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)

OMB No. 1545-0047

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 for instructions and the latest information.

Open to Public Inspection

A	ror t	the 2020 calendar year, or tax year beginning	and ending		
В	Check applica	C Name of organization INTERNATIONAL FELLOWSHIP OF		D Employer identific	cation number
	Add	dress CHRISTIANS & JEWS, INC.			
	→ Nan			36-32560	96
F	Initi	ial	Room/sui		
F	Fina		4300	312-641-	
_	—lretu tern ated			G Gross receipts \$	171,276,379.
Г		ended CUTCACO TI 60602 2504		H(a) Is this a group re	
F		plica-		for subordinates	
_	pen	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =
$\overline{\Gamma}$	Tax-e		(a)(1) or 5		list. See instructions
		site: WWW.IFCJ.ORG	(4)(1) 01 0	H(c) Group exemptio	
_		of organization: X Corporation Trust Association Other	I Ye		M State of legal domicile: IL
	art I		1210	ar or formation; = P = 0 I	otato or logar dominino, = =
	1	Briefly describe the organization's mission or most significant activities: PI	ROMOTE U	NDERSTANDING	AND
e	'	COOPERATION BETWEEN JEWS AND CHRISTIAN			
nan	2	. \square			sets
Ver	3		-	3	9
Ĝ	4	Number of independent voting members of the governing body (Part VI, line			9
≪	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			129
<u>ti</u>	6	Total number of volunteers (estimate if necessary)			9
Activities & Governance	7	*		7a	0.
Ą	'	b Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		b Net amorated business taxasic moone nonn onn oct 1,1 art i, inic 11	T	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		115,073,908.	156,294,559.
ne	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10			1,111,703.	1,257,732.
Be	11			1,950,261.	24,070.
	12			118,135,872.	157,576,361.
_	13		12)	58,721,635.	70,802,308.
	14			0.	0.
	45			13,274,069.	
Expenses	16	ia Professional fundraising fees (Part IX, column (A), line 11e)		4,006,009.	5,485,180.
pen		b Total fundraising expenses (Part IX, column (D), line 25) 18,351	L,837.	, ,	.,,
ŭ	17			38,886,828.	41,925,547.
	18			114,888,541.	131,647,635.
	19			3,247,331.	25,928,726.
- J	ß			Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		53,307,690.	78,997,697.
Ass	21			21,206,250.	18,062,432.
Net	22			32,101,440.	60,935,265.
Pi	art I				
Und	ler pe	enalties of perjury, I declare that I have examined this return, including accompanying sch	nedules and state	ments, and to the best of my	/ knowledge and belief, it is
true	, corr	rect, and complete. Declaration of preparer (other than officer) is based on all informatior	n of which prepar	er has any knowledge.	
Sig	n	Signature of officer		Date	
Hei		ROBIN VAN ETTEN, GLOBAL COO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	BRIDGET T ROCHE Budget Roch	<u> </u>	11/5/2021 if self-employ	P00666837
Pre	parer				36-6055558
Use	Only	7 1-1			
		CHICAGO, IL 60601		Phone no. 31	2-856-0200
Ma	y the	RIS discuss this return with the preparer shown above? See instructions			X Yes No

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

Autome	alic o-Month Extension of Time. Only Subm	iit origini	ai (no copies needed).					
All corpor	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnerships	s, REMICs	s, and trusts			
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.					
Type or	Name of exempt organization or other filer, see instruction in the second secon			Taxpayer	identification numb	er (TIN)		
print	CHRISTIANS & JEWS, INC.				36-325609	6		
File by the	Number, street, and room or suite no. If a P.O. box, so	oo inatruat	liana.		30 323007			
due date for filing your	30 NORTH LASALLE STREET, NO							
return. See instructions.	City, town or post office, state, and ZIP code. For a fo							
Entor the	CHICAGO, IL 60602-2584 Return Code for the return that this application is for (file		to application for each return)			0 1		
	· · · · · · · · · · · · · · · · · · ·	T .	T			' 		
Applicati	on	Return	Application			Return		
Is For		Code	Is For			Code		
	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990		02	Form 1041-A			08		
	(individual)	03	Form 4720 (other than individual)			09		
Form 990		04	Form 5227			10		
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	PT (trust other than above)	06	Form 8870 NORTH LASALLE STR		GIII 4200	12		
Teleph If the o	books are in the care of \blacktriangleright CHICAGO, IL 606 none No. \blacktriangleright 312-641-7200 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (). If it is for part of the group, check this box	in the Un Group Exe	Fax No. ► 312-641-720 ited States, check this box emption Number (GEN)	f this is fo	r the whole group, c			
the ▶[▶[1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2020 or ▶ tax year beginning, and ending							
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less	2-	Φ.	0.		
	nonrefundable credits. See instructions.	antar c:::	, refundable eredite and	3a	\$			
	nis application is for Forms 990-PF, 990-T, 4720, or 6069				6	0.		
	imated tax payments made. Include any prior year overp			3b	\$	<u> </u>		
	lance due. Subtract line 3b from line 3a. Include your pa	•		3.	6	0.		
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	Φ			
instructio	If you are going to make an electronic funds withdrawal ns.	(direct del	oit) with this Form 8868, see Form 84	53-EO an	a Form 8879-EO for	payment		

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

Form 8868 (Rev. 1-2020)

36-3256<u>096 Page **2**</u> CHRISTIANS & JEWS. INC. Form 990 (2020)

Par	rt 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?
	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 X 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.
 4а	(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 •)
40	Total program service expenses > 95, 806, 739.

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Form **990** (2020)

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Form 990 (2020) CHRISTIANS & JEWS, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government on Fartiz, condimition, line 1: IT Yes, complete Schedule I, Parts I and II	41	22	

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CHRISTIANS & JEWS, INC. 36-3256096 Page 4 Form 990 (2020) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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 42 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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Form 990 (2020) CHRIS

CHRISTIANS & JEWS, INC.

36-3256096

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2a Eriter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, let for the calendar year ending with or within the year covered by this return b) if all least on is reported on the 2a, diff the organization file all required forward employment tax returns? Note if the sum of lines 1a and 2a is greater than 250, you may be required to e.g. (g) (see instructions) a) Diff the organization heav employment gross income of \$1,000 or more during the year? b) if Yes, I has it filed a Form 990-T for this year? If Y ho' to line 30, provide an explanation on 8-dedule 0 a) Diff the organization there were country is put and a state account, second or a signature or other authority over, a financial account in a foreign country EaRAEL, CANADA a) All 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 EaRAEL, CANADA b) if Yes, "enter the name of the foreign country EaRAEL, CANADA con instruction for filling requirements for Finc Fion From 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a ponty to a prohibitotic tax effects transaction at any time during the tax year? 5b U Yes, and the organization that was or is a party to a prohibitotic and pontion and year of the prohibitotic and year of the companization solid any contributions while the organization file Forem 888617 b) If Yes, and the organization to fill organization file forem 888617 b) If Yes, and the organization to licitude with every solidation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a) Did the organization state was only the done of the value of the good or services provided? 7c Organizations that may receive deductible contributions under section 170(c). b) If Yes, i'dold the organization intolly the done of the value of the good or services provided?	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
2a Earth the number of employees reported on Form W.S., Transmittal of Wage and Tax Statements, 2a 129 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Notes if the sum of lines 1a and 2a is greater than \$50, you may be required to -give gene instructions. 3c Did the organization have united to business gross is some of \$1,000 or more during the year? 3c X 3c Y b if Yes, instruction and the company of the state of the stat					Yes	No
the for the calendar year ending with or within the year covered by this return bit if at least one is reported on line 2a, dit the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? bit If Yes, 1 has it littled a Form 980 T for this year? If Yes 1 or line 3b, provide an explanation on Schedule 0 3b X 4a At any time during the calendar year, did the organization have an intreest in 7 a signature or other authority over, a financial account in a foreign country (buth as a bank account, securities account, or derif rinancial account)? bit If Yes, 1 enter the name of the foreign country ► ISRABL, CANADA See instructions for filing requirements for FinCEP from 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibitote tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibitote tax shelter transaction? 5b X c If Yes, 1 did the organization in the form 8888-17 6c Does the organization have used so a party to a prohibitote tax shelter than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions? bit If Yes, 1 did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). bit If Yes, 2 did the organization numbers apprined in excess of S7 made party as contribution and party for goods and services provided? 7 to C Id the organization numbers of Forms 8282 filed during the year bit If Yes, 2 did the organization numbers of Forms 8282 filed during the year c Did the organization sell, except party filed the organization filed for mits than the organization filed for mits that the organization f	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
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Form 990 (2020)

CHRISTIANS & JEWS, INC.

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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 **1a** 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. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 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. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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.

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Form 990 (2020) CHRISTIANS & JEWS, INC. 36-3256096 Page 7

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

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

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

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

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

• List all of the organization's **former 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.

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) YAEL ECKSTEIN - FARKAS PRESIDENT & CEO	0.50			х				579,825.	0.	116,247.
(2) ROBIN VAN ETTEN	40.00							, ,	-	
GLOBAL CHIEF OPERATING OFFICER	0.50			х				297,622.	0.	95,487.
(3) GEORGE MAMO	0.00							, -	-	,
FORMER GLOBAL CHIEF OPERATING OFFICE	0.00						Х	357,100.	0.	14,399.
(4) ERIC FRANS	40.00							·		•
VP OF PHILANTHROPY	0.00			Х				240,205.	0.	8,308.
(5) LAUREL SIMKOVICH	40.00									
VP OF FINANCE	0.00			Х				182,121.	0.	60,732.
(6) KATHERINE ROVANI	40.00									
ASSOC. VP OF OPS (AS OF 01/2020)	0.00				Х			155,469.	0.	68,264.
(7) GERALDINE TOLBERT	40.00									
ASSOC. VP OF HR (AS OF 01/2020)	0.00				Х			162,472.	0.	41,253.
(8) KRISTIN HENNING	40.00									
SENIOR DIRECTOR OF FINANCE	0.00					X		144,898.	0.	51,120.
(9) ERICA PRESCOTT	40.00								_	
SR DR INTEGR FR & DONOR RETENTION	0.00					X		131,109.	0.	60,012.
(10) CHRISTINE JESPERSEN	40.00								_	
PHILANTHROPY ADVISER	0.00					X		141,002.	0.	43,034.
(11) DAMON CARD	0.00									
FORMER VP OF INFORMATION SERVICES	0.00						Х	162,871.	0.	20,024.
(12) TEWAHEDO SEYOUM	40.00					l		440 746		00 001
DIRECTOR OF INFORMATION SERVICES	0.00					X		148,746.	0.	22,371.
(13) JAMES RAY	40.00							142 550	•	01 540
DIR OF GIFT PLANNING (AS OF 10/2020)	0.00					X		143,550.	0.	21,742.
(14) BISHOP PAUL LANIER	1.00			,,					_	•
CHAIRMAN		Х		Х		_		0.	0.	0.
(15) J.R. DUPELL	5.00	37		7.7				_	_	0
SECRETARY & TREASURER	0.00	Λ		Х				0.	0.	0.
(16) DAVID CLARK	1.00	v						_	_	0
DIRECTOR (17) ED FRANKEL	1.00	Λ	_		-	\vdash		0.	0.	0.
DIRECTOR (THRU 06/2020)		Х						0.	0.	0.
DIALCTOR (TIMO 00/2020)	1 0.00	Λ	l	l		l		<u> </u>	0.	Form 990 (2020)

Form **990** (2020)

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS INC.

Form 990 (2020) CHRISTIANS & JEWS, INC. 36-3256096 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0	C)			(D)				(F)	
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable		Es	timate	∍d
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation			nount	
	week		Cer ar	ia a a	recto	r/trus	iee)	from	from related			other	
	(list any hours for	irecto						the	organizations			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	⁽⁾		om th anizat	
	organizations	ruste	l trus		ee ee	mpen		(***2/1099*****1000)			_	d relat	
	below	Individual trustee or director	Institutional trustee	_	nploy	st co	-ia					anizati	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				Ü		
(18) KEITH FRANKEL	1.00							_					
DIRECTOR	0.00	Х						0.		0.			0.
(19) STEVEN HEFTER	1.00												
DIRECTOR	0.00	Х						0.		0.			0.
(20) JOHNNIE MOORE	1.00												
DIRECTOR (BEG 12/2020)	0.00	Х	_					0.		0.			0.
(21) PENNY NANCE DIRECTOR	1.00	х						0.		0.			0.
(22) SUZANNE PEYSER	1.00	^						0.		٠٠			<u> </u>
DIRECTOR	0.00	х						0.		0.			0.
(23) JACOB SCHIMMEL	1.00												
DIRECTOR	0.00	Х						0.		0.	0. 0		0.
			-										
1b Subtotal								2,846,990.		0.	62	2,9	93.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								2,846,990.		0.	62	2,9	93.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													24
										_		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										4	X		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or st	ıch r	oers	on .					5		X
Section B. Independent Contractors				- 1					2100 000				
1 Complete this table for your five highest countries the organization. Report compensation for the organization.	•	•								ensatı	on tro	om	
(A)	u ie caleriuar yt	ai t	iull	ıy w	ILI I) VVI	11111	(B)	cai.		(C	<u>., , , , , , , , , , , , , , , , , , , </u>	
Name and husiness	addraga							(D)	onioss	0		/) aaatia	_

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS RD.,	DD TAUM C DOGMAGE	14 500 002
SUITE 500, VIENNA, VA 22182 CANNELA RESPONSE TELEVISION, LLC	PRINT & POSTAGE	14,588,093.
848 LIBERTY DRIVE, BURLIGTON, 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	ADVERTISING	1,545,555.
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		1,220,304.
\$100,000 of compensation from the organization > 37	·	- 000 (5.5.5)

Form **990** (2020)

CHRISTIANS & JEWS, INC. 36-3256096 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 35,837. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 156,258,722 1f 124,908 g Noncash contributions included in lines 1a-1f 156,294,559 h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 981,849 other similar amounts) 981,849 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 13,966,830. assets other than inventory **b** Less: cost or other basis 13,690,947. Other Revenue and sales expenses 7b c Gain or (loss) ______7c 275,883. 275,883. 275,883. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 29,389 10a and allowances 9,071 **b** Less: cost of goods sold 20,318. 20,318. c Net income or (loss) from sales of inventory **Business Code** 11 a TOURS AND CONFERENCES 900099 3,752. 3,752. b d All other revenue

032009 12-23-20

1,257,732. Form **990** (2020)

3,752

157,576,361.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

24,070.

Part IX | Statement of Functional Expenses

36-3256096 Page **10** CHRISTIANS & JEWS, INC. Form 990 (2020)

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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	46,096,421.	46,096,421.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	24,705,887.	24,705,887.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	1 220 024	205 600	622 655	250 555					
	trustees, and key employees	1,332,034.	325,602.	633,657.	372,775.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and	3,648.			3,648.					
7	persons described in section 4958(c)(3)(B) Other salaries and wages	8,872,879.	1,872,477.	4,330,305.	2,670,097.					
8	Pension plan accruals and contributions (include	0,072,075	1,0,4,4,1,6	±,550,505•	2,070,057					
J	section 401(k) and 403(b) employer contributions	736,082.	193,075.	330,678.	212,329.					
9	Other employee benefits	1,706,087.		979,650.	502,187					
10	Payroll taxes	783,870.	172,158.	352,902.	258,810.					
11	Fees for services (nonemployees):		-	-	-					
а	Management	2,136,827.	435,042.		109,578.					
b	Legal	255,710.		247,611.						
С	Accounting	146,711.	2,657.	144,054.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17	5,485,180.		104 556	5,485,180.					
f	Investment management fees	184,556.		184,556.						
g	,									
40	column (A) amount, list line 11g expenses on Sch O.)	3,946,122.	2,942,887.	93,748.	909,487.					
12 13	Advertising and promotion	2,863,183.		2,655,400.	38,863.					
14	Office expenses	1,200,375.	275,983.	914,926.	9,466.					
15	Royalties	1,200,3731	27373031	311,3200	3,100					
16	Occupancy	939,641.	187,733.	525,661.	226,247.					
17	Travel	166,205.	75,661.	36,473.	54,071.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	42,127.	1,035.	37,079.	4,013.					
20	Interest									
21	Payments to affiliates	445.007	40.005	F0 464	40 -0-					
22	Depreciation, depletion, and amortization	115,824.	18,836.	53,461.	43,527.					
23	Insurance	116,142.		116,072.	70.					
24	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 0.)									
а	PRINTING AND POSTAGE	15,861,632.	7,182,584.	3,901,969.	4,777,079.					
b	TV AND RADIO AIRTIME	11,340,261.	8,622,725.	196,576.	2,520,960.					
С	PROGRAM IMPLEMENTATION	1,490,397.	1,490,397.	-						
d	TELEMARKETING	1,119,834.	804,310.	162,074.	153,450.					
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	131,647,635.	95,806,739.	17,489,059.	18,351,837.					
26	$\ensuremath{\textbf{Joint costs}}.$ Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.	13 520 456	20,751,839.	6 110 677	16,648,940.					
	Check here X if following SOP 98-2 (ASC 958-720)	43,520,456.	40,131,039.	0,113,0//•	10,040,940.					

Form **990** (2020)

Form 990 (2020)

Part X | Balance Sheet

CHRISTIANS & JEWS, INC.

36-3256096 Page **11**

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			500.	1	500
	2	Savings and temporary cash investments			11,461,347.	2	36,488,099
	3	Pledges and grants receivable, net			245,750.	3	838,212
	4	Accounts receivable, net			27,155.	4	231,286
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described				6	
ţ	7	Notes and loans receivable, net			1-0-014	7	
Assets	8	Inventories for sale or use			173,246.	8	203,498
⋖	9	Prepaid expenses and deferred charges			1,162,537.	9	1,379,138
	10a	Land, buildings, and equipment: cost or other		1 504 310			
		basis. Complete Part VI of Schedule D	10a	1,704,319.	245 252		255 252
	b	Less: accumulated depreciation			315,859.		355,853
	11	Investments - publicly traded securities			36,665,022.	11	35,979,932
	12	Investments - other securities. See Part IV, line 1			3,256,274.	12	3,521,179
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			0.	15	70 007 607
	16	Total assets. Add lines 1 through 15 (must equa			53,307,690.	16	78,997,697
	17	Accounts payable and accrued expenses			7,474,318.	17	5,419,126
	18	Grants payable			580,000.	18 19	6,473,193
	19	Deferred revenue			300,000.		U
	20 21	Tax-exempt bond liabilities				20 21	
	22	Escrow or custodial account liability. Complete P Loans and other payables to any current or former				21	
ies	22	trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelate		: F		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay	-				
		parties, and other liabilities not included on lines					
		of Schedule D	-	·	7,133,638.	25	6,170,113
	26	Total liabilities. Add lines 17 through 25			21,206,250.	26	18,062,432
		Organizations that follow FASB ASC 958, check					,
ses		and complete lines 27, 28, 32, and 33.		<i>′</i> —			
auc	27	Net assets without donor restrictions			25,725,322.	27	53,608,386
Bal	28	Net assets with donor restrictions			6,376,118.	28	7,326,879
pu		Organizations that do not follow FASB ASC 95					
F.		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			32,101,440.	32	60,935,265
-	33	Total liabilities and net assets/fund balances			53,307,690.	33	78,997,697

Form 990 (2020) CHRISTIANS & JEWS, INC. 36-3256096 Page 12

Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	157			
2	Total expenses (must equal Part IX, column (A), line 25)	2	131			
3	Revenue less expenses. Subtract line 2 from line 1	3		,92		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,10		
5	Net unrealized gains (losses) on investments	5	3	,05	0,5	<u> 36.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-14	5,4	37.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	60	,93	5,2	<u>65.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Complete if the

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization INTER

INTERNATIONAL FELLOWSHIP OF

Employer identification number

			STIANS & JI					6-3256096	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative					i).		
4	一	A medical research organization					•	the hospital's name.	
		city, and state:	•				CAAAA	,	
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in	_
_		section 170(b)(1)(A)(iv). (C		,		, 5			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					oublic described in	
•		section 170(b)(1)(A)(vi). (C	•	mar part of no capport in	om a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arms or morn and gornoral		
8		A community trust describe		1\(\Delta\(\Var)\) (Complete Par	+ II)				
9	H	An agricultural research org				ed in coniu	inction with a land-grant	college	
Ū		or university or a non-land-g				-	-	-	
		university:	rant concess or agrice	antaro (666 monachono).	21101 1101	idino, only	, and state of the conege	, 01	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membership fees, and	d gross receipts from	_
		activities related to its exem	*				· ·	*	
		income and unrelated busin		·				-	
		See section 509(a)(2). (Cor		(1000 00011011 011 1427) 110		.555 4.594	ou by the organization of		
11		An organization organized a	•	vely to test for public sat	fetv. See	section 50)9(a)(4).		
12	同	An organization organized a	•	•	•			purposes of one or	
		more publicly supported or	•	•	•		•	• •	
		lines 12a through 12d that	~						
а		Type I. A supporting orga	• • • • • • • • • • • • • • • • • • • •				, ,	aivina	
	-	the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-			
		organization. You must o		• • • •	, ,			11 3	
b		Type II. A supporting org			ion with its	s supporte	d organization(s), by hav	vina .	
	-	control or management o	· ·					-	
		organization(s). You mus					3		
С		Type III functionally inte			in connect	ion with, a	and functionally integrate	ed with.	
		its supported organization					• •	,	
d		Type III non-functionally						zation(s)	
		that is not functionally int	•				•	* *	
		requirement (see instructi	-		•		='		
е		Check this box if the orga	•	•	•				
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,		
f	Ent	er the number of supported o							
		vide the following information							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions))
									_
									_
Tota	al							1	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	129817844	119674288	118046859	115073908	156294559	638907458
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	129817844	119674288	118046859	115073908	156294559	638907458
	The portion of total contributions						
J	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)						
_	**						638907458
	Public support. Subtract line 5 from line 4.						030307430
		() 0040	(1) 0047	() 0040	(1) 0040	() 0000	(n =
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total 638907458
	Amounts from line 4	12981/844	1190/4200	118046839	1120/3908	130294339	038907438
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0.76 600	005 100	1101604		001 040	4500051
	and income from similar sources	876,693.	907,120.	1101694.	752,705.	981,849.	4620061.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	344.		118,175.			118,519.
11	Total support. Add lines 7 through 10						643646038
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	<u>,160,083.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2020 (l	ine 6, column (f), d	ivided by line 11, o	column (f))		14	99.26 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	99.30 %
	33 1/3% support test - 2020. If the					ore, check this bo	x and
	stop here. The organization qualifies						► ▼
b	33 1/3% support test - 2019. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	•	5. 95. 112	
h	10% -facts-and-circumstances test	· ·	•			7a, and line 15 is	10% or
J	more, and if the organization meets the	-					. 5,0 0.
	organization meets the facts-and-circ						
12	Private foundation. If the organization		-		•		
10	Trivate loundation. If the organization	AT GIG HOL CHECK A I	ook on mie 10, 10e	a, 100, 17a, 01 170		dule A (Form 990	

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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.)

quality under the tests listed be	ow, picase comp	piete i art ii.)				
calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose					+	+
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					+	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(4) 2010	(5) 2017	(0) 2010	(4) 2010	(6) 2020	(i) Total
Oa Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources					+	+
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b					-	
1 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	vear as a section s	501(c)(3) organizat	ion.
check this box and stop here	•		•	•		·
ection C. Computation of Public						
5 Public support percentage for 2020 (lin	ne 8, column (f), c	divided by line 13, o	column (f))		15	
6 Public support percentage from 2019 S					16	
ection D. Computation of Invest					•	
7 Investment income percentage for 202	20 (line 10c. colu	mn (f), divided by li	ne 13. column (f))		17	
8 Investment income percentage from 20					18	
9a 33 1/3% support tests - 2020. If the o						 17 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2019. If the c	-	-	•	• •		
line 18 is not more than 33 1/3%, check						. –
O Private foundation. If the organization	did not check a	box on line 14, 19	a. or 19b. check th	nis box and see ins	structions	

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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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	Na
		162	140
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	100		
	10a		
	10b		
_		- EZ	2000

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	t IV Supporting Organizations (continued)			igo o
	1.1 C C (GOMANIAGO)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion 6. Type it Supporting Organizations		V	NI -
4	More a majority of the avagainstian's divestors by twisters during the tay year also a majority of the divestors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	71 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	'	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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	2-		
h	that these activities constituted substantially all of its activities.	2a		
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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2.0		
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations may			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see
	instructions).	, ,		,

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	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	0 3230030 Page 1
	on D - Distributions	(-)(-)	Continu	<u> </u>	Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	Current real
2	Amounts paid to perform activity that directly furthers exemp				_
_	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne 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	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
<u>b</u>	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f_	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<u> </u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
5					
3	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				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

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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,

INTERNATIONAL FELLOWSHIP OF

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Part VI

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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. 0. 2018 AMOUNT: 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: 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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.

Employer identification number 36-3256096

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, l	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Similar Assats
Fai	Complete if the organization answered "Yes" on Form	•	ilei Siiliiai Assets.
			and belonge object works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub.	•	
	•	, ,	·
h	service, provide in Part XIII the text of the footnote to its finar		
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	•	exhibition, education, or research in furti	refairce of public service,
	provide the following amounts relating to these items:		▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1		. .
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treations are the companied or held works of art, historical treating the companied of the companied or held works of art, historical treating treatin	acurae or other cimilar assets for financia	
~	the following amounts required to be reported under FASB A		i gain, provide
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	, access moraded in Form coo, 7 art A		🚩 Ψ

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Schedule D (Form 990) 2020

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	t III Organizations Maintaining Co	NS & JEWS,		acures or Othe	ar Simil	or Accete			age Z
							• (contii	nued)	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that make	significan	t use of its			
	collection items (check all that apply):								
a	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
C	Preservation for future generations		L				VIII		
	Provide a description of the organization's co					ose in Part	XIII.		
5	During the year, did the organization solicit or		•				٦,,		1
Par	to be sold to raise funds rather than to be ma						Yes		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organization	n answered "Yes" o	n Form 9	90, Part IV,	line 9, or		
	•				h :	<u> </u>			
па	Is the organization an agent, trustee, custodia						7		1
	on Form 990, Part X?						_ Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				A		
	5						Amoun	t	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance						7		1
	Did the organization include an amount on Fo				•		Yes		│No □
Par	If "Yes," explain the arrangement in Part XIII.								
ı aı	t V Endowment Funds. Complete if						(-) Fa		h a a l .
4.	Particular and consultations	(a) Current year 605,112.	(b) Prior year	(c) Two years back	(a) Thre	e years back	(e) Four		
	Beginning of year balance	605,112.	506,800.	549,074.	+	503,144.		497,	223.
	Contributions	21 006	00 212	21 266	+	66 900		2.5	001
	Net investment earnings, gains, and losses	21,906.	98,312.	-21,366.	+	66,890.		25,	881.
	Grants or scholarships				+				
е	Other expenditures for facilities			20 000		20 060		1.0	0.60
_	and programs			20,908.	+	20,960.		19,	960.
	Administrative expenses	627,018.	605,112.	506,800.		F40 074		503,	1 / /
_	End of year balance	· · · ·	•	· · · · · · · · · · · · · · · · · · ·		549,074.		503,	144.
	Provide the estimated percentage of the curre	ent year end balance) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment ▶ 100	%							
С		%							
0-	The percentages on lines 2a, 2b, and 2c should be also also as the second of the secon	•	Para dia akama ing lalah ana	al a disabata baka sa al ƙasar					
Зa	Are there endowment funds not in the posses	ssion of the organizar	tion that are held an	id administered for t	ne organ	ization	1	· ·	
	by:						0 (1)	Yes	No X
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations	dana Bakadaa ayaa da					3a(ii)		
	If "Yes" on line 3a(ii), are the related organizat						3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		vment tunas.						
ı aı	Complete if the organization answered		Dort IV line 11e C	as Farm 000 Dort V	/ line 10				
	-						(-I) D		
	Description of property	(a) Cost or ot basis (investm	, ,	1	Accumula epreciatio		(d) Boo	k value	3
4-	Land	- ` ` 	Dasis ((Other) u	opi eciatil	711			
	Land								0.
	Buildings		-	6,543.	25	220	1	0,6	
С	Leasehold improvements	1	0	U,J4J•	25,	003.	4		
	Fauinment		1 20	2 951 1	122	ገበን	2 5	5 0	1/1
d	Equipment Other			8,951. 1, 8,825.	133,			5,94 9,25	

Schedule D (Form 990) 2020 CHRISTIANS & JEWS, INC. 36-3256096 Page 3

Part VIII Investments - Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
I) Financial derivatives	. ,	1 '	
Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
• •		+	
(G)		+	
(H)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" of	on Form 990, Part IV, lind Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" c		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" c (a) [e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) [1] (1) (2) (3) (4) (5) (6) (7) (8)	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a)	Description 15.)		5.
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) [2] Complete if the organization answered "Yes" of (a) [2]	Description 15.)		>
Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	Description 15.) On Form 990, Part IV, line		55. (b) Book value
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	Description 15.) On Form 990, Part IV, line		(b) Book value 4,493,62
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	15.) on Form 990, Part IV, line		5. (b) Book value 4,493,62 1,515,18
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITIES	15.) on Form 990, Part IV, line		5. (b) Book value 4,493,62 1,515,18
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITIES (3) DEFERRED COMPENSATION PAYA (4) DEFERRED RENT	15.) on Form 990, Part IV, line		5. (b) Book value 4,493,62 1,515,18
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITIES (3) DEFERRED COMPENSATION PAYA (4) DEFERRED RENT (5)	15.) on Form 990, Part IV, line		5. (b) Book value 4,493,62 1,515,18
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITIES (3) DEFERRED COMPENSATION PAYA (4) DEFERRED RENT (5) (6)	15.) on Form 990, Part IV, line		5. (b) Book value 4,493,62 1,515,18
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITIES (3) DEFERRED COMPENSATION PAYA (4) DEFERRED RENT (5) (6) (7)	15.) on Form 990, Part IV, line		5. (b) Book value 4,493,62 1,515,18
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITIES (3) DEFERRED COMPENSATION PAYA (4) DEFERRED RENT (5) (6)	15.) on Form 990, Part IV, line		5.

Schedule D (Form 990) 2020

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020 CHRISTIANS & JEWS, INC. 36-3256096 Page 4

	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenu		. Page +
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total ways and a single and other as an action and the discount of the discoun		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	-	ses per Retui	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		<u> </u>
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	,			
е	•			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b				
C				
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	<u> </u>
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV lines 1h and 2h: D	art V line 1: Part	Y line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		ait v, iiile 4, Fait	A, IIIIe Z, Fait Ai,
111103	20 and 45, and 1 art An, miles 20 and 45. Also complete this part to provide any ad-	ditional imormation.		
PAI	RT V, LINE 4:			
	<u> </u>			
USI	ES OF ENDOWMENT FUNDS			
THE	E DONOR-RESTRICTED ENDOWMENT FUNDS ARE RES	TRICTED TO I	BENEFIT I	HE "ON THE
<u> 11W</u>	NGS OF EAGLES" PROGRAM ACTIVITIES.			
-				
PAI	RT X, LINE 2:			
	ADTITUM HAD INGERHALM HAW DOGTHIANG HIM	40 /300 740	`	
<u>LL L A</u>	ABILITY FOR UNCERTAIN TAX POSITIONS - FIN	48 (ASC 740))	
miti	TA COOLINATING CHANDADD ON ACCOUNTAIN FOR THE	ODDONATAMA TA	TNOOME	шухыс
THI	E ACCOUNTING STANDARD ON ACCOUNTING FOR UN	CERTAINTY II	N INCOME	TAXES
ז ת ג	ORESSES THE DETERMINATION OF WHETHER TAX B	באובידיים כואי	IMED OD E	**************************************
ועא	OK WILLIAM ACTION OF MUTIUM TAY B	еместір СПА.	TWED OK E	WLECIED IO
ВĒ	CLAIMED ON A TAX RETURN SHOULD BE RECORDE	יים דאו חוד כ	NGOT.TDXTE	מי.
ندى	CHAIRED ON A TAX KETOKN SHOULD BE KECOKDE	L IN THE COL	APOTITION E	<u> </u>
FTN	NANCIAL STATEMENTS. UNDER THIS GUIDANCE, E	ИПТТЕС МУ	RECOGNT 7	ድ ጥዘድ ጥልሄ
	THIOTHE DITTERNATION ONDER THE COLDANCE, E	THE CHILLIAN	THEOGIVE	L IIII IAA
BEI	NEFIT FROM AN UNCERTAIN TAX POSITION ONLY	IF IT IS MOR	RE-LIKELY	-THAN-NOT
	4 12-01-20			dule D (Form 990) 2020

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.

Schedule D (Form 990) 2020

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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)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization INTERNATIONAL FELLOWSHIP OF

CHRISTIANS & JE	WS, INC.				36-32560	
Part I General Info	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	'Yes" on
Form 990, Part IV	/, line 14b.					
_	•		ds to substantiate the amount of its gra		·	
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance? <u>X</u>	Yes No
2 For grantmakers. Description United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and otl	her assistance out	side the
3 Activities per Region. (Ti	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		_
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices in the region	agents, and independent contractors	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	describe	gram service, specific type (s) in the region	expenditures for and investments
		in the region	Toolpicino recated in the region,	01 001 1100	(c) in the region	in the region
NORTH AMERICA	0		GRANTMAKING	SEE SCHEDUL	E F, PART V	841,720.
MIDDLE EAST AND						16 566 005
NORTH AFRICA	0		GRANTMAKING	SEE SCHEDUL	E F, PART V	46,566,807.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0		GRANTMAKING	SEE SCHEDUL	E F, PART V	223,585.
EUROPE (INCLUDING			L			
ICELAND & GREENLAND)	0		PROGRAM SERVICES	SEE SCHEDUL	E F, PART V	64,092.
MIDDLE EAST AND						
NORTH AFRICA	0		PROGRAM SERVICES	SEE SCHEDUL	E F, PART V	310,000.
GOLIEU AMERICA			DDOGDAN GERNAGEG	ann agunnu		130 265
SOUTH AMERICA	0		PROGRAM SERVICES	SEE SCHEDUL	E F, PART V	138,265.
RUSSIA AND						
NEIGHBORING STATES	0		PROGRAM SERVICES	SEE SCHEDUL	E F, PART V	867,774.
2 a Subtotal	0	0				49,012,243.
3 a Subtotal b Total from continuation						15,012,245.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				49,012,243.

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Schedule F (Form 990) 2020

Part II

CHRISTIANS & JEWS, INC.

36-3256096

Page 2

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 n	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, FM\ appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SEE SCHEDULE F, PART	46566807	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SEE SCHEDULE F, PART	223,585.	WIRE	0.		
		NORTH AMERICA	SEE SCHEDULE F, PART	841,720.		0.		
				512,726.				
Enter total number of	recipient organization	ns listed above that are	recognized as charities by the	foreign country, i	recognized as a tax			

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2020 CHRISTIANS & JEWS, INC.

36-3256096

Page 3

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

36-3256096 CHRISTIANS & JEWS, INC. Schedule F (Form 990) 2020 Page 4 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)	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020 CHRISTIANS & JEWS, INC. 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

Schedule F (Form 990) 2020 CHRISTIANS & JEWS, INC. 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.
SOVIET	UNION; PROVIDE SECURITY TO JEWISH INSTITUTIONS THAT ARE AT RISK.
	EUROPE:
PROMOT	E AND SUPPORT ALIYAH ACTIVITIES.
LINE 5	MIDDLE EAST AND NORTH AFRICA:
PROMOT	E AND SUPPORT ALIYAH ACTIVITIES.
LINE 6	SOUTH AMERICA:
PROMOT	E AND SUPPORT ALIYAH ACTIVITIES.
LINE 7	RUSSIA AND INDEPENDENT STATES:
PROMOT	E AND SUPPORT ALIYAH ACTIVITIES.
SCHEDU	LE F, PART I, LINE 3, COLUMN (F)
THE OR	GANIZATION USES THE ACCRUAL METHOD TO ACCOUNT FOR DIRECT
EXPEND	ITURES IN EACH REGION.
SCHEDU	LE F, PART II, LINE 1
THE OR	GANIZATION USES THE ACCRUAL METHOD TO ACCOUNT FOR CASH GRANTS AND
NONCAS	H ASSISTANCE.

32075 12-03-20 Schedule F (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to 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

Employer identification number 36-3256096

CHRISTI	ANS & JEWS, INC.				36-3256	096	
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 X Mail solicitations b X Internet and email solicitations f Solicitation of government grants c X Phone solicitations g Special fundraising events d In-person solicitations							
 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? 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) fundr have co or con contribu	ustody trol of	(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	
PRODUCTION SOLUTIONS - 1953		Yes	No				
GALLOWS RD, STE 500, VIENNA,	CONSULTING AND DIRECT MAIL		Х	30,618,403.	389,408.	29,895,403.	
RKD DIRECT POINT GROUP - 3400				06 061 051	640.266	05 504 066	
WATERVIEW PARKWAY, STE 250,	CONSULTING AND DIRECT MAIL		Х	26,961,951.	640,366.	25,704,866.	
CANNELA RESPONSE TELE 848 LIBERTY DRIVE, BURLINGTON, MA	DIRECT RESPONSE TV MEDIA MANAGEMENT		х	5,020,361.	223,122.	4,103,000.	
FORWARD PMX - 5 HANOVER				2,020,0020		2,233,333	
SQUARE, NEW YORK, NY 10004	MAILING LIST		х	4,445,224.	940,768.	2,657,197.	
SYNERGY DIRECT MKT. SLN	TELEMARKETING INBOUND AND						
480 W. TUSCARAWAS AV., STE.	MANAGEMENT		х	4,082,303.	242,326.	3,102,928.	
CAUSEWORX - 2 MCNAMARA CT,							
AJAX, ONTARIO, CANADA LIT	TELEMARKETING- CALL CENTER		х	3,523,257.	1,177,851.	2,340,906.	
WESTAR MEDIA GROUP, INC -	RADIO INFOMERCIALS AND						
414-D PETTIGRU STREET,	EDUCATIONAL MATERIAL		Х	1,189,994.	571,240.	374,201.	
MDS COMMUNICATIONS - 545 WEST							
JAUNITA AVE, MESA, AZ 85210	TELEMARKETING		Х	818,115.	1,286,471.	-486,178.	
INFOCISION MANAGEMENT CORP -							
P.O. BOX 74171, CLEVELAND, OH	TELEMARKETING- CALL CENTER		Х	418,214.	60.	418,135.	
MINDSET DIRECT - 12210 SUNSET							
HILLS, STE 600, RESTON, VA	DIRECT MAIL		Х	160,398.	13,568.	108,226.	
Total			•	77,238,220.	5,485,180.	68,218,684.	
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration	
AL, AK, AR, CA, FL, GA, HI,	IL,KS,KY,MD,MA,MI,N	ΔN,M	IS,N	H,NJ,NM,NY	,NC,ND,OR,	PA,RI,SC	
TN, UT, VA, WA, WV, WI							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

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Schedule G (Form 990 or 990-EZ) 2020 CHRISTIANS & JEWS, INC.

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36-	· 3 4	เวเ	U9	b	Page 2

Pai	rt I	Fundraising Events. Complete if th of fundraising event contributions and gro					
		Ţ Ţ	(a) Event #1) Event #2	(c) Other events	(d) Total events (add col. (a) through
_O			(event type)	(6	event type)	(total number)	- col. (c))
Revenue							
Rev	1	Gross receipts					
	2	Less: Contributions					
\dashv	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
w	5	Noncash prizes					
anse:	6	Rent/facility costs					
Direct Expenses	_						
ect	7	Food and beverages					
ā	8	Entertainment					
	9	Other direct expenses					
- 1	10	Direct expense summary. Add lines 4 through					
Pai	11 rt I	Net income summary. Subtract line 10 from line					
rai		II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Pa	art IV, line 19, or l	reported more than	
0			(a) Ringo	(a) Bingo (b) Pull tabs/instant (c) Other gaming		(c) Other gaming	(d) Total gaming (add
Revenue			bingo bingo		progressive bingo	(b) Strict garming	col. (a) through col. (c))
Re	4	Gross revenue					
1		aross revenue					
SS	2	Cash prizes					
ense	2	Nanagah prizas					
Exp	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	_	Others division and assessment					
\dashv	5	Other direct expenses	Yes %		es %	Yes %	
	6	Volunteer labor	No No		lo / / /	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
		ter the state(s) in which the organization condu					N
		he organization licensed to conduct gaming ac No," explain:					Yes No
~							
	_						
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·				Yes No
b	11	Yes," explain:					
0000		L-25_20				Schodulo G (For	rm 990 or 990-F7) 2020

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INTERNATIONAL FELLOWSHIP OF

Sch	edule G (Form 990 or 990-EZ) 2020 CHRISTIANS & JEWS, INC.	36-325609	6 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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
12	Indicate the percentage of gaming activity conducted in:		
		ا ءمد ا	0.4
	The organization's facility		<u>%</u>
	An outside facility		<u>%</u>
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
k	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	nt	
	of gaming revenue retained by the third party \$		
,	If "Yes," enter name and address of the third party:		
`	on Tes, entername and address of the tilld party.		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	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 > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III lines 9	9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ma r are m, mree e	, 00, 100,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		-
90	טפרווו פר אסד ד וואפר אס וופרי אס האסט של האסט של אסטיים אין אין אסטיים אין אין אסטיים אין	TEDC.	
<u>5C</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	EKS:	
, -	\		
<u>(I</u>) NAME OF FUNDRAISER: PRODUCTION SOLUTIONS		
<u>(I</u>) ADDRESS OF FUNDRAISER: 1953 GALLOWS RD, STE 500, VIENNA, V	7A 22182	
<u>(I</u>) NAME OF FUNDRAISER: RKD DIRECT POINT GROUP		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
2.4	0.0 MANUALITA DADUMAN CHE 050 DICHADOCCO TO 55000		
<u> 34</u>	00 WATERVIEW PARKWAY, STE 250, RICHARDSON, TX 75080		

032083 11-25-20

INTERNATIONAL FELLOWSHIP OF 36-3256096 Page 4 CHRISTIANS & JEWS, INC. Schedule G (Form 990 or 990-EZ) 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

Schedule G (Form 990 or 990-EZ)

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

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INTERNATIONAL FELLOWSHIP OF

Schedule G (Form 990 Part IV Supple	or 990-EZ) C	HRISTI	ANS &	JEW	S, INC.			36-	-325	6096	Page 4
Part IV Supple	mental Informa	ition _{(conti}	nued)								
FUNDRAISING	SERVICES.	AT NO	TIME	ARE	DONATIONS	RECEIVED	OR	HELD	ву	FUND	
RAISERS.											
idiibilib.											

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INTERNATI CHRISTIAN	ONAL FELL S & JEWS,						Employer identification number 36-3256096
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records of criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						on X Yes No
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	C Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than S	\$5,000. Part II can	be duplicated if additi	ional space is need	ed.			
1 (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 noncash assistance	(h) 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		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) a3 Enter total number of other organizations	-						

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

Schedule I (Form 990) 2020

Schedule I (Form 990) CHRISTIAN							36-3256096 Page 1
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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
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)

Schedule I (Form 990) 2020 CHRISTIANS & JEWS, INC. 36-3256096 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
PROCEDURES FOR MONITORING USE OF GR	RANTS IN	THE U.S.			
ALL GRANTS ARE DISBURSED FOR SPECI	FIC PROGR	AMS TO ADV	ANCE OUR C	HARITABLE	
PURPOSE. GRANTS ARE DISBURSED USING	G A FORMA	L AGREEMEN	T TO CONTR	IBUTE WITH	
SPECIFIC OBJECTIVES AND DELIVERABLE	ES. SUCCE	SS IS DOCT	JMENTED BY	FIELD VISITS	
AS WELL AS FORMAL PROGRAMMATIC AND	FINANCIA	L REPORTS.	,		

SCHEDULE J (Form 990)

Compensation Information

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.

QUQU Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

INTERNATIONAL FELLOWSHIP OF

CHRISTIANS & JEWS, INC.

Employer identification number 36-3256096

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b	X	
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?	2	X	
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.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a	X	Ь—
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			37
	The organization?	5a		X
b	Any related organization?	5b		_X_
	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:			37
	The organization?	6a		X
b	Any related organization?	6b		X
	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			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
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	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(4) (4)		(i) Base	(ii) Bonus &	(iii) Other	compensation	Denents	(B)(i)-(D)	reported as deferred
(A) Name and Title		compensation	incentive	reportable	Compondation			on prior Form 990
			compensation	compensation				
(1) YAEL ECKSTEIN - FARKAS	(i)	476,526.	291.	103,008.	105,347.	10,900.	696,072.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBIN VAN ETTEN	(i)	294,632.	350.	2,640.	53,333.	42,154.	393,109.	0.
GLOBAL CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GEORGE MAMO	(i)	0.	0.	357,100.	0.	14,399.	371,499.	0.
FORMER GLOBAL CHIEF OPERATING OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC FRANS	(i)	230,000.	10,200.	5.	8,308.	0.	248,513.	0.
VP OF PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAUREL SIMKOVICH	(i)	174,159.	450.	7,512.	27,784.	32,948.	242,853.	0.
VP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATHERINE ROVANI	(i)	153,859.	550.	1,060.	24,877.	43,387.	223,733.	0.
ASSOC. VP OF OPS (AS OF 01/2020)	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GERALDINE TOLBERT	(i)	159,015.	750.	2,707.	24,773.	16,480.	203,725.	0.
ASSOC. VP OF HR (AS OF 01/2020)	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KRISTIN HENNING	(i)	141,475.	950.	2,473.	22,735.	28,385.	196,018.	0.
SENIOR DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ERICA PRESCOTT	(i)	129,255.	900.	954.	20,592.	39,420.	191,121.	0.
SR DR INTEGR FR & DONOR RETENTION	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHRISTINE JESPERSEN	(i)	136,899.	850.	3,253.	17,501.	25,533.	184,036.	0.
PHILANTHROPY ADVISER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DAMON CARD	(i)	4,148.	0.	158,723.	0.	20,024.	182,895.	0.
FORMER VP OF INFORMATION SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TEWAHEDO SEYOUM	(i)	146,973.	270.	1,503.	7,290.	15,081.	171,117.	0.
DIRECTOR OF INFORMATION SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAMES RAY	(i)	140,549.	750.	2,251.	21,142.	600.	165,292.	0.
DIR OF GIFT PLANNING (AS OF 10/2020)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. Schedule J (Form 990) 2020

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 J (Form 990) 2020

36-3256096

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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 for instructions and the latest information.

Name of the organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS,

Employer identification number 36-3256096

Pai	rt I Types of Property						
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of det	ermining	
		applicable	contributions or	amounts reported on	noncash contribut	•	:S
			items contributed	Form 990, Part VIII, line 1g			
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		F 2.6	101 065			
9	Securities - Publicly traded	X	536	121,965.			
10	Securities - Closely held stock	X	200,000	2,943.	F.W∧		
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 ()						
<u>28</u> 29	Other () Number of Forms 8283 received by the organiz	ation during	the tay year for o	ontributions			
23	for which the organization completed Form 828	-					
	To which the organization completed form oze	, r art v, D	once Actinowicag	ement 29		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28. that it	100	110
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•			30a	х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties of						
	contributions?					32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2020 CHRISTIANS & JEWS, INC.	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):	
SCHEDOLE M, FART I, COLOMN (b).	
MILE ODGANIZATION TO DEDODUTNO MILE MIMPED OF COMMUTATION	ONG DEGETTED
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTI	ONS RECEIVED.

Schedule M (Form 990) 2020

032142 11-23-20

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 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, TNC

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

IFCJ ALSO CREATES AND DISTRIBUTES TEACHING MATERIAL TERRORISM, AND WAR.

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

THAT OPERATES AS ITS ISRAELI REPRESENTATIVE. AMUTAH) 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

Name of the organization INTERNATIONAL FELLOWSHIP OF

Employer identification number

CHRISTIANS & JEWS, INC. 36-3256096

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

COPY - DO NOT FILE Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization INTERNATIONAL FELLOWSHIP OF **Employer identification number** 36-3256096 CHRISTIANS & JEWS, INC. 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:

Schedule O (Form 990 or 990-EZ) 2020

Page 2

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

Employer identification number 36-3256096

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

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Page 2

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

Employer identification number 36-3256096

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization INTERNATIONAL FELLOWSHIP OF	Page 2 Employer identification number
CHRISTIANS & JEWS, INC.	36-3256096
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 AVAIL	ABLE TO THE
PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS S	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)

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 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.

Employer identification number 36-3256096

Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets 1,232,743.	Direct controlling entity IFCJ
ELLOWSHIP	SOUTH KOREA	114,354.	1,232,743.	IFCJ
ELLOWSHIP	SOUTH KOREA	114,354.	1,232,743.	IFCJ
ELLOWSHIP	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	Primary activity Legal domicile (state or Exempt Code public charity status (if section status (if section primary activity)		Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		contro	No
IFCJ FOUNDATION - 20-2231168							
30 N. LASALLE STREET, SUITE 4300							
CHICAGO, IL 60602	SUPPORT ORG	ILLINOIS	501(C)(3)	LINE 12A, I	IFCJ	Х	
HAKEREN L'YEDIDUT							
10 YAD HARUTZIM ST							
JERUSALEM, ISRAEL 9342148	SEE PART VII	ISRAEL	N/A		IFCJ	Х	
UNIAO INTERNATIONAL DE CRISTAOS E JUDEUS							
RUA DOUTOR BRASILIO MACHADO 41	7						
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

CHRISTIANS & JEWS, INC. Schedule R (Form 990) 2020

36-3256096

Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	1										
	1										
	1										
	1										
	1										
	1										
	l	l	L	1			<u> </u>		l.	\bot	

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr enti	tion b)(13) rolled tity?
		country)		or tracty		455015		Yes	No

Part III

CHRISTIANS & JEWS, INC. Schedule R (Form 990) 2020

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

36-3256096

Page 3

Yes No

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

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?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b	b Gift, grant, or capital contribution to related organization(s)									
С	c Gift, grant, or capital contribution from related organization(s)									
	d Loans or loan guarantees to or for related organization(s)									
	e Loans or loan guarantees by related organization(s)									
							X			
f	f Dividends from related organization(s)									
g	Sale of assets to related organization(s)				1 g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	i Exchange of assets with related organization(s)									
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k 1l		X			
	I Performance of services or membership or fundraising solicitations for related organization(s)									
	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses				1 p	X				
q	Reimbursement paid by related organization(s) for expenses				1q		X			
					1r	Х				
	r Other transfer of cash or property to related organization(s)									
<u> </u>	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	volved					
		type (a-s)								
_		_								
(1) I	HAKEREN L'YEDIDUT	В	46,501,807.	FMV						
										
<u>(2)</u>										
(3)										
(3)										
(4)										
.,										
<u>(5)</u>										
(6)										
03216	3 10-28-20			Schedule	R (For	n 990)	2020			

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.

Schedule R (Form 990) 2020 CHRISTIANS & JEWS, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners sec 501(c)(3) orgs.?		Share of end-of-year assets	Dispro tiona allocati Yes	por- ite ons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or aging ner?	Percentage ownership
		•	000110110 0 12 0 1 1)	res No			res	INO	(1 01111 1000)	res	NO	
							H					
							H					
							Ш					
							\Box					

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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		
ECHNICATION PODER INTERNATIONAL PRILOWCUID OF CURTOMINATION	TEWC	
FOUNDATION KOREA INTERNATIONAL FELLOWSHIP OF CHRISTIANS AND	OEMS	
#1407, NAMGANG BUSINESS CENTER, MUGYO-RO 15, JUNG-GU		
SEOUL, REPUBLIC OF KOREA, SOUTH KOREA.		
CONTRACT DE DIDE ET COLUMN D		
SCHEDULE R, PART II, COLUMN B		
PRIMARY ACTIVITY OF RELATED TAX-EXEMPT ORGANIZATION		
INTERNAL ACTIVITION REDATED TAX EXEMIT ORGANIZATION		
LINE 2 - HAKEREN L'YEDIDUT: MAKES FUNDING RECOMMENDATIONS A	ND PROVIDES	
PROJECT SUPERVISION		

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