

**INTERNATIONAL FELLOWSHIP  
OF CHRISTIANS & JEWS, INC.**

Form 990 for the  
Year Ended December 31, 2020

Public Disclosure Copy

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INTERNATIONAL FELLOWSHIP OF CHRISTIANS &amp; JEWS, INC.</b>		<b>D</b> Employer identification number <b>36-3256096</b>
	Doing business as <b>IFCJ; THE FELLOWSHIP</b>		<b>E</b> Telephone number <b>312-641-7200</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>171,276,379.</b>
	<b>30 NORTH LASALLE STREET</b>	<b>4300</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60602-2584</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>J.R. DUPELL</b> <b>SAME AS C ABOVE</b>			If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.IFCJ.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1983</b> <b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROMOTE UNDERSTANDING AND COOPERATION BETWEEN JEWS AND CHRISTIANS (SEE SCHEDULE O)</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>129</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>9</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 115,073,908.	<b>Current Year</b> 156,294,559.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,111,703.	1,257,732.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,950,261.	24,070.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,135,872.	157,576,361.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	58,721,635.	70,802,308.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,274,069.	13,434,600.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	4,006,009.	5,485,180.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>18,351,837.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,886,828.	41,925,547.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	114,888,541.	131,647,635.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,247,331.	25,928,726.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 53,307,690.	<b>End of Year</b> 78,997,697.
	<b>21</b> Total liabilities (Part X, line 26)	21,206,250.	18,062,432.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	32,101,440.	60,935,265.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>ROBIN VAN ETEN, GLOBAL COO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BRIDGET T ROCHE</b>	Preparer's signature <i>Bridget Roche</i>	Date 11/5/2021	Check if self-employed <input type="checkbox"/>	PTIN <b>P00666837</b>
	Firm's name ▶ <b>GRANT THORNTON LLP</b>	Firm's EIN ▶ <b>36-6055558</b>	Phone no. <b>312-856-0200</b>		
Firm's address ▶ <b>171 N. CLARK ST, SUITE 200</b>		<b>CHICAGO, IL 60601</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**PROMOTE UNDERSTANDING AND COOPERATION BETWEEN JEWS AND CHRISTIANS THROUGH SUPPORT OF ISRAEL AND THE JEWISH PEOPLE AROUND THE WORLD WITH HUMANITARIAN CARE AND LIFE-SAVING AID.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 43,511,559. including grants of \$ 40,276,127.) (Revenue \$ \_\_\_\_\_)  
**GUARDIANS OF ISRAEL: PROVIDED 545,201 POOR ISRAELIS WITH FOOD, HOUSING, MEDICAL CARE, CLOTHING, HEATING FUEL, AND OTHER BASIC NECESSITIES, AS WELL AS FUNDING HUNDREDS OF SPECIAL PROJECTS SUCH AS SECURITY FOR ISRAELIS IN AREAS VULNERABLE TO TERROR ATTACKS AND THERAPY PROGRAMS FOR WAR VETERANS AND TERROR VICTIMS. GUARDIANS PROVIDES SUPPORT TO ISRAEL DEFENSE FORCES SOLDIERS, AND RESPONDS WITH EMERGENCY RELIEF DURING TIMES OF CRISIS, AS WELL AS PROVIDING ASSISTANCE TO ISRAEL'S ARAB, BEDOUIN, CHRISTIAN, AND DRUZE POPULATIONS. IN 2020 GUARDIANS FORMED AN EMERGENCY FUND TO MEET NEEDS RELATED TO THE COVID-19 CRISIS. THIS FUND PROVIDED FOOD TO ELDERLY, WIDOWS, REFUGEES, AND FAMILIES IN ISRAEL, SPECIAL FOOD ASSISTANCE FOR THE JEWISH HIGH HOLY DAYS, AND EMERGENCY MEDICAL EQUIPMENT TO HOSPITALS AND MEDICAL SERVICE ORGANIZATIONS.**

4b (Code: \_\_\_\_\_) (Expenses \$ 27,872,757. including grants of \$ 17,814,603.) (Revenue \$ \_\_\_\_\_)  
**ISAIAH 58: PROVIDED 1,007,556 NEEDY JEWS IN THE FORMER SOVIET UNION (FSU) AND OTHER LOCATIONS AROUND THE WORLD - INCLUDING MANY IMPOVERISHED HOLOCAUST SURVIVORS - WITH FOOD, CLOTHING, MEDICINE, HEATING FUEL, AND OTHER NECESSITIES. ISAIAH 58 ALSO FUNDS AN EXTENSIVE NETWORK OF JEWISH CHILDREN'S HOMES IN THE FSU, PROVIDING SHELTER, EDUCATION, AND SECURITY FOR ORPHANS AND CHILDREN LIVING ON THE STREETS, AS WELL AS PROVIDING EMERGENCY RELIEF DURING TIMES OF CRISIS, AND FUNDING SECURITY (GATES, REINFORCED DOORS AND WINDOWS, GUARDS, SURVEILLANCE CAMERAS) FOR JEWISH INSTITUTIONS IN THE FSU AND THROUGHOUT THE WORLD. IN 2020, ISAIAH 58 ALSO PROVIDED EMERGENCY COVID RELIEF FUNDS TO THE JEWISH COMMUNITY IN THE FORMER SOVIET UNION.**

4c (Code: \_\_\_\_\_) (Expenses \$ 9,624,365. including grants of \$ 8,910,364.) (Revenue \$ \_\_\_\_\_)  
**ON WINGS OF EAGLES: PROVIDED ALIYAH (IMMIGRATION)-RELATED ASSISTANCE, INCLUDING FLIGHTS TO ISRAEL AND ASSISTANCE WITH KLITAH (RESETTLEMENT) NEEDS, TO 4,622 OPPRESSED AND IMPOVERISHED JEWS FROM AROUND THE WORLD - INCLUDING FROM EUROPE, THE FORMER SOVIET UNION, SOUTH AMERICA, AND ELSEWHERE - AS WELL AS PROVIDING CRITICAL KLITAH ASSISTANCE TO 154,923 PEOPLE (WITH A FOCUS ON ETHIOPIAN IMMIGRANTS), INCLUDING PRE-MILITARY PREPARATION, EDUCATION, AND JOB TRAINING.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 14,798,058. including grants of \$ 3,801,214.) (Revenue \$ 24,070.)

4e Total program service expenses **95,806,739.**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>X</b>	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>X</b>	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	22	X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	23	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	24a	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
<b>c</b> 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	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	25a	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	25b	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	26	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	28a	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	28b	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	28c	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	29	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	30	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	31	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	32	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	33	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	34	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	35b	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	36	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	37	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	38	X

**Note:** All Form 990 filers are required to complete Schedule O

**Part 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	1a	42
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

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

		Yes	No
<b>2a</b>	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		129
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶ ISRAEL, CANADA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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**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.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</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 O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?	<input checked="" type="checkbox"/>	
<b>3</b>	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?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	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?		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** 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     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 statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**ROBIN VAN ETTEN - 312-641-7200**  
**30 NORTH LASALLE STREET, SUITE 4300, CHICAGO, IL 60602-2584**

**INTERNATIONAL FELLOWSHIP OF  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Yael Eckstein - Farkas PRESIDENT & CEO	40.00 0.50			X				579,825.	0.	116,247.
(2) Robin Van Etten GLOBAL CHIEF OPERATING OFFICER	40.00 0.50			X				297,622.	0.	95,487.
(3) George Mamo FORMER GLOBAL CHIEF OPERATING OFFICE	0.00 0.00						X	357,100.	0.	14,399.
(4) Eric Frans VP OF PHILANTHROPY	40.00 0.00			X				240,205.	0.	8,308.
(5) Laurel Simkovich VP OF FINANCE	40.00 0.00			X				182,121.	0.	60,732.
(6) Katherine Rovani ASSOC. VP OF OPS (AS OF 01/2020)	40.00 0.00				X			155,469.	0.	68,264.
(7) Geraldine Tolbert ASSOC. VP OF HR (AS OF 01/2020)	40.00 0.00				X			162,472.	0.	41,253.
(8) Kristin Henning SENIOR DIRECTOR OF FINANCE	40.00 0.00					X		144,898.	0.	51,120.
(9) Erica Prescott SR DR INTEGR FR & DONOR RETENTION	40.00 0.00					X		131,109.	0.	60,012.
(10) Christine Jespersen PHILANTHROPY ADVISER	40.00 0.00					X		141,002.	0.	43,034.
(11) Damon Card FORMER VP OF INFORMATION SERVICES	0.00 0.00						X	162,871.	0.	20,024.
(12) Tawahedo Seyoum DIRECTOR OF INFORMATION SERVICES	40.00 0.00					X		148,746.	0.	22,371.
(13) James Ray DIR OF GIFT PLANNING (AS OF 10/2020)	40.00 0.00					X		143,550.	0.	21,742.
(14) Bishop Paul Lanier CHAIRMAN	1.00 0.50	X		X				0.	0.	0.
(15) J.R. Dupell SECRETARY & TREASURER	5.00 0.00	X		X				0.	0.	0.
(16) David Clark DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) Ed Frankel DIRECTOR (THRU 06/2020)	1.00 0.00	X						0.	0.	0.



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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEITH FRANKEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) STEVEN HEFTER DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) JOHNNIE MOORE DIRECTOR (BEG 12/2020)	1.00 0.00	X						0.	0.	0.
(21) PENNY NANCE DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) SUZANNE PEYSER DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) JACOB SCHIMMEL DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								2,846,990.	0.	622,993.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,846,990.	0.	622,993.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS RD., SUITE 500, VIENNA, VA 22182	PRINT & POSTAGE	14,588,093.
CANNELA RESPONSE TELEVISION, LLC 848 LIBERTY DRIVE, BURLINGTON, WI 53105	TV AD PLACEMENT	10,701,263.
GOOGLE, INC., DEPT 33654, PO BOX 39000, SAN FRANCISCO, CA 94139	INTERNET SEARCH & ADVERTISING	1,545,535.
MDS COMMUNICATIONS CORPORATION 545 WEST JUANITA AVE., MESA, AZ 85210	TELEMARKETING	1,392,829.
CAUSEWORX, INC., 2 MCNAMARA, CT. AGJAX, ONTARIO, CANADA L1T 4W6	TELEMARKETING	1,228,564.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **37**

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**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 35,837.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 156,258,722.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 124,908.				
	<b>h Total.</b> Add lines 1a-1f .....		156,294,559.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		981,849.		981,849.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real			
			(ii) Personal			
	<b>b</b> Less: rental expenses ...	<b>6b</b>				
	<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
			(ii) Other			
				13,966,830.		
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	13,690,947.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	275,883.			
	<b>d</b> Net gain or (loss) .....		275,883.		275,883.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b> Less: direct expenses .....	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>	29,389.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	9,071.				
<b>c</b> Net income or (loss) from sales of inventory .....		20,318.	20,318.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> TOURS AND CONFERENCES	<b>Business Code</b>	900099	3,752.	3,752.	
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....		3,752.			
<b>12 Total revenue.</b> See instructions .....		157,576,361.	24,070.	0.	1,257,732.	

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**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	46,096,421.	46,096,421.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	24,705,887.	24,705,887.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,332,034.	325,602.	633,657.	372,775.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	3,648.			3,648.
<b>7</b> Other salaries and wages .....	8,872,879.	1,872,477.	4,330,305.	2,670,097.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	736,082.	193,075.	330,678.	212,329.
<b>9</b> Other employee benefits .....	1,706,087.	224,250.	979,650.	502,187.
<b>10</b> Payroll taxes .....	783,870.	172,158.	352,902.	258,810.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	2,136,827.	435,042.	1,592,207.	109,578.
<b>b</b> Legal .....	255,710.	8,099.	247,611.	
<b>c</b> Accounting .....	146,711.	2,657.	144,054.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	5,485,180.			5,485,180.
<b>f</b> Investment management fees .....	184,556.		184,556.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....				
<b>12</b> Advertising and promotion .....	3,946,122.	2,942,887.	93,748.	909,487.
<b>13</b> Office expenses .....	2,863,183.	168,920.	2,655,400.	38,863.
<b>14</b> Information technology .....	1,200,375.	275,983.	914,926.	9,466.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	939,641.	187,733.	525,661.	226,247.
<b>17</b> Travel .....	166,205.	75,661.	36,473.	54,071.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	42,127.	1,035.	37,079.	4,013.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	115,824.	18,836.	53,461.	43,527.
<b>23</b> Insurance .....	116,142.		116,072.	70.
<b>24</b> Other expenses. Itemize expenses not covered 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.)				
<b>a</b> <b>PRINTING AND POSTAGE</b> .....	15,861,632.	7,182,584.	3,901,969.	4,777,079.
<b>b</b> <b>TV AND RADIO AIRTIME</b> .....	11,340,261.	8,622,725.	196,576.	2,520,960.
<b>c</b> <b>PROGRAM IMPLEMENTATION</b> .....	1,490,397.	1,490,397.		
<b>d</b> <b>TELEMARKETING</b> .....	1,119,834.	804,310.	162,074.	153,450.
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	131,647,635.	95,806,739.	17,489,059.	18,351,837.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	43,520,456.	20,751,839.	6,119,677.	16,648,940.

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	500.	<b>1</b>	500.
	<b>2</b> Savings and temporary cash investments .....	11,461,347.	<b>2</b>	36,488,099.
	<b>3</b> Pledges and grants receivable, net .....	245,750.	<b>3</b>	838,212.
	<b>4</b> Accounts receivable, net .....	27,155.	<b>4</b>	231,286.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	173,246.	<b>8</b>	203,498.
	<b>9</b> Prepaid expenses and deferred charges .....	1,162,537.	<b>9</b>	1,379,138.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,704,319.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,348,466.		
	<b>11</b> Investments - publicly traded securities .....	36,665,022.	<b>11</b>	35,979,932.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,256,274.	<b>12</b>	3,521,179.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	53,307,690.	<b>16</b>	78,997,697.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,474,318.	<b>17</b>	5,419,126.
	<b>18</b> Grants payable .....	6,018,294.	<b>18</b>	6,473,193.
	<b>19</b> Deferred revenue .....	580,000.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	7,133,638.	<b>25</b>	6,170,113.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	21,206,250.	<b>26</b>	18,062,432.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	25,725,322.	<b>27</b>	53,608,386.
	<b>28</b> Net assets with donor restrictions .....	6,376,118.	<b>28</b>	7,326,879.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	32,101,440.	<b>32</b>	60,935,265.
<b>33</b> Total liabilities and net assets/fund balances .....	53,307,690.	<b>33</b>	78,997,697.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	157,576,361.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	131,647,635.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	25,928,726.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	32,101,440.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,050,536.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-145,437.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	60,935,265.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	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 Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	129817844	119674288	118046859	115073908	156294559	638907458
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	129817844	119674288	118046859	115073908	156294559	638907458
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						638907458

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	129817844	119674288	118046859	115073908	156294559	638907458
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	876,693.	907,120.	1101694.	752,705.	981,849.	4620061.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	344.		118,175.			118,519.
<b>11 Total support.</b> Add lines 7 through 10						643646038
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,160,083.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.26 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.30 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

INTERNATIONAL FELLOWSHIP OF

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	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	<b>Total annual distributions.</b> 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 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

INTERNATIONAL FELLOWSHIP OF

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 344.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

FUNDRAISING INCOME

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 105,754.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

FORIEGN CURRNCY TRANSLATION

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 12,421.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

**Name of the organization** INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. **Employer identification number** 36-3256096

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020



**INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES PAYABLE	4,493,622.
(3) DEFERRED COMPENSATION PAYABLE	1,515,184.
(4) DEFERRED RENT	161,307.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,170,113.

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



INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments .....	<b>2a</b>		
b Donated services and use of facilities .....	<b>2b</b>		
c Recoveries of prior year grants .....	<b>2c</b>		
d Other (Describe in Part XIII.) .....	<b>2d</b>		
e Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
3 Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
b Other (Describe in Part XIII.) .....	<b>4b</b>		
c Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
5 Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements .....		<b>1</b>	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities .....	<b>2a</b>		
b Prior year adjustments .....	<b>2b</b>		
c Other losses .....	<b>2c</b>		
d Other (Describe in Part XIII.) .....	<b>2d</b>		
e Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
3 Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
b Other (Describe in Part XIII.) .....	<b>4b</b>		
c Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
5 Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

**USES OF ENDOWMENT FUNDS**

THE DONOR-RESTRICTED ENDOWMENT FUNDS ARE RESTRICTED TO BENEFIT THE "ON THE WINGS OF EAGLES" PROGRAM ACTIVITIES.

**PART X, LINE 2:**

**LIABILITY FOR UNCERTAIN TAX POSITIONS - FIN 48 (ASC 740)**

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, ENTITIES MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT

**Part XIII** Supplemental Information (continued)

THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING  
AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF  
TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF AN ENTITY AND VARIOUS  
POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE  
INCOME.

THE FELLOWSHIP FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION AND A  
RELATED RETURN IN THE STATE OF ILLINOIS. FOR THE YEARS ENDING DECEMBER 31,  
2020 AND 2019, MANAGEMENT HAS REVIEWED THE FELLOWSHIP'S TAX POSITIONS FOR  
THE OPEN TAX YEARS (CURRENT AND PRIOR THREE TAX YEARS) AND CONCLUDED THAT  
THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS. SUCH OPEN TAX YEARS REMAINS  
SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

THE FOUNDATION FILES FORM 990 IN U.S. FEDERAL JURISDICTION AND A RELATED  
RETURN IN THE STATE OF ILLINOIS. THE AMUTAH AND IFCJ BRAZIL FILE FORM 5471  
IN THE U.S. FEDERAL JURISDICTION AND RELATED APPROPRIATE TAX FILINGS IN  
THEIR RESPECTIVE COUNTRIES. FOR THE YEARS ENDED DECEMBER 31, 2020 IN 2019,  
MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR THE OPEN AT TAX YEARS  
(CURRENT AND PRIOR THREE TAX YEARS) AND CONCLUDED THAT THERE ARE NO  
MATERIAL UNCERTAIN TAX POSITIONS. SUCH OPEN TAX YEARS REMAINED SUBJECT TO  
EXAMINATION BY TAX AUTHORITIES.

IFCJ KOREA IS A DISREGARDED ENTITY FOR FEDERAL AND STATE TAX PURPOSES AND  
ALL INCOME AND EXPENSES FROM IFCJ KOREA ARE REPORTED IN THE FELLOWSHIP'S  
TAX RETURNS. FOR THE YEAR ENDED DECEMBER 31, 2020 AND 2019, MANAGEMENT HAS  
REVIEWED THE IFCJ KOREA'S TAX POSITIONS FOR THE TAX YEAR AND CONCLUDED  
THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization  
**INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.**

Employer identification number  
**36-3256096**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0		GRANTMAKING	SEE SCHEDULE F, PART V	841,720.
MIDDLE EAST AND NORTH AFRICA	0		GRANTMAKING	SEE SCHEDULE F, PART V	46,566,807.
EUROPE (INCLUDING ICELAND & GREENLAND)	0		GRANTMAKING	SEE SCHEDULE F, PART V	223,585.
EUROPE (INCLUDING ICELAND & GREENLAND)	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	64,092.
MIDDLE EAST AND NORTH AFRICA	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	310,000.
SOUTH AMERICA	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	138,265.
RUSSIA AND NEIGHBORING STATES	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	867,774.
<b>3 a</b> Subtotal .....	0	0			49,012,243.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	0	0			49,012,243.

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

Schedule F (Form 990) 2020

**INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.**

**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)
		MIDDLE EAST AND NORTH AFRICA	SEE SCHEDULE F, PART V	465,680.7	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SEE SCHEDULE F, PART V	223,585.	WIRE	0.		
		NORTH AMERICA	SEE SCHEDULE F, PART V	841,720.	WIRE	0.		

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**

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



INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.

**Part IV Foreign Forms**

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

INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.

Schedule F (Form 990) 2020

36-3256096 Page 5

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANTS OUTSIDE THE U.S.

ALL GRANTS ARE DISBURSED FOR SPECIFIC PROGRAMS TO ADVANCE OUR CHARITABLE PURPOSE. GRANTS ARE DISBURSED USING A FORMAL AGREEMENT TO CONTRIBUTE WITH SPECIFIC OBJECTIVES AND DELIVERABLES. SUCCESS IS DOCUMENTED BY FIELD VISITS, FORMAL PROGRAMMATIC AND FINANCIAL REPORTS.

PART I, LINE 3:

LINE 1 NORTH AMERICA:

PROVIDE MEALS, TRANSPORTATION, MEDICAL CARE AND SECURITY FOR NEEDY STUDENTS IN THE SHMA YISRAEL SCHOOL AND CAMPS SYSTEM SUPPORT WORK BEING DONE THROUGH THE SHMA YISRAEL SCHOOLS IN THE FORMER SOVIET UNION AND EUROPE.

LINE 2 MIDDLE EAST AND NORTH AFRICA:

THE RELATED NOT FOR PROFIT IN ISRAEL, KEREN L YEDIDUT, OPERATES AS THE ISRAELI REPRESENTATIVE OF THE FELLOWSHIP. THE ORGANIZATION PROVIDES OVERSIGHT AND DIRECTION OF PROJECTS THAT SUPPORT NEEDY INDIVIDUALS IN ISRAEL, AS WELL AS RECENT IMMIGRANTS. THE ORGANIZATION ALSO ISSUES GRANTS TO SUBRECIPIENTS AND PROVIDES OVERSIGHT AND ASSURES SUBRECIPIENTS COMPLY WITH THE TERMS OF THEIR GRANTS.

SUPPORT CHARITABLE ACTIVITIES & FOOD FOR THE NEEDY DURING THE HOLIDAYS IN MOROCCO.

LINE 3 EUROPE:

PROVIDE MEALS FOR SCHOOL CHILDREN AND TRANSPORTATION IN THE FORMER

INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SOVIET UNION; PROVIDE SECURITY TO JEWISH INSTITUTIONS THAT ARE AT RISK.

LINE 4 EUROPE:

PROMOTE AND SUPPORT ALIYAH ACTIVITIES.

LINE 5 MIDDLE EAST AND NORTH AFRICA:

PROMOTE AND SUPPORT ALIYAH ACTIVITIES.

LINE 6 SOUTH AMERICA:

PROMOTE AND SUPPORT ALIYAH ACTIVITIES.

LINE 7 RUSSIA AND INDEPENDENT STATES:

PROMOTE AND SUPPORT ALIYAH ACTIVITIES.

SCHEDULE F, PART I, LINE 3, COLUMN (F)

THE ORGANIZATION USES THE ACCRUAL METHOD TO ACCOUNT FOR DIRECT  
EXPENDITURES IN EACH REGION.

SCHEDULE F, PART II, LINE 1

THE ORGANIZATION USES THE ACCRUAL METHOD TO ACCOUNT FOR CASH GRANTS AND  
NONCASH ASSISTANCE.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number **36-3256096**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PRODUCTION SOLUTIONS - 1953 GALLOWES RD, STE 500, VIENNA, RKD DIRECT POINT GROUP - 3400 WATERVIEW PARKWAY, STE 250, CANNELA RESPONSE TELE. - 848 LIBERTY DRIVE, BURLINGTON, MA FORWARD PMX - 5 HANOVER SQUARE, NEW YORK, NY 10004	CONSULTING AND DIRECT MAIL		X	30,618,403.	389,408.	29,895,403.
SYNERGY DIRECT MKT. SLN. - 480 W. TUSCARAWAS AV., STE. CAUSEWORX - 2 MCNAMARA CT, AJAX, ONTARIO, CANADA LIT	CONSULTING AND DIRECT MAIL		X	26,961,951.	640,366.	25,704,866.
WESTAR MEDIA GROUP, INC - 414-D PETTIGRU STREET, MDS COMMUNICATIONS - 545 WEST JAUNITA AVE, MESA, AZ 85210	DIRECT RESPONSE TV MEDIA MANAGEMENT		X	5,020,361.	223,122.	4,103,000.
INFOCISION MANAGEMENT CORP - P.O. BOX 74171, CLEVELAND, OH MINDSET DIRECT - 12210 SUNSET HILLS, STE 600, RESTON, VA	MAILING LIST		X	4,445,224.	940,768.	2,657,197.
	TELEMARKETING INBOUND AND MANAGEMENT		X	4,082,303.	242,326.	3,102,928.
	TELEMARKETING- CALL CENTER		X	3,523,257.	1,177,851.	2,340,906.
	RADIO INFOMERCIALS AND EDUCATIONAL MATERIAL		X	1,189,994.	571,240.	374,201.
	TELEMARKETING		X	818,115.	1,286,471.	-486,178.
	TELEMARKETING- CALL CENTER		X	418,214.	60.	418,135.
	DIRECT MAIL		X	160,398.	13,568.	108,226.
<b>Total</b>				77,238,220.	5,485,180.	68,218,684.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

**INTERNATIONAL FELLOWSHIP OF**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

INTERNATIONAL FELLOWSHIP OF

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: PRODUCTION SOLUTIONS

(I) ADDRESS OF FUNDRAISER: 1953 GALLOWS RD, STE 500, VIENNA, VA 22182

(I) NAME OF FUNDRAISER: RKD DIRECT POINT GROUP

(I) ADDRESS OF FUNDRAISER:

3400 WATERVIEW PARKWAY, STE 250, RICHARDSON, TX 75080

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: CANNELA RESPONSE TELE.

(I) ADDRESS OF FUNDRAISER: 848 LIBERTY DRIVE, BURLINGTON, MA 53105

(I) NAME OF FUNDRAISER: FORWARD PMX

(I) ADDRESS OF FUNDRAISER: 5 HANOVER SQUARE, NEW YORK, NY 10004

(I) NAME OF FUNDRAISER: SYNERGY DIRECT MKT. SLN.

(I) ADDRESS OF FUNDRAISER:

480 W. TUSCARAWAS AV., STE. 307, BARBERTON, OH 44203

(I) NAME OF FUNDRAISER: CAUSEWORX

(I) ADDRESS OF FUNDRAISER: 2 MCNAMARA CT, AJAX, ONTARIO, CANADA LIT 4W6

(I) NAME OF FUNDRAISER: WESTAR MEDIA GROUP, INC

(I) ADDRESS OF FUNDRAISER: 414-D PETTIGRU STREET, GREENVILLE, SC 29601

(I) NAME OF FUNDRAISER: MDS COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 545 WEST JAUNITA AVE, MESA, AZ 85210

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP

(I) ADDRESS OF FUNDRAISER: P.O. BOX 74171, CLEVELAND, OH 44194

(I) NAME OF FUNDRAISER: MINDSET DIRECT

(I) ADDRESS OF FUNDRAISER: 12210 SUNSET HILLS, STE 600, RESTON, VA 20190

SCHEDULE G, PART I, LINE 2B, COLUMN (V):

AMOUNT PAID TO FUNDRAISER

THIS IS THE AMOUNT PAID (PER THE CONTRACT) FOR THE PROFESSIONAL

**Part IV** Supplemental Information (continued)

FUNDRAISING SERVICES. AT NO TIME ARE DONATIONS RECEIVED OR HELD BY FUND RAISERS.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.** Employer identification number  
**36-3256096**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN FRIENDS OF KIEV JEWISH COMMUNITY - 1726 46TH ST - BROOKLYN, NY 11204	11-3527658	501 (C) (3)	15,000.	0.			SUPPORT SUMMER CAMP PROGRAM FOR NEEDY CHILDREN IN KIEV DURING COVID 19 SUMMER
CHAMAH 27 WILLIAMS ST. SUITE 613 NY, NY 10005	23-7365688	501 (C) (3)	1,027,851.	0.			MEALS, TRANSPORTAION MED. CARE-CHILDREN
COLEL CHABAD 806 EASTERN PARKWAY BROOKLYN, NY 11213	11-3254483	501 (C) (3)	2,009,034.	0.			FOOD AND HUMANITARIAN SUPPORT
FRIENDS OF UNITED HATZALAH 208 E. 51ST STREET, SUITE 303 NY, NY 10022	11-3533002	501 (C) (3)	400,000.	0.			RESPONSE TO MEDICAL EMERGENCIES AND CRISES SUPPORT DURING COVID 19 CRISIS
JEWISH AGENCY FOR ISRAEL NORTH AMERICAN COUNCIL - 633 3RD AVE, 21ST FLOOR - NY, NY 10017	23-0053483	501 (C) (3)	500,000.	0.			IMMIGRATION TO ISRAEL SUPPORT
FRIEDS OF THE IDF 1430 BROADWAY, SUITE 1301 NY, NY 10018	13-3156445	501 (C) (3)	3,899,500.	0.			SUPPORT ISRAELI SOLDIERS AND FAMILIES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **9.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶

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

Schedule I (Form 990) 2020

**INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.**

Schedule I (Form 990)

36-3256096

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 711 THIRD AVE, 10TH FLOOR - NY, NY 10017	13-1656634	501 (C) (3)	4,964,354.	0.			FOOD AND HUMANITARIAN SUPPORT
THE FEDERATION OF JEWISH COMMUNITIES OF THE CIS - 445 PARK AVE, 9TH FLOOR - NY, NY 10022	13-3970940	501 (C) (3)	10,084,093.	0.			FOOD AND HUMANITARIAN SUPPORT
TIKVA CORPORATION 501 10TH AVE, 7TH FLOOR NY, NY 10018	22-3779212	501 (C) (3)	593,000.	0.			FOOD AND HUMANITARIAN SUPPORT

Schedule I (Form 990)

**INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

**PROCEDURES FOR MONITORING USE OF GRANTS IN THE U.S.**

**ALL GRANTS ARE DISBURSED FOR SPECIFIC PROGRAMS TO ADVANCE OUR CHARITABLE PURPOSE. GRANTS ARE DISBURSED USING A FORMAL AGREEMENT TO CONTRIBUTE WITH SPECIFIC OBJECTIVES AND DELIVERABLES. SUCCESS IS DOCUMENTED BY FIELD VISITS AS WELL AS FORMAL PROGRAMMATIC AND FINANCIAL REPORTS.**



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number **36-3256096**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.**

Schedule J (Form 990) 2020

36-3256096

Page 2

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Yael Eckstein - Farkas PRESIDENT & CEO	(i)	476,526.	291.	103,008.	105,347.	10,900.	696,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Robin Van Etten GLOBAL CHIEF OPERATING OFFICER	(i)	294,632.	350.	2,640.	53,333.	42,154.	393,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) George Mamo FORMER GLOBAL CHIEF OPERATING OFFICE	(i)	0.	0.	357,100.	0.	14,399.	371,499.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Eric Frans VP OF PHILANTHROPY	(i)	230,000.	10,200.	5.	8,308.	0.	248,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Laurel Simkovich VP OF FINANCE	(i)	174,159.	450.	7,512.	27,784.	32,948.	242,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Katherine Rovani ASSOC. VP OF OPS (AS OF 01/2020)	(i)	153,859.	550.	1,060.	24,877.	43,387.	223,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Geraldine Tolbert ASSOC. VP OF HR (AS OF 01/2020)	(i)	159,015.	750.	2,707.	24,773.	16,480.	203,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Kristin Henning SENIOR DIRECTOR OF FINANCE	(i)	141,475.	950.	2,473.	22,735.	28,385.	196,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Erica Prescott SR DR INTEGR FR & DONOR RETENTION	(i)	129,255.	900.	954.	20,592.	39,420.	191,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Christine Jespersen PHILANTHROPY ADVISER	(i)	136,899.	850.	3,253.	17,501.	25,533.	184,036.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Damon Card FORMER VP OF INFORMATION SERVICES	(i)	4,148.	0.	158,723.	0.	20,024.	182,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Tewahedo Seyoum DIRECTOR OF INFORMATION SERVICES	(i)	146,973.	270.	1,503.	7,290.	15,081.	171,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) James Ray DIR OF GIFT PLANNING (AS OF 10/2020)	(i)	140,549.	750.	2,251.	21,142.	600.	165,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

SEVERANCE OR CHANGE-OF-CONTROL PAYMENTS

TWO INDIVIDUALS LEFT THE ORGANIZATION DURING 2019. THE SEVERANCE PAYMENT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III). HOWEVER, DUE TO A CONFIDENTIALITY AGREEMENT, NEITHER THE NAME NOR THE AMOUNT WILL BE LISTED.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number **36-3256096**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	536	121,965.	FMV
10 Securities - Closely held stock	X	200,000	2,943.	FMV
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.

Schedule M (Form 990) 2020

36-3256096

Page 2

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.

Employer identification number

36-3256096

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH SUPPORT OF ISRAEL AND THE JEWISH PEOPLE AROUND THE WORLD WITH  
HUMANITARIAN CARE & LIFE-SAVING AID.

FORM 990, PART III, LINES 4A - 4D:

THE INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. (IFCJ) FUNDS  
HUMANITARIAN AID TO THE NEEDY IN ISRAEL AND IN JEWISH COMMUNITIES  
AROUND THE WORLD, PROMOTES PRAYER ON BEHALF OF THE JEWISH STATE, AND  
PROVIDES RESOURCES THAT HELP BUILD BRIDGES OF UNDERSTANDING BETWEEN  
CHRISTIANS AND JEWS. THROUGH THE GENEROSITY OF ITS DONORS, IFCJ HAS  
PROVIDED RESOURCES TO HELP JEWS FROM AROUND THE WORLD ESCAPE POVERTY  
AND ANTI-SEMITISM BY MAKING ALIYAH (IMMIGRATING TO ISRAEL). IFCJ'S  
SUPPORT OF SOUP KITCHENS, ORPHANAGES, HOMELESS SHELTERS, AND OTHER  
PROGRAMS OF HUMANITARIAN AID PROVIDES RELIEF TO IMPOVERISHED AND  
DISADVANTAGED JEWS IN ISRAEL AND THE FORMER SOVIET UNION. IFCJ'S  
SUPPORT FOR SECURITY FOR JEWISH INSTITUTIONS AROUND THE WORLD HELPS  
PROTECT THE JEWISH STATE AND THE JEWISH PEOPLE FROM ANTI-SEMITISM,  
TERRORISM, AND WAR. IFCJ ALSO CREATES AND DISTRIBUTES TEACHING MATERIAL  
THAT HELPS CHRISTIANS LEARN ABOUT THE JEWISH ROOTS OF THEIR FAITH AND  
DEEPEN THEIR TIES WITH ISRAEL AND HER PEOPLE.

IFCJ HAS AN AFFILIATED ORGANIZATION IN ISRAEL, HAKEREN L'YEDIDUT (THE  
AMUTAH) THAT OPERATES AS ITS ISRAELI REPRESENTATIVE. THE ACTIVITIES  
INCLUDE THE DIRECT OPERATION OF PROJECTS RELATING TO ALIYAH AND  
ABSORPTION, POVERTY ALLEVIATION, WELFARE, AND SECURITY. THE AMUTAH ALSO  
PROVIDES RECOMMENDATIONS TO FUND ORGANIZATIONS THAT SUPPORT

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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IMPOVERISHED JEWS IN THE FORMER SOVIET UNION. THE AMUTAH RECEIVES SUBSTANTIAL FUNDING FROM IFCJ. AS A LEADING NOT FOR PROFIT IN ISRAEL, THE AMUTAH ALSO RECEIVED SUBSTANTIAL FUNDING IN 2020 OF \$8.5 MILLION DOLLAR GRANT THROUGH A PARTNERSHIP MINISTRY OF WELFARE IN ISRAEL. IN 2020 THE MINISTRY OF WELFARE GOVERNMENT OF ISRAEL AWARDED A CERTIFICATE OF APPRECIATION TO THE FELLOWSHIP FOR ITS "GREAT CONTRIBUTION AND EXCELLENCE IN WORK IN THE GOLDEN SHIELD PROJECT FOR THE SENIOR CITIZENS OF ISRAEL DURING THE COVID-19 PERIOD". THE AMUTAH ALSO RECEIVED FUNDING FROM A RELATED ORGANIZATION IN CANADA, INSTITUTIONAL PARTNERS AND INDIVIDUAL DONATIONS FROM DONORS IN ISRAEL, WHICH ENABLES IFCJ THROUGH THE AMUTAH TO INCREASE THE SCOPE OF ITS SERVICES.

IN ADDITION TO STRENGTHENING ITS CORE PROGRAMS, IFCJ WAS ABLE TO PIVOT QUICKLY TO PROVIDE SUPPORT DUE TO THE COVID-19 PANDEMIC CRISIS. WITHIN TWO DAYS OF THE PANDEMIC RESTRICTIONS BEING ANNOUNCED, IFCJ STAFF WAS WORKING FULLY REMOTE AND WERE ABLE TO KEEP THE ORGANIZATION FUNCTIONING AT A HIGH DEGREE OF EFFICIENCY. BUSINESS CONTINUITY PLANS WERE PUT INTO PLACE, AND ADDITIONAL SECURITY MEASURES WERE ENACTED TO ENSURE THE SAFETY OF DONOR GIFTS SUBMITTED ONLINE. EMPLOYEE WELLNESS CHECKS AND ONLINE ACTIVITIES FOR STAFF WERE IMPLEMENTED, AND WE STEPPED UP EFFORTS TO MAINTAIN PERSONAL CONTACT WITH DONORS THROUGH PHONE CALLS, MESSAGES, AND ONLINE PRAYER MEETINGS.

IFCJ, ALONG WITH ITS RELATED ORGANIZATIONS, CONTRIBUTED A \$20 MILLION TOWARD COVID RELIEF TO PROVIDE SUPPORT TO ISRAELIS AND JEWS AROUND THE WORLD AFFECTED BY THE CORONAVIRUS CRISIS. THIS AID INCLUDED RELIEF TO 93,361 ELDERLY AND HOLOCAUST SURVIVORS IN THE FORM OF EMERGENCY RESPONSE CARE PACKAGES WITH FOOD AND SANITATION AND PERSONAL PROTECTION

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SUPPLIES, ADDITIONAL SUPPORT TO 13 SOUP KITCHENS, THE PURCHASE OF VEHICLES TO DELIVER FOOD FROM SOUP KITCHENS TO ELDERLY WHO COULD NOT LEAVE THEIR HOMES, FOOD AND MEDICINE DELIVERY TO THE ELDERLY IN THE FORMER SOVIET UNION (FSU) FOR ROSH HASHANAH, EMERGENCY MEDICAL EQUIPMENT FOR HOSPITALS AND MEDICAL SERVICE ORGANIZATIONS, AND MORE.

IN 2020, IFCJ ASSISTED MORE THAN 2 MILLION PEOPLE IN NEED THROUGH PROJECTS THAT PROVIDE SECURITY, HELP ALLEVIATE POVERTY, AND SUPPORT ALIYAH (IMMIGRATION TO ISRAEL).

THIS INCLUDES SUPPLYING BASIC AID IN THE FORM OF FOOD, MEDICATION, HOME VISITS, HELP WITH WINTER HEATING, AND MORE TO 66,023 ELDERLY AND HOLOCAUST SURVIVORS IN ISRAEL; EMERGENCY FUNDS, FOOD ASSISTANCE, AND OTHER SUPPORT TO 201,575 PEOPLE LIVING IN IMPOVERISHED FAMILIES IN ISRAEL; FUNDING FOOD, CLOTHING, BASIC NEEDS, SHELTERS, AND BOARDING SCHOOLS AND ORPHANAGES FOR 32,031 CHILDREN AND YOUTH AT RISK IN ISRAEL; AND PROVIDING FOOD CARDS, ACADEMIC SCHOLARSHIPS, PRE-MILITARY TRAINING, AND OTHER AID TO 98,007 MEMBERS OF ISRAEL'S ARAB, BEDOUIN, CHRISTIAN, AND DRUZE MINORITIES.

OUR SECURITY PROGRAMS PROVIDED 102,378 ISRAELI SOLDIERS WITH EMERGENCY FUNDS, VOUCHERS FOR THE PURCHASE OF NECESSITIES, AND OTHER AID; AND BENEFITED 520 NEEDY PEOPLE THROUGH PROGRAMS THAT PROVIDE REHABILITATION TO FORMER AND WOUNDED SOLDIERS.

IFCJ PROVIDED ALIYAH (IMMIGRATION)-RELATED ASSISTANCE TO 4,622 PEOPLE AND GAVE KLITAH (RESETTLEMENT) ASSISTANCE IN THE FORM OF PRE-MILITARY TRAINING, EDUCATION AND CAREER COUNSELING, HEBREW LANGUAGE LESSONS, AND



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MORE TO 154,923 OLIM (IMMIGRANTS).

OUTSIDE OF ISRAEL, IN THE FORMER SOVIET UNION AND MOROCCO, IFCJ PROVIDED AID TO 96,850 IMPOVERISHED ELDERLY JEWS AND HOLOCAUST SURVIVORS AND 110,706 CHILDREN AND FAMILIES. IFCJ ALSO PROVIDED ADDED SECURITY FOR JEWISH SCHOOLS, SYNAGOGUES, AND COMMUNITY CENTERS THROUGHOUT THE WORLD THAT BENEFITTED ABOUT 800,000 PEOPLE. IN ADDITION, IFCJ PROVIDED FOOD, MEDICINE, AND OTHER BASIC NEEDS FOR 19,600 CHRISTIAN AND DRUZE VICTIMS OF TERROR IN JORDAN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM ACCOMPLISHMENTS

THE FELLOWSHIP

EXPENSES: \$14,168,258; GRANTS: \$3,801,214; REVENUE: 24,070

THROUGH PROGRAMS OF CARE AND COMPASSION, THE FELLOWSHIP FULFILLS ITS MISSION OF ASSISTING POOR AND NEEDY JEWS IN ISRAEL AND AROUND THE WORLD. INFORMATION ON THE CURRENT PROJECTS SUPPORTED BY FELLOWSHIP DONATIONS ARE OUTLINED ON OUR WEBSITE, INCLUDING HUMANITARIAN, EDUCATIONAL, AND OUTREACH PROJECTS.

BLESS THE PERSECUTED:

EXPENSES: \$311,742

PROVIDES CARE AND AID TO CHRISTIANS AND OTHER MINORITIES IN THE MIDDLE EAST WHO HAVE BEEN VICTIMS OF TERROR AND OTHER FORMS OF RELIGIOUS PERSECUTION. THE FELLOWSHIP ASSISTED 19,600 PEOPLE BY PROVIDING THEM WITH FOOD, MEDICINE, AND MEDICAL AID.

STAND FOR ISRAEL:

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EXPENSES: \$318,058

HELPS INFORM, EQUIP, AND MOBILIZE INDIVIDUALS AND CHURCHES TO SUPPORT  
THE STATE OF ISRAEL THROUGH PRAYER, AND EDUCATION.

EXPENSES \$ 14,798,058. INCL GRANTS OF \$ 3,801,214. REVENUE \$ 24,070.

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

FAMILY OR BUSINESS RELATIONSHIPS

ED FRANKEL AND KEITH FRANKEL HAVE A FAMILY RELATIONSHIP.

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

FORM 990 REVIEW PROCESS

THE ACCOUNTING FIRM FORWARDS A DRAFT OF THE COMPLETED FORM 990 TO THE  
CONTROLLER WHO DOES A COMPREHENSIVE REVIEW OF THE RETURN. THE CHIEF  
OPERATING OFFICER THEN REVIEWS THE FORM. ONCE THE FELLOWSHIP'S EXECUTIVE  
MANAGEMENT IS SATISFIED THAT THE RETURN IS CORRECT, IT IS SENT (VIA PDF  
FILE) TO MEMBERS OF THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. ANY ISSUES  
OF CONCERN ARE DISCUSSED IN THE AUDIT COMMITTEE MEETING WITH THE ACCOUNTING  
FIRM. WHEN THE AUDIT COMMITTEE APPROVES THE RETURN, IT IS SENT TO THE BOARD  
OF DIRECTORS (VIA PDF FILE) FOR REVIEW AND APPROVAL. AFTER APPROVAL BY THE  
BOARD, THE TREASURER SIGNS THE NECESSARY DOCUMENTS AND FILES THE RETURNS  
WITH THE APPROPRIATE TAX AUTHORITIES.

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

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

THE FELLOWSHIP'S CONFLICT OF INTEREST POLICY IS PRESENTED TO THE BOARD OF  
DIRECTORS ANNUALLY AND SIGNED. IT IS REVIEWED TO ENSURE IT WAS COMPLETE IN  
FORM AND COMPLIES WITH ANY NEW IRS REGULATIONS. THE CHIEF OPERATING OFFICER  
FOLLOWS UP TO MAKE SURE ALL CURRENT BOARD MEMBERS, OFFICERS, AND KEY

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EMPLOYEES RETURNED THE SIGNED COPY. THE CONTROLLER AND CHIEF OPERATING OFFICER TRACK ALL VENDOR RELATIONSHIPS TO MONITOR NEW VENDOR ADDITIONS, AND ON-GOING COMPLIANCE, AS WELL AS FOLLOWING UP ON ANY STATED CONFLICTS LISTED BY DIRECTORS. THERE ARE NO CONFLICTS OF INTEREST AT THIS TIME.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION

AS IN PRIOR YEARS, THE FELLOWSHIP ESTABLISHES A REBUTTABLE PRESUMPTION THAT THE COMPENSATION PAID TO THE CEO AND OTHER EXECUTIVES IS REASONABLE. THE FELLOWSHIP USES A NATIONAL INDEPENDENT THIRD-PARTY CONSULTING FIRM TO CONDUCT A COMPREHENSIVE COMPENSATION REVIEW CONSISTENT WITH SECTION 4958 OF THE IRC TO ENSURE THAT NO SUCH PERSON IS RECEIVING EXCESSIVE COMPENSATION (INCLUDING SALARY, OR ANY BONUS AND BENEFITS). EACH YEAR THE BOARD EVALUATES THE CEO'S PERFORMANCE THROUGH AN ASSESSMENT PROCESS AND USES THIS DATA TO DETERMINE COMPENSATION. THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW EACH YEAR. SALARY IS BENCHMARKED REGULARLY AGAINST OTHER SIMILAR ORGANIZATIONS BY AN COMPENSATION DECISIONS ARE APPROVED IN ADVANCE BY INDEPENDENT MEMBERS ON THE BOARD WHO RELY UPON COMPARABLE THIRD-PARTY DATA COMPILED BY THE CONSULTING FIRM. CONTEMPORANEOUS SUBSTANTIATION OF DELIBERATION AND DECISION IS MAINTAINED THROUGHOUT THE PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NM, NY, ND, OR, PA, RI, SC, TN, UT, VA  
WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

Name of the organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.	Employer identification number 36-3256096
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THE FELLOWSHIP MAKES AVAILABLE TO THE PUBLIC, THROUGH THE ORGANIZATION'S WEBSITE, THE AUDITED FINANCIAL STATEMENTS FOR THE CURRENT YEAR. OTHER GOVERNING DOCUMENTS NOT POSTED ON THE FELLOWSHIP WEBSITE, INCLUDING THE CONFLICT OF INTEREST AND OTHER POLICY DOCUMENTS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ISRAEL CONTRIBUTIONS	722,090.
ISRAEL RENT	37,942.
MINISTRY CONTRIBUTIONS	8,409,483.
KOREA CONTRIBUTIONS	110,642.
KUPOT	-6,508,915.
KOREA CONTRIBUTIONS	-179,110.
BRAZIL	-2,922.
CANADIAN EXPENSES	-2,734,647.
TOTAL TO FORM 990, PART XI, LINE 9	-145,437.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number **36-3256096**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FOUNDATION KOREA IFCJ - 98-1204495 NAMGANG BUSINESS CENTER MUGYO JUNG-GU SEOUL, SOUTH KOREA	FELLOWSHIP	SOUTH KOREA	114,354.	1,232,743.	IFCJ

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
IFCJ FOUNDATION - 20-2231168 30 N. LASALLE STREET, SUITE 4300 CHICAGO, IL 60602	SUPPORT ORG	ILLINOIS	501(C)(3)	LINE 12A, I	IFCJ	X	
HAKEREN L'YEDIDUT 10 YAD HARUTZIM ST JERUSALEM, ISRAEL 9342148	SEE PART VII	ISRAEL	N/A		IFCJ	X	
UNIAO INTERNACIONAL DE CRISTAOS E JUDEUS RUA DOUTOR BRASILIO MACHADO 41 SAO PAULO, BRAZIL 01230-010	INACTIVE	BRAZIL	N/A		IFCJ	X	

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

Schedule R (Form 990) 2020



**INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.**

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HAKEREN L'YEDIDUT	B	46,501,807.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			





**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART I, COLUMN A

ADDRESS OF DISREGARDED ENTITY

FOUNDATION KOREA INTERNATIONAL FELLOWSHIP OF CHRISTIANS AND JEWS

#1407, NAMGANG BUSINESS CENTER, MUGYO-RO 15, JUNG-GU

SEOUL, REPUBLIC OF KOREA, SOUTH KOREA.

SCHEDULE R, PART II, COLUMN B

PRIMARY ACTIVITY OF RELATED TAX-EXEMPT ORGANIZATION

LINE 2 - HAKEREN L'YEDIDUT: MAKES FUNDING RECOMMENDATIONS AND PROVIDES  
PROJECT SUPERVISION