly aid 95,000 check  The middle east elderly aid 5,000 check  The middle east elderly aid 5,000 check  The middle east elderly aid 5,000 check  The middle east elderly aid 6,000 chec		15%	middle east	hopital const	139,144	check			
middle east   refugee aid   241,832   check			middle east	youth at risk	47,730	check			
middle east refugee aid 241,832 check  middle east humanitarian aid 70,000 check  middle east youth at risk 19,600 check  middle east community projects 5,000 check  mitdle east synagogue crist 100,000 check  middle east community projects 70,000 check  middle east aid for the needy 5,000 check  middle east womens health 144,970 check			middle east	educational prgrms	20,000	check			
middle east         humanitarian aid         70,000 check           middle east         youth at risk         19,600 check           middle east         community projects         92,600 check           middle east         religious prgrms         5,000 check           middle east         synagogue crist         100,000 check           middle east         community projects         5,000 check           middle east         elderfy aid         95,000 check           middle east         aid for the needy         5,000 check           middle east         bid for the needy         5,000 check			middle east	refugee aid	241,832	check			
middle east youth at risk 19,600 check  middle east community projects 5,000 check middle east synagogue crist 100,000 check middle east community projects 70,000 check middle east elderly aid 95,000 check middle east womens health 144,970 check			middle east		70,000	check			
middle east community projects 5,000 check middle east religious prgrms 5,000 check middle east synagogue crist 100,000 check middle east community projects 70,000 check middle east aid for the needy 5,000 check middle east womens health 144,970 check			middle east	youth at risk	19,600	check			
middle east religious prgrms 5,000 check middle east synagogue cnst 282,729 check middle east community projects 70,000 check middle east aid for the needy 5,000 check middle east womens health 144,970 check			middle east	community projects	92,600	check			
mitalite cast synagogue crist 282,729 check mitalite cast synagogue crist 100,000 check  middle east community projects 70,000 check  middle east aid for the needy 5,000 check  middle east womens health 144,970 check			andole east	religious prorms	5,000	check			
middle east synagogue crist 100,000 check  rniddle east community projects 70,000 check  middle east elderly aid 95,000 check  middle east aid for the needy 5,000 check  middle east womens health 144,970 check			middle east		282,729	check	,		
roughle east community projects 70,000 check riddle east community projects 70,000 check middle east aid for the needy 5,000 check middle east womens health 144,970 check			middle east	synagogue cnst	100,000		1		
middle east community projects elderly aid middle east aid for the needy middle east womens health			,	st ) है। व एक्नाम्बर्क	2,000	1			
middle east elderly aid middle east aid for the needy middle east womens health			rniddle east	community projects	000'02	check			
middle east aid for the needy womens health			middle east	elderly aid	95,000	check			
womens health			middle east	aid for the needy	5,000	check			
			middle east	womens health	144,970	check			

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

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		middle east	aid for the needy	5,000 check	heck			
1		middle east	community projects	50,000 check	check			
		mıddle east	community projects	35,000 check	heck			
		middle east	holocaust aid	5,120 check	heck			
		middle east		56,915 check	check			
		middle east	aid for the needy	5,300 check	check			
		middle east	educational prgrms	193,860 check	check			
		middle east	community projects	58,366 check	check			
		middle east	humanıtarıan ard	15,905 check	check			
		9	immigrant aid	5,000 check	sheck .			
		recelle sast	aid for the needy	56,204 check	check		-	
		Part ly cost	humanda on aid	5,000 check	check			
	<u>E</u>	middle east	community projects	9,063 check	check			
		middle east	community projects	25,000 check	check			
		middle east	aid for the needy	39,590 check	check			
16)		middle east	educational prgrms	114,000 check	check			

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

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

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

Part IV	, line 15, tor ar	ny recipient who r	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated it additional space is needed.	5,000. Part II car	n be duplicated if ac	ditional space is	needed.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	U	middle east	aid for the needy	41,960 check	check			
(2)		mlddle east	outreach prgms	140,147 check	check			
(6)	l control of the cont	middle east	community projects	10,000 check	check			
(6)		middle east	religious prgrms	10,000 check	check		i i	
(6)		mıddle east		5,379 check	check			
(e)	J	middle east	outreach	17,563 check	check			
$\omega_{\omega}$		middle east	aid for the needy	7,220 check	check			
(8)		middle east	educational prgrms	12,700 check	check			
(6)		middle east	legal aid	262,006 check	check			
(10)		middle oast	humanıtarıan aid	137,990 check	check			
(i)		middly oast	humanita		heck			
		tsi. : #birill	terror would splat.	5,095 check	sheck			
(0)		middle east	community projects		check			
(14)		middle east	education	7,500 check	check			
(15)		middle east	youth at risk	30,000 check	check			
(16)	middle east	middle east	educational prgrms	179,750 check	heck			

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

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

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

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

3 Enter total number of other organizations or entities

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of noncash assistance (f) Manner of cash disbursement 323,475 check 5,000 check 6,998 check 17,200 check 7,800 check 81,410 check 50,000 check 15,034 check 161,092 check 523,334 check 11,000 check 14,220 check 39,582 check 38,195 check 5,558 check 40,000 check (e) Amount of cash grant community projects community projects community projects community projects community projects stacking dinnmmos educational prgrms educational prgrms educational prgrms (d) Purpose of grant humanitarian aid aid for the needy women med aid womens health synagogue cnst youth at risk youth at risk middle east middle cast middle east (c) Region middle east middle east middle east middle east middle east middle east middle east middle east middle east modelle cast middle east middle east middle east (b) IRS code section and EIN (if applicable) (9) (a) Name of organization Part II

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

Enter total number of other organizations or entities ന

N

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. Schedule F (Form 990) 2016

Part II Grants al

Part IV		א recipient who re	sceived more than \$	5,000. Part II car	line 15 for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	dononal space is i	leeded.	
1 (a) Name of organization		(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
<b>(2)</b>		middle east	aid for the needy	57,221 check	check			
(2)		middle east	synagogue cnst	5,000 check	check			
(2)		middle east	educational prgrms	6,500 check	check			
(4)	middle east	middle east	community projects	78,000 check	check			
(9)	middle east	middle east	youth at risk	25,700 check	check			
(9)		middle east	educational prgrms	102,825 check	check			
(2)		middle east	educational prgrms	6,000 check	check			
(8)		middle east	medical aid	25,000 check	check			
(6)		middle east	educational prgrms	33,000 check	check			
(10)		ddle cast	community projects	25,000 check	check			
		idle cast	educational prgrms	10,500 check	check			
(C.)		missile past	humanıtarıan ลเน	32,141 check	check			
(13)		middle east	humanitarian aid	16,180 check	check			
(14)		middle east		115,588 check	check			
(15)		middle east	outreach prgms	15,000 check	check			
(16)		middle east	educational prgrms	67,154 check	check			

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

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 directed if additional energies as needed. Part II

Part IV,	line 15, for a	ny recipient who re	line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	ı be duplicated ıf ad	ditional space is	needed.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1)		mıddle east	religious prgrms	5,180 check	check			
		middle east	educational prgrms	26,825 check	check			
( <b>©</b> )		middle east	girls at risk	63,737 check	check			
		middle east	educational prgrms	5,000 check	heck			
(5)	middle east	mıddle east	educational prgrms	127,115 check	heck			
(6)		middle east	outreach prgms	29,793 check	heck			
<u>(7)</u>	u li se se se se se se se se se se se se se	middle east	special education	50,000 check	heck			
(8)		middle east	religious prgrms	5,250 check	heck			
(6)		middle east	aid for the needy	15,000 check	heck			
(10)		middle east	humanitarian aid	10,000 check	heck			
itul		ddle east	pub awareness prgm	69,199 check	heck			
(12)		icle cast	community projects	200,756 check	heck			
(13)		ddle east	educational prgrms	16,176 check	heck			
(4)		middle east	religious prgrms	6,000 check	heck			
(15)		middle east	special education	18,500 check	heck			
(19)		middle east	womens health	6,000 check	heck			

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

3 Enter total number of other organizations or entities

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

Part IV,		line 15, for any recipient who received		5,000. Part II can	more than \$5,000. Part II can be duplicated it additional space is needed.	iditional space is r	heeded.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		middle east	humanitarian aid	160,000 check	check			
(2)	u se se se se se se se se se se se se se	middle east	ald for the needy	10,361 check	check			
		middle east	educational prgrms	16,745 check	check			
(4)		middle east	special education	9,276 check	check			
(5)		middle east	humanitarian ard	12,988 check	check			
(9)		middle east	humanitarian aid	25,000 check	check			
( <u>a</u> )	middle east	middle east	community projects	28,762 check	check			
(8)		middle east	community projects	50,000 check	check			
(6)		niddle	outreach prgms	25,000 check	check			
(10)		middle east	security	25,000 check	check			
		middle cast	legal ard society	950,175 check	heck			
		Iniddle cast		111,244 check	check			
(6)		middle east	aid for the needy	100,500 check	check			
(14)		middle east	aid for the needy	10,020 check	check			
(15)		middle east	humanitarian aid	156,737 check	check			
(16)		middle east	educational prgrms	11,171 check	check			

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

Enter total number of other organizations or entities ന.

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Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Doct IV, inc. 15, for any consistent who consisted more than \$5,000, Both II on the distribution is presented in presented. Schedule F (Form 990) 2016

Part II Grants ar

Part IV,	line 15, for a	line 15, for any recipient who received		5,000. Part II can	more than \$5,000. Part II can be duplicated if additional space is needed	ditional space is	needed.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1)	middle east	middle east	educational prgrms	26,375 check	check			
(2)	u	middle east	outreach prgms	50,000 check	check			
(E	middle east	middle east	pub awareness prgm	277,270 check	check			
4)	middle east	middle east		8,102 check	check			
9		middle east	educational prgrms	64,948 check	theck			
(6)		middle east	religious prgrms	120,000 check	heck			
$\omega_{ij}$		middle east	educational prgrms	180,000 check	theck			
(8		middle east	womens health	81,841 check	heck			
)		mıddle east	educational prgrms	10,500 check	check			
(0)		middle east	synagogue cnst	160,000 check	check			!
		ddle east	educational prgrms	43,607 check	heck			
(2)		nvid <b>dl</b> e east	educational prigrms	5,000 check	heck			
(6)		middle east	humanıtarian aıd	10,880 check	heck			
(14)		middle east	community projects	38,142 check	heck			:
15)		middle east	religious prgrms	7,960 check	heck			
(9)		middle east	community projects	51,700 check	theck			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8 0

Enter total number of other organizations or entitles

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 snace is needed Schedule F (Form 990) 2016

Part II Grants ar

it who received more than \$5,000. Part II can be duplicated if additional space is needed.	gion (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of valuation cash grant cash grant disbursement assistance (book, FMV, appraisal, other)	t aid for the needy 20,000 check	t ald for the needy 15,000 check	religious	education	communi	pub awar	education	religious	education			medical	aid for th	aid for the needy	educational prgrms 5,740 check	
ceived more than \$5,00	(d) Purpose of grant	aid for the needy	ald for the needy				pub awareness prgm	educational prgrms		educational prgrms	educational prgrms	educational prgrms	, ,,	aid for the needy	ald for the needy	educational prgrms	:
line 15, for any recipient who received	Je (c) Region (e) Region (e)	middle east	middle east	middle east	middle east	middle east	middle east	niddle east	niddle east	niddle east	niddle east	nddle cast	กษ์dle east	niddle east	niddle east		
Part IV, line 15, fo	1 (a) Name of (b) IRS code section and EIN (if applicable)		2)			(5)							(12)		14)	lgi)	

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

Enter total number of other organizations or entities લ્ય

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

	(i) Method of valuation (book, FMV, appraisal, other)																
needed.	(h) Description of noncash assistance																
dditional space is	(g) Amount of noncash assistance																
ı be duplicated if a	(f) Manner of cash clsbursement	heck	heck	check	heck	theck	check	heck	check	check	check	check	check	check	check	sheck	check
5,000. Part II car	(e) Amount of cash grant	269,190 check	30,005 check	10,000 check	8,300 check	10,000 check	7,191 check	5,800 check	574,925 check	8,025 check	50,500 check	26,680 check	10,303 check	8,000 check	35,500 check	25,000 check	190,570 check
line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	(d) Purpose of grant	community projects	educational prgrms	womens health	humanitarian aid	aid for the needy	humanitarian aid	humanitarian aid	food kitchen	aid for the needy	humanıtarıan aid	synagogue cnst	community projects	outreach prgms	educational prgrms	educational prgrms	educational prgrms
y recipient who r	(c) Region	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	middle east	muddle cast	middle east	middle east	middle east	middle east
line 15, for an	(b) IRS code section and EIN (if applicable)																
Part IV, I		(I)	(2)	3	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(1)	(61)		(14)	(15)	

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

Enter total number of other organizations or entities က

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) Manustrof (A Manustrof (A) Amount of (A) Manustrof (A) Amount of (A)			j 0 000 0 (F)	to tours of	(f) Manner of	(a) Amount of	(h) Description	(i) Method of
	(b) IHS code section and EIN (if applicable)	иојба <b>н (с)</b>	(d) Purpose of grant	cash grant	disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
		middle east	educational prgrms	30,000 check	check			
[2]		middle east	educational prgrms	135,000 check	check			
3)		middle east	educational prgrms	12,500 check	check			
(4)	in the second	middle east	youth at risk	12,004 check	check			
<b>G</b>		A STATE OF THE STA	educational prgrms	166,788 check	check			
		middle east	humanitarian aid	68,000 check	check			
		middle east	aid for the needy	7,001 check	check			
(9)		middle east	ald for the needy	8,927 check	check			
		middle east	educational prgrms	40,000 check	check			
		middle cast	community projects	5,000 check	check			
(ii)		middle east	community projects	15,000 check	check			
	00-	mudule cast	community projects	50,000 check	check			
		middle east	community outreach	101,250 check	check			
14)		middle east	educational prgrms	50,000 check	check			
(15)		middle east	youth at risk	51500 check	check			
(16)								

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

Enter total number of other organizations or entities ന



Schedule F (Form 990) 2016

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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(a) Type 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)
(1) free loan - home renovation	middle eact	,	5200				
	ומס מס	- ,	100 1				
(2) free loan -medical aid	middle east	- ,	029,7				
(4) free loan - short term aid	middle east	-	5335				
(5)							
(9)							
3							
(8)							
(6)							
(10)							
(11)	<u>.</u>			f 1 1 2 1	;		
(12)				1 .			
(13)			The state of the s				
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2016

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art	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; do not file with Form 990)	)	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)		₩ 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; do not file with Form 990)		☑ No

Schedule F (F	Form 990) 2016 Page 5
Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
schedule F	part 1 line 2
some of the	e volunteers and administrators are residing in Israel and are in contact with the recipients on a recurring basis by phone
and e mail	and on site visits
schedule F	part 1 line 3 col f
as the cha	rity is all volunteer there are no expenditures other than the grants ( and loans) themselves which are by checks or bank or
bank transf	[er
schedule F	part 3 accounting method
our free loa	ans to individuals and organizations are made by checks and are reflected in the accounts receivable section of the 990 part x
if a loan is	defaulted it is deducted from accounts recievables . we have over a 95% return on our loans, though many times, it takes
more time	than originally scheduled
we made 9	free loans this past year, 3 to charitable institutions and 6 to individuals
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#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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22 23

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describe in Part II.

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

► Attach to Form 990.

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

Central Fund of Israel 13-2992985 Part I Types of Property (c) (a) (b) Noncash contribution Method of determining Check If Number of contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art-Works of art . . . . . 1 2 Art-Historical treasures . . . 3 Art-Fractional interests . . . Books and publications . . 5 Clothing and household goods . . . . . . . . 6 Cars and other vehicles . . . 7 Boats and planes . . . . . Intellectual property . . . . 9 Securities-Publicly traded . . 110,078 76 selling price of stock 10 Securities-Closely held stock. Securities - Partnership, LLC, 11 or trust interests . . . . Securities-Miscellaneous . . 12 13 Qualified conservation contribution - Historic structures . . . . . . . . 14 Qualified conservation contribution-Other . . . 15 Real estate - Residential . . . 16 Real estate—Commercial . . 17 Real estate—Other . . . . . 18 Collectibles . . . . . . . 19 Food inventory . . . . . .

28 _	Other ► (			Ī	
			ganization during the tax y 3, Part IV, Donee Acknowle	1	29

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				
b	If "Yes," describe in Part II.				

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

	res	INO
30a		<b>'</b>
1 1	ı	
31	~	i
31	-	
31 32a		~

Drugs and medical supplies . .

Scientific specimens . . . .

Archeological artifacts . . .

Other ► ( \_\_\_\_\_)

Other ► ( \_\_\_\_\_)
Other ► ( \_\_\_\_\_)

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number

Central Fund of Israel	13-2992985				
990 part III line 4d					
Category # 4 - support of religious institutions Grants in this category are primarily for the support, maintenance and the					
construction of synagogues and other religious institutions and programs total expenses - 2,043,	264 total grants - 2,043,264				
category # 5 medical services includes support for clinics and hospitals - aid to the blind & disabled	l - postpartum depression				
medical aid and therapy , in addition to construction & improvements to medical facilities					
total expenses - 388,644 total grants - 388,644					
category # 6 security programs - We saw an increase in terrorist all over the world Israel is a leader	er in combatting terrorism on many				
different levels Total expenses in this category for 2016 were - 304,459 total grants - 304,459					
990 part V1 line 2					
1 pair of board members are married to each other , and one is a son of another board member					
990 part V1 line 9					
Arthur Marcus 1 Hagoel St Efrat Israel					
Jay Marcus - 13 Hagoel St - Efrat Israel					
Dr Lında Kalısh Marcus - 13 Hagoel St - Efrat İsrael					
Mitchell Eichen - 5 HaMa'ayan St, Efrat Israel					
Mitchell Eichen - 5 HaMa'ayan St, Efrat Israel					
990 part VI line 11A					
copies of the 990 are e mailed to the different board members. The review is done by e mail, and, at o	ur annual meeting				
990 par VI line 19					
upon request - financial & other documents are e- mailed or they are directed to public websites which	h maintain them				

Schedule () (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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