PKF O'CONNOR DAVIES ADVISORY, LLC 32 FOSTERTOWN ROAD NEWBURGH, NY 12550

FRIENDS OF ISRAEL SCOUTS, INC. 575 8TH AVENUE, 11TH FLOOR NEW YORK, NY 10018

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CLIENT'S COPY



NOVEMBER 12, 2025

FRIENDS OF ISRAEL SCOUTS, INC. 575 8TH AVENUE, 11TH FLOOR NEW YORK, NY 10018

FRIENDS OF ISRAEL SCOUTS, INC.:

ENCLOSED IS THE ORGANIZATION'S 2024 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 17, 2025.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

ELISHA BRESTOVANSKY



NOVEMBER 12, 2025

FRIENDS OF ISRAEL SCOUTS, INC. 575 8TH AVENUE, 11TH FLOOR NEW YORK, NY 10018

FRIENDS OF ISRAEL SCOUTS, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2024 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2024 FORM 990

THE ORIGINAL RETURN SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

ELISHA BRESTOVANSKY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2024

PREPARED FOR:

FRIENDS OF ISRAEL SCOUTS, INC. 575 8TH AVENUE, 11TH FLOOR NEW YORK, NY 10018

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC 32 FOSTERTOWN ROAD NEWBURGH, NY 12550

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 17, 2025.

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2024, or fiscal year beginning	, 2024, and ending	, 20
or carcinaar year Let-1, or needs year beginning	, Lot-1, and onling	

Departm	ent of the Treasury				send to the IRS. K				ZUZ4
Internal	Revenue Service		(Go to www.ir	s.gov/Form8879T	E for the latest	information.		
Name								EIN or SSN	
	FRIENI	OS OF I			S, INC.			13-38	843506
Name a	and title of officer or p	erson subject t		YANIV E	IRAN				
David	T 4	Data an		CEO	_1:				
Par		Return an							
Form or 10 a which	5330 filers may ento below, and the an	er dollars and nount on that	cents. F line for t	or all other fon he return beir	orms, enter whole ong filed with this fo	dollars only. If yo orm was blank, th	ou check the box hen leave line 1b	on line 1a, 2a, , 2b, 3b, 4b, 5b	n. Form 8038-CP and , 3a, 4a, 5a, 6a, 7a, 8a, 9a b, 6b, 7b, 8b, 9b, or 10b, . Do not complete more
1a	Form 990 check	here	X	b Total rev	enue, if any (Form	ı 990, Part VIII, c	column (A), line 12	2)	ъ1 <u>2,328,690</u> .
2a	Form 990-EZ ch				enue, if any (Form				
За	Form 1120-POL	•••			(Form 1120-POL,				
4a	Form 990-PF ch	eck here			ed on investment i				
5a	Form 8868 chec	***	$\overline{\Box}$		due (Form 8868, li				
6a	Form 990-T che		一		(Form 990-T, Part				
7a	Form 4720 chec		Ħ						7b
8a	Form 5227 chec		Ħ						8b
9a	Form 5330 chec		Ħ	b Tax due	(Form 5330, Part II	l line 19)			9b
	Form 8038-CP		Ħ		of credit payment				
Par			ignatu		ization of Offic				100
	penalties of perjur								nect to (name
of enti		y, i deciale the	at [e examined a copy of the
person	ent of taxes to rece nal identification nu heck one box only	mber (PIN) as	my sigr	nature for the	electronic return a	nd, if applicable	e, the consent to e	electronic funds	s withdrawal.
	X I authorize PI	KF O'CO	<u>NNOR</u>	DAVIES	ADVISORY	, LLC		_ to enter my F	PIN 10019
					ERO firm name				Enter five numbers, but do not enter all zeros
	with a state ag on the return's As an officer or return. If I have	ency(ies) regu disclosure co person subje indicated wit	lating che nsent so tax to tax to the thin this	narities as par creen. with respect return that a c	t of the IRS Fed/St	tate program, I a I enter my PIN as is being filed wit	also authorize the s my signature or h a state agency(aforementioned after the tax year 20	e return is being filed d ERO to enter my PIN 024 electronically filed charities as part of the
Signatur	e of officer or person subj	ect to tax						Date	Э
Par	III Certific	ation and <i>i</i>	Auther	ntication					
ERO's	EFIN/PIN. Enter y	our six-digit e	lectronic	c filing identifi	cation				
numb	er (EFIN) followed b	y your five-dig	git self-se	elected PIN.			138825929 Do not enter all ze		
submi	y that the above nutting this return in a								confirm that I am RS e-file Providers for
ER0's	signature PK1	O'CON	NOR I	DAVIES	ADVISORY,	LLC	Date <u>1</u>	1/12/25	
		D - 1			Retain This Fo)- O-	
	singery Act and Day				Form to the IR	o uniess Re	quested 10 L	טט 50	Form 8879-TE (2024)
ror Pi	ivacy Act and Par	erwork Kedl	iction A	CL NOTICE, SE	e mstructions.				FULLI 001 3-1 L (2024)

Form **8868**

(Rev. January 2025)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electron	ic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to fi	le any of t	the forms	
listed bel	ow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ontracts. A	An extension	
request f	or Form 8870 must be sent to the IRS in a paper format (see instru	ctions). For more details on the elect	ronic filing	g of Form	
8868, vis	it www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.				
Caution:	If you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form 84	53-TE and	d Form 8879-TE fo	r payment
instructio	ons.					
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnerships	s, REMICs	s, and trusts	
must use	Form 7004 to request an extension of time to file income	e tax returi	ns.			
Part I - Id	dentification					
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	ridentification num	nber (TIN)
Print						
	FRIENDS OF ISRAEL SCOUTS, I	NC.			13-38435	06
File by the due date for	Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.			
filing your return. See	575 8TH AVENUE, 11TH FLOOR					
instructions.		reign addr	ress, see instructions.			
	NEW YORK, NY 10018	Ü	,			
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			01
Applicat	ion Is For	Return	Application Is For			Return
• •		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	20 (individual)	03	Form 5227			10
Form 990-PF 04 Form 6069						
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 1 Form 990-T (trust other than above) 06 Form 5330 (individual) 1						
	D-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	• •	08	Form 990-T (governmental entities)			15
	ou enter your Return Code, complete either Part II or Part		,	nly for an	extension of	
•	le Form 5330.		,,,,,,,,,,,,,	,		
	application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.			
	ın Name		no. me rene milg intermediation.			
	n Number					
	an Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)			
	ooks are in the care of YANIV BIRAN, CEO	izationo (c	not mot deticine)			
1110 5		FLOC	R - NEW YORK, NY 1	0018		
Teleni	none No. 212-390-8130		Fax No.			
	organization does not have an office or place of business	in the Uni				
	is for a Group Return, enter the organization's four-digit (
box	. If it is for part of the group, check this box		ch a list with the names and TINs of			
	equest an automatic 6-month extension of time until					
	e organization named above. The extension is for the organization			tillo oxon	ipt organization to	tarri roi
X		an neathorn o	Totall Total			
<u> </u>	<u> </u>	20	, and ending		,	20
	tax year beginning	, 20 _	, and ending		. , , ,	
2 If t	he tax year entered in line 1 is for less than 12 months, cl	nock roass	on: Initial return I	Final retur	'n	
2 11 11	Change in accounting period	ieck reasc	initial return	illai letui	11	
20 lf +l	his application is for Forms 990-PF, 990-T, 4720, or 6069	ontor the	tentative tex less			
		, enter the	teritative tax, less	2-		0.
	y nonrefundable credits. See instructions.	ontor are	rofundable credite and	3a	\$	
	his application is for Forms 990-PF, 990-T, 4720, or 6069	•		35	e	0.
	imated tax payments made. Include any prior year overp			3b	\$	
	lance due. Subtract line 3b from line 3a. Include your pa			2.	•	0.
usi	ng EFTPS (Electronic Federal Tax Payment System). See	INSTRUCTIO	ns.	3c	\$	<u> </u>

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2025)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2024 calendar year, or tax year beginning and	ending		
B c	heck if	C Name of organization		D Employer identific	cation number
	Addres	FRIENDS OF ISRAEL SCOUTS, INC.			
	Name change	D/D/A MICORIN MODILI AMEDICA		13-38435	06
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 575 8TH AVENUE, 11TH FLOOR	Room/suite	E Telephone number 212-390-	
	⊐return/ termin ated			G Gross receipts \$	12,328,690.
	Ameno			H(a) Is this a group re	
	Applic	F Name and address of principal officer: YANIV BIRAN		for subordinates	
	pendir	9 575 8TH AVENUE, 11TH FLOOR, NEW YORK, N	Y 10	H(b) Are all subordinates in	
ΙT	ax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	n number
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1995 N	A State of legal domicile: NY
Pa	rt I	Summary			
4	1	Briefly describe the organization's mission or most significant activities: OFFER	R CHIL	DREN AGE 7 -	- 17 THE
Governance		OPPORTUNITY TO PARTICIPATE IN THE ISRAEL	SCOUT	MOVEMENT, T	O PROVIDE
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
ove	ı			3	10
		Number of independent voting members of the governing body (Part VI, line 1b)			10
es 8		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			61
ΣĘ		Total number of volunteers (estimate if necessary)			100
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·		0.
				Prior Year	Current Year
ě	l	Contributions and grants (Part VIII, line 1h)		1,844,222.	1,506,376.
le Ji	l	Program service revenue (Part VIII, line 2g)		10,210,085.	10,703,899.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		64,484.	118,415.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,118,791.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,244.	238.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,244.	0.
	4-	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		636,015.	758,681.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.00,019.	0.
)eu	h	Total fundraising expenses (Part IX, column (D), line 25) 6, 18			<u> </u>
Š	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,119,401.	10,849,016.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,757,660.	11,607,935.
	l	Revenue less expenses. Subtract line 18 from line 12		361,131.	720,755.
or es			Ве	ginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)		7,376,220.	7,685,267.
ASS	21	Total liabilities (Part X, line 26)		3,510,922.	3,106,266.
First		Net assets or fund balances. Subtract line 21 from line 20		3,865,298.	4,579,001.
	ırt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cignature of officer		Data	
Sigr		Signature of officer		Date	
Her	е	YANIV BIRAN, CFO			
		Type or print name and title	l r	Date Check	PTIN
ne!!	ı	Preparer's name Preparer's signature ET TCHA PRECHOVANCEY ET TCHA PRECHOVANCEY		l if	_
Paid		ELISHA BRESTOVANSKY ELISHA BRESTOVAN		1/12/25 self-employ	
	arer	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC Firm's address 32 FOSTERTOWN ROAD	•	Firm's EIN 3	3-1374517
use	Only	Firm's address 32 FOSTERTOWN ROAD NEWBURGH, NY 12550		Dhone == 0 /	5-565-5400
140	, the IF	NEWBURGH, NY 12330		Priorie no. 0 4	X Vas No

Form 990 (2024)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	, ,	12a	Х	
h	Schedule D, Parts XI and XII	IZa	- 21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		<u> X</u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
		_		_

Form	1990 (2024) FRIENDS OF ISRAEL SCOUTS, INC. 13-384	3506	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		х
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_V
	contributions? If "Yes," complete Schedule M	30		X
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			1,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			3,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2024) FRIENDS OF ISRAEL SCOUTS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	61			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line $3b$, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over,	а			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	-	-			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		X
	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					 ₩
	any contributions that were not tax deductible as charitable contributions?			6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions and the distribution of the state of the			Ch-		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
7		vicae providad t	o the payor?	70		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.0		
C	to file Form 8282?			7с		x
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
		100		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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Form **990** (2024)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

In the rumber of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body degelate broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 10 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 have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management of the process of the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there arry officer, director, trustee, or key employee listed of near trust, section A, who cannot be reached at the organization's mailing address? If Yes, provide the names and addresses an Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have a written oconflict of interest policy? If Yes, 'go to line 13 10b Were officers, directors, or trustees,	1a b 2 3 4 5 6 7a b	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	3		No
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 List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 			100		
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for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Typon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial			only	availal	
Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial			Or iiy)	avaiidi	71 C
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial					
	10	(-	financ	rial	
statements available to the public duning the tax year.			man	naı	
20 State the name, address, and telephone number of the person who possesses the organization's books and records		·			
YANIV BIRAN, CEO - 212-390-8130					
575 8TH AVE, 11TH FLOOR, NEW YORK, NY 10018	20	YANIV BIRAN ('EO - 212-390-8130			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do	not o	(C	ition	I than o		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unles	ss per	son is	tnan o s both r/trus T	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RONNY URMAN PRESIDENT	3.00	Х		Х				0.	0.	0.
(2) ISAAC BLACHOR	2.00								0.	<u></u>
SECRETARY	2,00	х		х				0.	0.	0.
(3) SIGAL URMAN	0.50									
DIRECTOR		Х						0.	0.	0.
(4) DORON ARMONY	0.50									
DIRECTOR		Х						0.	0.	0.
(5) TALI FOX	0.50									
DIRECTOR		Х						0.	0.	0.
(6) DORON KRAKOW	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(7) RAZ PEARL	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(8) ELAD SANDEROVICH DIRECTOR	0.50	37						0.	_	0
(9) DANIEL AMIRA	0.50	Х						0.	0.	0.
DIRECTOR	0.50	Х						0.	0.	0.
(10) ZEV HERMAN	0.50								0.	<u></u>
DIRECTOR	0.30	х						0.	0.	0.
(11) EFRAT LICHTMAN	40.00									
EXECUTIVE DIRECTOR				х				0.	0.	0.

Form 990 (2024)

	t VII Section A. Officers, Directors, Trus	tees, Key Emp	JiOy	ees,			Jiies		Inpensated Employee	• (continuea)				
	(A)	(B)			_ (C				(D)	(E)			(F)	
	Name and title	Average	(do	not cl	Posi			ne	Reportable	Reportable		Est	imate	∍d
		hours per	box	, unles	s per	son is	s both	an	compensation	compensation	n	am	ount (of
		week		cer an	d a di	recto	r/trus	ee)	from	from related		C	other	
		(list any	ector						the	organizations		comp		
		hours for	or dir	a l			ted		organization	(W-2/1099-MIS	C/	fro	m the	е
		related	stee (ruste			eusa		(W-2/1099-MISC/	1099-NEC)		•	ınizati	
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)				relate	
		line)	lividu	tituti	Officer	, emp	hest	Former				orgai	nizatio	ons
		iii ie)	ᆵ	lus	JJ0	Key	ë, Ë	요						
			-											
			•											
											_			
1b	Subtotal								0.		0.			0.
С	Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n								ceived more than \$100,	000 of reportable				
	compensation from the organization						,		,					0
	or garager											,	Yes	No
3	Did the organization list any former officer,	director trust	ا مم	·0\/ 0	mnl	0,101	0 Or	hial	hast companyated ampl	ovoc on	1			
3														v
	line 1a? If "Yes," complete Schedule J for si											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	dule	J fo	or such individual			4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	oers	on .					5		Х
Sec	tion B. Independent Contractors				·									
1	Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ntra	actor	s th	at received more than \$	100.000 of comp	ensat	ion fro	m	
•	the organization. Report compensation for t	-	-							· · · · · · · · · · · · · · · · · · ·	511541			
	(A)	ine calendar ye	Jui C	i idii	9 ***	1111 0	/I VVI	<u> </u>	(B)	Sui.		(C)		
	Name and business	address	NIC	ONE	,				Description of s	ervices	C	ompen		n
	Hame and Sacinose	444,000	TAC)IN I				\dashv	B coonpaint of c	0111000		ompon.	- Cation	
								\dashv						
								_						
								\dashv						
								\dashv						
								- 1						
2	Total number of independent contractors (in	and the second	. 1 22			u.			-h					

Form **990** (2024)

Form 990 (2024) FRIENDS
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		·	_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0	_	- Cadavatad assessing					00000010 0 12 0 11
nts		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S, (Fundraising events1c					
ij ja	(Related organizations 1d					
s, mi	(Government grants (contributions)					
ē	1	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	1,506,376.				
ĒÖ		Noncash contributions included in lines 1a-1f					
Ņά		Total. Add lines 1a-1f		1,506,376.			
- 1			Business Code	, ,			
	2 :	PROGRAM SERVICE REVENUE	900099	10,703,899.	10703899.		
je	_	•	300033	20,700,022	20700055.		
er ne							
n S	(
<u>ra</u>	,						
Program Service Revenue	(
₫	1	All other program service revenue					
		Total. Add lines 2a-2f		10,703,899.			
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		118,415.			118,415.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6		(-)				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 :	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	I	Less: cost or other basis					
ne		and sales expenses 7b					
l e		Gain or (loss) 7c					
Be.		Net gain or (loss)					
ther Revenue	8 :	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	9						
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	 T				
	10	Gross sales of inventory, less returns					
		and allowances10a					
	- 1	Less: cost of goods sold 10b					
	(Net income or (loss) from sales of inventory					
<u>"</u> T			Business Code				
Snc 4	11 :	ı					
ne Tue							
Miscellaneous Revenue							
Be	Ì	All other revenue					
Σ		• Total. Add lines 11a-11d					
		Total revenue. See instructions		12,328,690.	10703899.	0.	118,415.
	12	I ULAI I CVCIIUC. OCC IIISLI UULIUIIS		,, , , , , , , , , , ,	1 10,00000.	ı	, ++0,++0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 238. 238. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 699,267. 488,353. 205,332. 5,582. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 59,414. 40,624. 18,251. 539. 10 Payroll taxes Fees for services (nonemployees): Management 68. 68. Legal 42,990. 42,990. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 30,648. $49,5\overline{13}$ 80,161. Advertising and promotion 12 271,183. 205,357. 65,765. 61 Office expenses 13 125,148. 89,337. 35,811. Information technology 14 15 Royalties 145,260. 145,260. 16 Occupancy 1,267,911. 1,228,882. 39,029. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 4,500. 4,500. Depreciation, depletion, and amortization 22 78,286. 21,216. 57,070. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 6,548,317. 6,548,317. SHEVATIM EXPENSES 1,412,441. CAMP EXPENSES 1,416,011. 3,570. 448,106. 600,553. 152,447. WZO-MAPAT SHLICHUT 148,997. 142,556. 6,441. FOOD $\overline{119},631.$ 119,631. e All other expenses 11,607,935. 10,775,774. 825,979. 6,182. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2024)

<u>Par</u>	tΧ	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,108,873.	1	498,532
	2	Savings and temporary cash investments			1,972,432.	2	5,755,647
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			371,626.	4	282,887
	5	Loans and other receivables from any current	or form	r officer, director,			
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	hese per	ons		5	
	6	Loans and other receivables from other disqu	alified p	rsons (as defined			
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
tz	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
۲	9	Prepaid expenses and deferred charges			615,927.	9	482,770
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	14,230.	_		
	b	Less: accumulated depreciation		· · · · · · · · · · · · · · · · · · ·	0.	10c	0
	11	Investments - publicly traded securities			2,534,069.	11	0
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin			11 050	13	5 7 4 5
	14	Intangible assets			11,250.	14	6,749
	15	Other assets. See Part IV, line 11			762,043.	15	658,682
	16	Total assets. Add lines 1 through 15 (must e			7,376,220.	16	7,685,267
	17	Accounts payable and accrued expenses	1,490,098.	17	779,838		
	18	Grants payable	1 202 040	18	1 716 060		
	19	Deferred revenue			1,303,942.	19	1,716,968
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on line		· · ·	716,882.	0E	609,460
	26	of Schedule D Total liabilities. Add lines 17 through 25			3,510,922.	25 26	3,106,266
	20	Organizations that follow FASB ASC 958, or			3,310,322.	20	3,100,200
နွ		and complete lines 27, 28, 32, and 33.	HECK HE	e 21			
u C	27	Net assets without donor restrictions		27			
3ala	28	Net assets with donor restrictions	3,865,298.	28	4,579,001		
힐	20	Organizations that do not follow FASB ASC			3,003,2301	20	2,3,3,002
ᆵ		and complete lines 29 through 33.	, 000, 01				
ō	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,865,298.	32	4,579,001
Z	33	Total liabilities and net assets/fund balances			7,376,220.	33	7,685,267

Form **990** (2024)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,32			
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,60			
3	Revenue less expenses. Subtract line 2 from line 1	3		0,7		
4	J J , , , , , , , , , , , , , , , , , ,					
5						
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B)) 10 4 ,					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

432012 12-10-24

SCHEDULE A

(Form 990)

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.

Attach to Form 990 or Form 990-EZ.

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

2024

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FRIENDS OF ISRAEL SCOUTS, 13-3843506 INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	, ,		, ,	,	, ,	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the	· ·					
	organization, check this box and stop	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2024 (I	ine 6, column (f), c	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2024. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2023. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2024. If the org	ganization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2023. If the org	ganization did not d	check a box on line			
	more, and if the organization meets the						
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization						3
							(Form 990) 2024

432022 01-14-25

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.)

Sec	ction A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1350758.	1560460.	1540641.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3667656.	4199120.			10703899.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	504044					
	Total. Add lines 1 through 5	5018414.	5759580.	9573701.	12054307.	12210275.	44616277.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	30,000.	20,000.	81,695.	27,631.	36,500.	195,826.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	991,945.	890,647.	401,185.		100,713.	2384490.
	Add lines 7a and 7b	1021945.	910,647.	482,880.		137,213.	2580316.
	Public support. (Subtract line 7c from line 6.)		,	, , , , , , , ,	,		42035961.
Sec	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	5018414.	5759580.	9573701.	12054307.	12210275.	44616277.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	644.	507.		64 484.	118,415.	184 050.
t	Unrelated business taxable income (less section 511 taxes) from businesses	0111	3071		01/1011	110/1131	10170301
	acquired after June 30, 1975	644	E 0 E		64 404	110 115	104 050
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	644.	507.		64,484.	118,415.	184,050.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	5019058.	5760087.	9573701.	12118791.	12328690.	44800327.
14	First 5 years. If the Form 990 is for the check this box and stop here	ne organization's fir				. , . ,	on,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2024 (li	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	93.83 %
	Public support percentage from 2023					16	92.08 %
	ction D. Computation of Inves					т т	
	,					.16 %	
19a	19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
k	33 1/3% support tests - 2023. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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
1		
2		
2		
_		
3a		
3b		
3с		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
_		
9a		
9b		
9с		
100		
10a		
10b		
ule A (Forr	n 990)	2024

Par	t IV	Supporting Organizations (continued)			
		* ***		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provia	de detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supen	vised, or controlled the supporting organization.	2		
Sec	lion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
Sec	the su	upported organization(s). D. All Type III Supporting Organizations	1		
		777 Type III capper and creations		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k 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	Ш	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 governmental			
		entity (see instructions).			
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		ipported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
J.		hese activities constituted substantially all of its activities.	2a		
а		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
3		activities but for the organization's involvement. It of Supported Organizations. Answer lines 3a and 3b below.	2b		
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		es of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	За		
h		ne organization evergise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sec	tion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6				
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					

7

8

instructions)

Schedule A (Form 990) 2024

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

7

Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	1	Current Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported	1	
organizations, in excess of income from activity	- 1	
	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive		
(provide details in Part VI). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	
Section E - Distribution Allocations (see instructions) (i) (ii) Underdistribution Pre-2024	ıs	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2024 (reason-		
able cause required · explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2024		
a From 2019		
b From 2020		
c From 2021		
d From 2022		
e From 2023		
f Total of lines 3a through 3e		
g Applied to under distributions of prior years		
h Applied to 2024 distributable amount		
i Carryover from 2019 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2024 from Section D,		
line 7: \$		
a Applied to underdistributions of prior years		
b Applied to 2024 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2024, if		
any. Subtract lines 3g and 4a from line 2. For result greater		
than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2024. Subtract lines 3h		
and 4b from line 1. For result greater than zero, explain in		
Part VI. See instructions.		
7 Excess distributions carryover to 2025. Add lines 3j		
and 4c.		
8 Breakdown of line 7:		
a Excess from 2020		
b Excess from 2021		
c Excess from 2022		
d Excess from 2023		
e Excess from 2024		

Schedule A (Form 990) 2024

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2024

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
DANIEL & CAROLINE KATZ	20,000.	0.	25,000.	0.	0.
SIGAL & RONNY URMAN	10,000.	15,000.	25,500.	22,055.	20,500.
TALI FOX	0.	5,000.	6,195.	5,576.	6,000.
AMIR HADAR	0.	0.	25,000.	0.	0.
ISAAC & EVELYN BLACHOR	0.	0.	0.	0.	5,000.
ZEV HERMAN	0.	0.	0.	0.	5,000.
Total to Schedule A, Part III, Line 7a	30,000.	20,000.	81,695.	27,631.	36,500.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2024

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
ADELSON FAMILY FOUNDATION	299,809.	162,399.	109,263.	0.	0.
ISRAEL AMERICAN COUNCIL	32,809.	62,399.		0.	0.
TZABAR OLAMI	426,909.	402,399.	0.	0.	0.
USD-WZO HAGSHAMA	179,809.	199,197.	0.	0.	0.
U.S. SMALL BUSINESS ADMINISTRATION	52,609.	64,253.	0.	0.	0.
ROOT ONE LLC	0.	0.	11,263.	0.	100,713.
MOSAIC UNITED LTD	0.	0.	96,396.	0.	0.
Total to Schodulo A					
Total to Schedule A, Part III, Line 7b	991,945.	890,647.	401,185.		100,713.

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2024

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2024	2024 Excess Payments
ROOT ONE LLC	224,000.	100,713.
Total Excess Payments to Schedule A. Part III. Line 7b. column (e)		100,713.

Schedule B (Form 990)

Schedule of Contributors

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (Rev. 12-2024)

FRIENDS OF ISRAEL SCOUTS 13-3843506 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

FRIENDS OF ISRAEL SCOUTS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	AMIR HADAR 2 KENSINGTON CT MORRISTOWN, NJ 07960	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	ARTHUR AND BERT WOLFF 17 W PONTOTOC AVE MEMPHIS, TN 38103	\$30,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	DANA AND YOSSIE HOLLANDER 46 BLUE IRVINE, CA 90064	\$5,200.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	DANA YARON AND ARAD LEVERTOV 605 SWARTHMORE AVE PACIFIC PALISADES, CA 90272	\$5,200.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	DANIEL AND CAROLINE KATZ 614 W BROWN DEER RD STE 300 MILWAUKEE, WI 53217	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	GAL AND LIOR GAN-EL 3001 NE 164TH ST NEW YORK, NY 10007	\$8,743.	Person X Payroll		

Name of organization Employer identification number

FRIENDS OF ISRAEL SCOUTS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GLENN AND DARYL SEGAL 1131 JEFFERSON LN HUNTINGDON VY, PA 19006	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GREATER MIAMI JEWISH FOUNDATION 4200 BISCAYNE BLVD MIAMI, FL 33137	\$ 27,675.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HATZAV FAMILY FOUNDATION INC 10573 W PICO BLVD LOS ANGELES, CA 90064-2333	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ISRAEL AMERICAN COUNCIL 5900 CANOGA AVENUE, STE 390 WOODLAND HILLS, CA 91367	\$17,279.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	JEWISH FEDERATION OF GREATER DALLAS 7800 NORTHAVEN ROAD DALLAS, TX 75230-3226	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	JEWISH FEDERATION OF GREATER WASHINGTON 6101 EXECUTIVE BLVD SUITE 100 NORTH BETHESDA, MD 20852	\$6,401.	Person X Payroll
		<u> </u>	ula D (Farras 000) (Days 40,0004)

Name of organization

Employer identification number

FRIENDS OF ISRAEL SCOUTS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JEWISH FEDERATION OF NORTH NEW JERSEY 50 EISENHOWER DRIVE PARAMUS, NJ 07652	\$\$4,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	JNF 42 EAST 69TH STREET NEW YORK, NY 10021	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15_	KALMAR FAMILY 450 N SYBELIA DRIVE MAITLAND, FL 32751	\$ <u>12,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	ROOT ONE LLC 520 8TH AVE 15TH FLOOR NEW YORK, NY 10018	\$224,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	SAMIS FOUNDATION 208 JAMES ST SEATTLE, WA 98104	\$ <u>12,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	SIGAL AND RONNY URMAN 10505 N. 69TH ST #1300 SCOTTSDALE, AZ 85253	\$\$	Person X Payroll
		<u> </u>	de D (Ferrer 000) (Dec. 40 0004)

Name of organization Employer identification number

FRIENDS OF ISRAEL SCOUTS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SUSAN BONDY 1847 US 31 HIGHWAY NORTH	\$11,500 .	Person X Payroll Noncash
	TRAVERSE CITY, MI 49686		(Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	TALI FOX		Person X Payroll
	166 DUANE ST APT 2A NEW YORK, NY 10013	\$6,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	THE PEARL RIDGE FUND C/O SCHWAB CHARITABLE FUND, 211 MAIN STREET SAN FRANCISCO, CA 94105	\$15,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	UJA FEDERATION OF NEW YORK 130 E 59TH STREET NEW YORK, NY 10022	\$32,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET WAY ATLANTA, GA 30309-2837	\$ 12,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	MARCUS JEWISH COMMUNITY CENTER OF ATLANTA INC.		Person X Payroll
	5342 TILLY MILL ROAD	\$\$	Noncash (Complete Part II for
	DUNWOODY, GA 30338		noncash contributions.)

Name of organization Employer identification number

FRIENDS OF ISRAEL SCOUTS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
25	MICROSOFT ONE MICROSOFT WAY	\$7,921.	Person X Payroll Noncash	
	REDMOND, WA 98052		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
26_	AHERN AGRI BUSINESS INC. 9465 CUSTOMHOUSE PLAZA STE G	\$ 5,000.	Person X Payroll Noncash	
	SAN DIEGO, CA 92154		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
27	BENEVITY COMMUNITY IMPACT FUND 100-402 11TH AVE SE CALGARY, CANADA T2G0T4	\$19,476.	Person X Payroll	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
28	CENTER FOR JEWISH PHILANTHROPY OF GREATER PHOENIX 12701 N SCOTTSDALE RD #202 SCOTTSDALE, AZ 85254	\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
29	COMBINED JEWISH PHILANTHROPIES KRAFT FAMILY BUILDING, 126 HIGH STREET BOSTON, MA 02110-2700	\$5,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
30	FIDELITY CHARITABLE		Person X	
	PO BOX 770001	\$62,900.	Payroll Noncash (Complete Part II for	
	CINCINNATI, OH 45277		noncash contributions.)	

Name of organization Employer identification number

FRIENDS OF ISRAEL SCOUTS, INC. 13-3843506 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 GNR GROUP X Person **Payroll** OMRI SHITRIT, 417 SOUTH TANEY STREET 5,018. Noncash (Complete Part II for PHILADELPHIA, PA 19146-1042 noncash contributions.) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 32 JEWISH FEDERATION OF GREATER SEATTLE X Person **Payroll** 300 LENORA STREET, PMB 6074 5,000. Noncash (Complete Part II for SEATTLE, WA 98121 noncash contributions.) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 33 OAK CONSULTANTS CORP X Person **Payroll** 1222 AVENUE M 14,379. Noncash (Complete Part II for BROOKLYN, NY 11230 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 34 X ROSE COMMUNITY FOUNDATION Person Payroll 4500 CHERRY CREEK DRIVE SOUTH, STE 900 5,000. Noncash (Complete Part II for DENVER, CO 80246 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 SHALOM AUSTIN JCC Person Payroll 7300 HART LANE 9,860. Noncash (Complete Part II for AUSTIN, TX 78731 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 36 STEPHEN H MUSS X Person **Payroll** 375,000. 1173 N. HOOSAC RD Noncash (Complete Part II for

WILLIAMSTOWN, MA 01267

Name of organization Employer identification number

FRIENDS OF ISRAEL SCOUTS, INC.

13-3843506

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	VERINT SYSTEMS INC 225 BROADHOLLOW ROAD SUITE 130 MELVILLE, NY 11747	\$5,258.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_	YELENA B LUMELSKY 4002 CAMBRIDGE HILL LN CHARLOTTE, NC 28270	\$6,140.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	ZEV HERMAN 9652 SAVONA WINDS DR DELRAY BEACH, FL 33446-9755	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	DANIEL BIRNBAUM 23 HATZABAR ST TEL MOND, ISRAEL	\$5,162.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	ISAAC AND EVELYN BLACHOR 4012 YARMOUTH A BOCA RATON, FL 33434-4548	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 TEWTCH COMMINITARY FOLINDATION OF ORANGE	(c) Total contributions	(d) Type of contribution
42	JEWISH COMMUNITY FOUNDATION OF ORANGE COUNTY 1 FEDERATION WAY, SUITE 230 IRVINE, CA 92603	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FRIENDS OF ISRAEL SCOUTS, INC.

13-3843506

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	

Name of organization **Employer identification number** FRIENDS OF ISRAEL SCOUTS, INC. 13-3843506 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FRIENDS OF ISRAEL SCOUTS, INC.

Employer identification number 13-3843506

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or A	ccounts. Complete if the
	<u></u>	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	_		
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	•	•	
Par	impermissible private benefit?		000 D-+ 11	Yes No
			rm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization		reation of a high	aviably important land area
	Preservation of land for public use (for example, recreat Protection of natural habitat	· —		orically important land area ified historic structure
	Preservation of open space	Fresei	valion of a cert	ined historic structure
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in	the form of a co	onservation easement on the last
_	day of the tax year.	ed conscivation contribution in	inc form of a cc	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	F			2b
	Number of conservation easements on a certified historic stru	atoma in alcohola di an lina Oa		2c
	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year	, ,	, ,	•
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, han	dling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforce	cing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of secti	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and	expense staten	nent and
	balance sheet, and include, if applicable, the text of the footnote	•	al statements th	at describes the
	organization's accounting for conservation easements.	A a. 10 a. 2 a. 17 a	011	N'ar'la a Assaula
Pai	t III Organizations Maintaining Collections of		s, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		tomont and hal	anna ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publications.	•		
	service, provide in Part XIII the text of the footnote to its finance			nce of public
h	If the organization elected, as permitted under FASB ASC 958			e sheet works of
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	ommonion, codoation, or researc	ni ni luitileialle	e or public service,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				▲
2	If the organization received or held works of art, historical trea			provide
-	the following amounts required to be reported under FASB AS		a.roidi gaii i,	p. 5.100
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) FRIENDS OF	ISRAEL SCOUTS	, INC.	13-3843506 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
	on Form 000 Dort IV line 1	1a Cas Farm 000 Dort V line 12	
Complete if the organization answered "Yes" (a) Description of investment		(c) Method of valuation: Cost	
- 	(b) Book value	(c) Metriod of Valuation. Cost	or end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (b) must equal Form 000, Part V, line 12, col. (B))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15	
	Description		(b) Book value
(1) SECURITY DEPOSIT	<u> </u>		71,497.
(2) EMPLOYEE RECEIVABLE			34,047.
(3) RIGHT OF USE ASSET			553,138.
(4)			333,233
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		658,682.
Part X Other Liabilities	(=//		•
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE OBLIGATION	N		609,460.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) (Rev. 12-2024)

609,460.

(9)

DETERMINED THAT THE ORGANIZATION HAD NO	UNCERTAIN TAX POSITIONS THAT WOULD
REQUIRE FINANCIAL STATEMENT RECOGNITION (OR DISCLOSURE. THE ORGANIZATION IS
NO LONGER SUBJECT TO EXAMINATIONS BY APP	LICABLE TAXING JURISDICTIONS FOR
PERIODS PRIOR TO DECEMBER 31, 2021.	

SCHEDULE F (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States**

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

Attach to Form 990.

 $\begin{tabular}{lll} \textbf{Go to} & \textit{www.irs.gov/Form990} & \textbf{for instructions} \\ \end{tabular} and the latest information. \\ \end{tabular}$

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	ENDS OF ISRA	EL SCOUTS	S, INC.		13-384350	6
Par			ctivities Out	side the United States. Compl	ete if the organization answered "Y	es" on
	Form 990, Part IV					
				ds to substantiate the amount of its gra		
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	orocedures for monitoring the use of its	s grants and other assistance outsi	de the
	United States.			•		
3		he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)	
	(a) Region	(b) Number of	(c) Number of			(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	independent	gram services, investments, grants to	describe specific type	for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
					SEND CHILDREN FROM	
					AMERICA TO SPEND TIME IN	
					ISRAEL WORKING IN THE	
ISRA	EL	0	1	PROGRAM SERVICES	SCOUTING MOVEMENT.	2,149,829.
3 a	Subtotal	0	1			2,149,829.
	Total from continuation					<u> </u>
	sheets to Part I	0	0			0.
	Totals (add lines 3a					
	and 3b)	0	1			2,149,829.
	aperwork Reduction Ac	ct Notice, see th	e Instructions f	or Form 990.	Schedule F (Form 990	(Rev. 12-2024)

LHA 432071 01-15-25

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

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)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a	tax
	exempt 501(c)(3) organization 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

Part III Grants and Other Assistance			tes. Complete i	f the organization answered "Yes" of	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a		(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of	(g) Description of	(h) Method of
(a) Type of grant or assistance	(b) Region	recipients	cash grant	cash disbursement	noncash assistance	noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisai, otner)

Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." 1 the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see the Instructions for Form 926) 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 Yes X No U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) 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 the Instructions for Form 5471) 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 Yes X No Fund (see the Instructions for Form 8621) 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 Yes X No Foreign Partnerships (see the Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) (Rev. 12-2024)

Yes X No

Part V | Supplemental Information

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.
· · · · · · · · · · · · · · · · · · ·
PART I, LINE 3, COLUMN (E):
REGION: ISRAEL
(E) SPECIFIC TYPES OF SERVICES IN REGION: SEND CHILDREN FROM AMERICA TO
SPEND TIME IN ISRAEL WORKING IN THE SCOUTING MOVEMENT.
BRING CHILDREN TO AMERICA FROM ISRAEL TO SPEND SUMMERS IN AMERICA
PERFORMING ISRAELI MUSIC AND DANCE.

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FRIENDS OF ISRAEL SCOUTS, INC.

Employer identification number 13-3843506

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND MAINTAIN COMMUNAL, CIVIC AND SOCIAL ACTIVITIES AND FOSTER THE
SPIRIT OF SCOUTING THRU SEASONAL CAMPS, WEEKENDS AND SPECIAL EVENTS

FORM 990 PART DESCRIPTION OF ORGANIZATION MISSION: III LINE 1, RELATIONSHIP WITH THE STATE OF ISRAEL. TOGETHER WITH THE ISRAELI SCOUTS AND THE JEWISH AGENCY FOR ISRAEL, THEY PROMOTE SEASONAL PROGRAMS THE UNITED STATES OF **AMERICA** AND ISRAEL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CARAVAN & DELEGATION: STUDENTS FROM ISRAEL TRAVEL THROUGHOUT THE US
PERFORMING ISRAELI MUSIC AND DANCE.

SHNAT SHERUT PROGRAM: A COMMUNITY SERVICE OF VOLUNTEERING IN A DEVELOPMENT TOWN/UNDERPRIVILEGED NEIGHBORHOOD IN ISRAEL.

ISRAEL SUMMER PROGRAM: STUDENTS TRAVEL TO **ISRAEL** FOR THE SUMMER EXPENSES \$ 803,004. GRANTS \$ 0. REVENUE \$ 688,027. INCLUDING OF

FORM 990, PART VI, SECTION A, LINE 2:

<u> SIGAL URMAN- BOARD MEMBER</u>

RONNY URMAN- BOARD MEMBER

RELATIONSHIP: FAMILY MEMBERS

FORM 990, PART VI, SECTION B, LINE 11B:

WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT, AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, A COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO SUBMISSION. ALL QUESTIONS AND COMMENTS ARE ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO BOARD MEMBERS, OFFICERS, EMPLOYEES, AND VOLUNTEERS.

CONFLICT INTEREST POLICY SHALL REQUIRE THAT PRIOR TO THE OF INITIAL SUCH DIRECTOR COMPLETE ELECTION OF ANY DIRECTOR, AND ANNUALLY THEREAFTER, SECRETARY ISRAEL SCOUTS, INC SIGN AND SUBMIT TO THEOF FRIENDS OF Α WRITTEN STATEMENT IDENTIFYING, TO THE BEST OF THE DIRECTOR'S KNOWLEDGE, ANY ENTITY IS AN DIRECTOR TRUSTEE, WHICH SUCH DIRECTOR OFFICER, MEMBER, A SOLE PROPRIETOR OR A PARTNER) OR EMPLOYEE AND WITH WHICH (EITHER AS FRIENDS OF ISRAEL SCOUTS, INC HAS A RELATIONSHIP, AND ANY TRANSACTION IN INC WHICH FRIENDS OF ISRAEL SCOUTS, IS A PARTICIPANT AND IN WHICH THE DIRECTOR MIGHT HAVE A CONFLICTING INTEREST. THE SECRETARY OF FRIENDS OF COPY OF ALL COMPLETED SCOUTS INC SHALL PROVIDE Α STATEMENTS TO THE THE AUDIT COMMITTEE OR, ΙF THERE IS NO AUDIT COMMITTEE, THE CHAIR OF CHAIR OF THEBOARD

CONFLICTS POTENTIAL OF INTEREST ARE INVESTIGATED BY THE APPROPRIATE PARTIES WHICH MAY INCLUDE SPECIAL COMMITTEE THAT IS NOT INVOLVED IN THE CONFLICT Α SENIOR STAFF. ONCE THE COMMITTEE HAS MADE ITS DETERMINATION AND PRESENTED ANY AVAILABLE ALTERNATIVES TO THE CONFLICT THE PARTIES INVOLVED

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

Schedule O (Form 990) (Rev. 12-2024)

Schedule O (Form 990) 2024 Name of the organization **Employer identification number** FRIENDS OF ISRAEL SCOUTS, INC. 13-3843506 MAY BE ASKED TO: - ABSTAIN FROM VOTING ON THE ACTION; - REMOVE THEMSELVES FROM ANY DISCUSSIONS RELATING TO THE CONFLICT; - REFRAIN FROM DISCUSSING THE CONFLICT WITH OTHER CO-WORKERS VOLUNTEERS, OR GOVERNING ENTITY SO AS NOT TO INFLUENCE THEIR ACTIONS; AND - CONSIDER OTHER ACTIONS, DEPENDING ON THE SITUATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND BYLAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATION'S ADDRESS. FORM 990, LINE 1C THE ORGANIZATION BEGAN OPERATING UNDER THE TRADE NAME 'TZOFIM NORTH AMERICA' DURING THE YEAR. THE LEGAL NAME REMAINS 'FRIENDS OF ISRAEL SCOUTS, INC.' NO LEGAL NAME CHANGE OCCURRED.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
75	SOUND EQUIPMENT	05/01/14	SL	5.00	1	16	1,195.				1,195.	1,195.		0.	1,195.
76	SOUND EQUIPMENT	05/01/14	SL	5.00	1	16	1,240.				1,240.	1,240.		0.	1,240.
77	MICROPHONES	05/01/14	SL	5.00	1	16	6,391.				6,391.	6,391.		0.	6,391.
79	SPEAKERS	05/01/14	SL	5.00	1	16	2,025.				2,025.	2,025.		0.	2,025.
83	PROJECTOR	04/17/18	SL	5.00	1	16	1,814.				1,814.	1,814.		0.	1,814.
84	PROJECTOR	04/17/18	SL	5.00	1	16	1,565.				1,565.	1,565.		0.	1,565.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						14,230.				14,230.	14,230.		0.	14,230.
	OTHER														
80	NEW SOFTWARE PROGRAM	09/01/16		60M	HY4	43	12,500.				12,500.	12,500.		0.	12,500.
85	SOFTWARE UPGRADE (DRUPAL 9)	07/01/21		60 M	HY4	43	22,500.				22,500.	11,250.		4,500.	15,750.
	* 990 PAGE 10 TOTAL OTHER						35,000.				35,000.	23,750.		4,500.	28,250.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						49,230.				49,230.	37,980.		4,500.	42,480.

428111 04-01-24

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

990 Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number

Pai	ENDS OF ISRAEL SCOU						AGE 10		13-38435	006
	Tt Election To Expense Certain Propert	ty Under Section 17	9 Note: If yo	u have any lis	sted pro	perty, c	omplete Part	V before	`	
1 N	Maximum amount (see instructions)							1	1,220,0	<u> </u>
2 7	otal cost of section 179 property place	ed in service (see i	nstructions)					2		
3 T	hreshold cost of section 179 property I	before reduction i	n limitation					3	3,050,0	00.
4 F	Reduction in limitation. Subtract line 3 fi	rom line 2. If zero	or less, ente	r -0-				4		
5 D	ollar limitation for tax year. Subtract line 4 from line 1	1. If zero or less, enter -0	If married filin	g separately, see i	nstruction	s		5		
6	(a) Description of pro	perty		(b) Cost (busin	ess use o	nly)	(c) Elected of	ost		
7 L	isted property. Enter the amount from	line 29				7				
8 1	otal elected cost of section 179 proper							8		
	entative deduction. Enter the smaller									
	Carryover of disallowed deduction from									
	Business income limitation. Enter the sn									
	Section 179 expense deduction. Add lin							12		
	Carryover of disallowed deduction to 20				Г	13				
	: Don't use Part II or Part III below for li									
	rt II Special Depreciation Allowar				le listed	propert	y.)			
	Special depreciation allowance for quali		•							
	he tax year						·	14		
	Property subject to section 168(f)(1) elec									
	Other depreciation (including ACRS)							. 16		
	T III MACRS Depreciation (Don't	include listed pro	nerty. See in	structions)				10		
-	MAONO Depreciation (Bon t	molade noted proj		ction A						
47 N	AACDC daductions for seasts placed in	. comilee in toy yes			<u> </u>			17		
	MACRS deductions for assets placed in	i service ili tax yea	as beginning) belore 2024				17		
10 "	you are electing to group any assets placed in service	se during the tay year int	o one or more a	aneral asset asso	inte chack	horo		7		
	you are electing to group any assets placed in service						aral Depreciat	ion Syst	tem	
	you are electing to group any assets placed in service Section B - Assets	Placed in Service	During 202	24 Tax Year I	Jsing th	ne Gene	eral Depreciat	tion Syst	tem	
			(c) Basis fo (business/ir	24 Tax Year l	Using th		eral Depreciat			ction
19a	Section B - Assets	(b) Month and year placed	(c) Basis fo (business/ir	24 Tax Year I depreciation expression use	Using th	ne Gene				ction
19a b	Section B - Assets (a) Classification of property	(b) Month and year placed	(c) Basis fo (business/ir	24 Tax Year I depreciation expression use	Using th	ne Gene				ction
	Section B - Assets (a) Classification of property 3-year property	(b) Month and year placed	(c) Basis fo (business/ir	24 Tax Year I depreciation expression use	Using th	ne Gene				ction
b	Section B - Assets (a) Classification of property 3-year property 5-year property	(b) Month and year placed	(c) Basis fo (business/ir	24 Tax Year I depreciation expression use	Using th	ne Gene				ction
b c	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	(b) Month and year placed	(c) Basis fo (business/ir	24 Tax Year I depreciation expression use	Using th	ne Gene				ction
b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	(b) Month and year placed	(c) Basis fo (business/ir	24 Tax Year I depreciation expression use	Using th	ne Gene				ction
d e	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	(b) Month and year placed	(c) Basis fo (business/ir	24 Tax Year I depreciation expression use	(d) R	ne Gene				ction
b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed	(c) Basis fo (business/ir	24 Tax Year I depreciation expression use	Using the desired state of the	ne Gene tecovery eriod		(f) Method		ction
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b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	(b) Month and year placed	(c) Basis fo (business/ir	24 Tax Year I r depreciation evestment use	25 27.	ne Gene decovery eriod	(e) Convention	(f) Method		ction
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b c d e f g h i 20a b c d Pai 21 L 22 1 E	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Pl Class life 12-year 30-year 40-year **T IV Summary (See instructions.)	Placed in Service (b) Month and year placed in service / / / / laced in Service / / / / 4 through 17, line of your return. Pa	c During 202 (c) Basis fo (business/ir only - see During 2024 es 19 and 2024 rtnerships and 2024	24 Tax Year II r depreciation restment use instructions) 4 Tax Year Use in column (g and S corporat	25 27. 27. 39 30 40	de General Recovery Period Secovery Period Sec	(e) Convention MM MM MM MM MM MM MM MM MM	S/L	stem	

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A -	Depreciation	on and Other I	nformat	ion (Cau	ution: S	See the i	nstruc	tions for I	mits for p	asseng	er auton	nobiles.)							
 24a	Do you have evidence to s	upport the bu	siness/investme	nt use cla	imed?	Y	es	No	24b If "\	es," is th	e evide	nce writt	en?	Yes	No					
	(a) Type of property (list vehicles first)	(b) Date placed in service Date placed in service Date investment use percentage on allowance for qualified listed pr		l ot	(d) Cost or her basis		(e) is for depresiness/inve use only	stment	(f) Recovery period	Met	g) :hod/ ention	(h) Depreciation deduction								
 25	Special depreciation allo	wance for q	ualified listed p	roperty	placed i	n servic	e during	the ta	x year an	d										
	used more than 50% in a	a qualified bu	usiness use								25									
26	Property used more than	n 50% in a q	ualified busine	ss use:																
		: :	9	6																
		: :	9	6																
		: :	9	6																
27	Property used 50% or le	ss in a qualit	ied business u	se:																
		: :	9	6						S/L -										
		: :	9	6						S/L -										
		: :	9	6						S/L -										
28	Add amounts in column	(h), lines 25	through 27. Er	nter here	and on	line 21,	page 1				28									
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29																				
			S	ection E	3 - Infori	mation	on Use	of Veh	icles											
Cor	mplete this section for ve	hicles used l	oy a sole propr	ietor, pa	rtner, or	other "r	more tha	an 5%	owner," o	r related	person.	If you pr	ovided v	ehicles						
	our employees, first ansv																			
	ntal husiness/investment miles driven during the		(a	a)	(I	(b)		(c)		d)	(e)		(f)						
30	Total business/investment i	tal business/investment miles driven during the				nent miles driven during the		Vehi	cle 1	Vehi	cle 2	Ve	ehicle 3 Vehic		nicle 4 V		Vehicle 5		Vehicle 6	
	year (don't include commuting miles)																			
	Total commuting miles of																			
	Total other personal (noncommuting) miles																			
	driven																			
	Total miles driven during																			
	Add lines 30 through 32																			
	Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No					
	during off-duty hours?																			
35	Was the vehicle used pr																			
	than 5% owner or relate																			
36	Is another vehicle availal	· ·																		
	use?	· ·																		
			- Questions fo	or Empl	overs W	ho Prov	ride Veh	icles f	for Use b	y Their E	mploye	es	•	•						
Ans	swer these questions to o												ren't							
	re than 5% owners or rela					· ·				•										
	Do you maintain a writte				l person	al use o	f vehicle	s, incl	uding cor	nmuting,	by your			Yes	No					
	employees?		· · · · · · · · · · · · · · · · · · ·		•				-	-	, ,									
	Do you maintain a writte										our									
	employees? See the inst		· · · · · · · · · · · · · · · · · · ·					-												
	Do you treat all use of ve																			
	Do you provide more that																			
	the use of the vehicles,																			
	Do you meet the require																			
	Note: If your answer to																			
	art VI Amortization	37, 00, 00, 1	0, 01 11 10 10	<u>, </u>	сотпріс	to occin	011 10 101	1110 00	VOICE VOI	110100.										
	(a)			(b)		(c)	(c)		(d)		(e)			(f)						
	Description of	costs		amortization begins		Amortizab amount	ole		Code section		Amortiza period or per		Ar fo	nortization r this year						
 42	Amortization of costs the	at begins du	•		r:						portou ut het	ooniayo		, 500						
72		20gii 10 du	g , our 2024	you																
												$\overline{}$								
43	Amortization of costs the	at hegan hef	ore vour 2024	tax vear						STN	T 1	43		4.	500.					
	Total. Add amounts in a									×.±£	-	44			500.					
	52 12-20-24	olullii (i). Ot	o trio matrubli	0/13 IUI V	viloie to	гороп							Г	orm 456 3						

FORM 4562	PART VI	- AMORTIZA	STATEMENT 1			
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
SOFTWARE UPGRADE (DRUP	07/01/21	22,500.		60M	11,250.	4,500.
TOTAL TO FORM 4562, LINE	43					4,500.

2024 DEPRECIATION AND AMORTIZATION REPORT

CURRENT	YEAR	FEDERAL	_	FRIENDS	OF	ISRAEL	SCOUTS,	INC.
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Asset No.	Description	Da Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT												
75	SOUND EQUIPMENT	050	1 1 4	SL	5.00	16	1,195.			1,195.	1,195.		0.
76	SOUND EQUIPMENT	050:	1 1 4	SL	5.00	16	1,240.			1,240.	1,240.		0.
77	MICROPHONES	0501	114	SL	5.00	16	6,391.			6,391.	6,391.		0.
79	SPEAKERS	0501	114	SL	5.00	16	2,025.			2,025.	2,025.		0.
83	PROJECTOR	041	718	SL	5.00	16	1,814.			1,814.	1,814.		0.
84		041	718	SL	5.00	16	1,565.			1,565.	1,565.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME						14,230.		0.	14,230.	14,230.		0.
	OTHER												
80		090:	1 1 6		60M	43	12,500.			12,500.	12,500.		0.
85		0703	121		60M	43	22,500.			22,500.	11,250.		4,500.
	* 990 PAGE 10 TOTAL OTHER						35,000.		0.	35,000.	23,750.		4,500.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR						49,230.		0.	49,230.	37,980.		4,500.

- NEXT YEAR FEDERAL -

FRIENDS OF ISRAEL SCOUTS, INC.

Asset No.	Description		ate uired	N	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT										
75	SOUND EQUIPMENT	050				5.00	1,195.		1,195.	1,195.	0.
76	SOUND EQUIPMENT	050				5.00	1,240.		1,240.	1,240.	0.
77	MICROPHONES	050				5.00	6,391.		6,391.	6,391.	0.
79	SPEAKERS	050	114	4 S	L	5.00	2,025.		2,025.	2,025.	0.
83	PROJECTOR	041				5.00	1,814.		1,814.		0.
84	PROJECTOR	041	718	3 S I	L	5.00	1,565.		1,565.	1,565.	0.
	* 990 PAGE 10 TOTAL MACHINERY &										
	EQUIPMENT						14,230.		14,230.	14,230.	0.
	OTHER										
80	NEW SOFTWARE PROGRAM	090				60 M	12,500.		12,500.	12,500.	0.
85	SOFTWARE UPGRADE (DRUPAL 9)	070	121	1		60 M	22,500.		22,500.	15,750.	4,500.
	* 990 PAGE 10 TOTAL OTHER						35,000.		35,000.	28,250.	4,500.
	* GRAND TOTAL 990 PAGE 10 DEPR &										
	AMORT						49,230.		49,230.	42,480.	4,500.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone



Tzofim North America – Program Accomplishments

Building Global Jewish Identity and Leadership

- Over 30 years of growth and impact, transforming the lives of thousands of Jewish youth and young adults across North America.
- Part of the worldwide Tzofim Olami Movement, connecting Jewish communities in North America, Israel, Europe, and Australia.
- Programs cultivate Zionist values, Jewish pride, leadership, and community engagement through experiential education and Hebrew immersion.

Hanhagat Tzabar – The Tzofim Youth Movement

- 28 chapters across 16 U.S. states and Canada, engaging 5,5500+ Jewish youth (ages 8–18).
- Supported by 400+ volunteers and professional staff, integrating Israeli culture and Hebrew into weekly activities.
- Operates on a peer-led model ("Noar Mechanech Noar"), empowering teens to lead, teach, and create change.
- 94% of participants feel confident in their Jewish identity;
 74% report a stronger connection to Israel;
 90% express a desire to take on leadership roles in their communities.
- Every chapter reflects its local community's character while connecting to a global movement of Jewish-Israeli youth.

Garin Tzabar – Lone Soldiers Program

- The leading global program supporting young Jewish adults (18–22) who make Aliyah and, in accordance to Israeli law, choose to serve as Lone Soldiers in the IDF.
- Provides comprehensive support from pre-Aliyah orientation, Hebrew language and cultural preparation, to housing, mentorship, and post-service integration.
- Fosters lifelong community, belonging, and Jewish leadership in Israel.
- In 2024:
 - 600+ active Lone Soldiers supported across 24 Garinim in kibbutzim and urban centers. 180+ new Olim joined the program.
- To date, 4,000+ Garin Tzabar participants from around the world have made Aliyah and served in the IDF.

Tzofim Summer Programs

In the U.S.

- Machane B'Yachad: A 14-day Hebrew immersion camp (ages 8–13) in partnership with NJY Camps.
- Builds Hebrew fluency, Israeli connection, and friendships through a full Hebrew-speaking environment.
- 160 participants annually from across North America.

In Israel

- Camp Tzababa: A 6–9-day outdoor adventure for 7th–12th graders, connecting North American teens with Israeli Scouts in nature-based settings.
- Chetz V'Keshet: A 3–4-week immersive summer experience in Israel for 9th–12th graders, running for over 30 years.
- Combines travel, language immersion, and leadership building.
- Poland Delegation: A profound journey for 11th–12th graders exploring Jewish history, identity, and peoplehood through Poland and Israel.
- Participants engage in dialogue, reflection, and Holocaust remembrance, strengthening their global Jewish identity.

Cumulative Impact:

6,500+ summer program alumni, including campers, delegation participants, and leaders.

Tzofim Friendship Caravan – 50+ Years of Music and Connection

- Since 1973, over 400,000 audience members have experienced the Caravan's performances.
- Each summer, Israeli teens travel across North America, performing in over 100 Jewish communities.
- The Caravan celebrates Israeli culture through song, dance, and personal storytelling, building bridges of friendship and shared identity.
- Supported by Jewish National Fund (JNF) and community partners.

Tzofim Poland Delegation (Masa) – Exploring Jewish Heritage and Identity

- A transformative journey of memory, identity, and peoplehood, open exclusively to 11th—12th grade members of Hanhagat Tzabar.
- Participants travel across Poland and Israel to explore Jewish history, Holocaust remembrance, and the modern meaning of Zionism.
- Combines intellectual, emotional, and experiential learning, emphasizing reflection, leadership, and shared identity.

Includes:

Visits to major historical sites of Jewish life and Holocaust remembrance. Peer dialogue among teens from North America, Israel, and Europe. Shabbat and guided post-trip processing to deepen learning and connection.

- Cultivates a strong, personal sense of Jewish identity, global peoplehood, and leadership rooted in memory and responsibility.
- Annual participation: 60 teens from across North America.

Tzofim Summer Delegation to Jewish Camps

- Each summer, 60 outstanding Israeli teens (ages 16–17) serve as counselors in 17 Jewish summer camps across the U.S.
- These teens bring Israel's culture, language, and energy directly into camp life.
- Activities include Israeli songs, games, and cultural exchanges creating thousands of authentic connections between Israeli and American Jewish youth.

Overall Measurable Impact

Area Impact

Alumni of Tzofim Chapters 11,000+

Garin Tzabar Lone Soldiers 4,000+ made Aliyah & served in IDF

Summer Program Participants 6,500+

Friendship Caravan Viewers 400,000+ over 50 years

Current Members (2024) 5,500+ youth (ages 8–18) in 28 chapters

Active Lone Soldiers 600+ New Garin Tzabar Olim (2024) 250+

Enduring Legacy

Through its diverse programs — from youth leadership and summer adventures to Aliyah and cultural exchange —Tzofim North America nurtures belonging, pride, and purpose. It builds a generation of young Jewish leaders who are confident, compassionate, and deeply connected to Israel and the Jewish people.

