INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.

Form 990 for the Year Ended December 31, 2021

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

▶ 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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

AF	or the	2021 calendar year, or tax year beginning and	enaing					
B c	heck if	C Name of organization INTERNATIONAL FELLOWSHIP OF		D Employer identific	cation number			
	Addres							
	Name change	TEGT. MUE PELLOWGUID		36-32560	96			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final return/		2300	312-641-	7200			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 238,292,863.				
	Ameno return	CHICAGO, IL 00001		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: 0 • K • DOF EDD		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) of the status in the	or 527	If "No," attach a	list. See instructions			
		e: NWW.IFCJ.ORG		H(c) Group exemptio				
		organization: X Corporation	L Year	of formation: 1983 N	M State of legal domicile: IL			
Pa	_	Summary						
a		Briefly describe the organization's mission or most significant activities: PROMO			AND			
Activities & Governance	l			CHEDULE O)				
ərnş	l	Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of more	ı	1			
ŏ	l			3	8			
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			8			
es	l	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			133			
Σij	l	Total number of volunteers (estimate if necessary)			8			
Act	l				0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····					
		Contributions and grants (Dort VIII line 1h)	-	Prior Year 156,294,559.	Current Year 216,741,280.			
ne	8 9	Contributions and grants (Part VIII, line 1h)		0.	0.			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,257,732.	3,081,017.			
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,070.	81,835.			
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		157,576,361.	219,904,132.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		70,802,308.	103,933,655.			
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,434,600.	14,887,404.			
se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		5,485,180.	7,009,294.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	32.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		41,925,547.	50,941,222.			
	l .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		L31,647,635.	176,771,575.			
	19	Revenue less expenses. Subtract line 18 from line 12		25,928,726.	43,132,557.			
Net Assets or Fund Balances			В	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		78,997,697.	124,860,815.			
t As	21	Total liabilities (Part X, line 26)		18,062,432.	18,735,562.			
	22	Net assets or fund balances. Subtract line 21 from line 20		60,935,265.	106,125,253.			
	ırt II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparei	r has any knowledge.				
		Signature of officer		I Date				
Sigr		,		Date				
Her	е	ROBIN VAN ETTEN, GLOBAL COO Type or print name and title						
				Date Check	PTIN			
Paid	I	Print/Type preparer's name BRIDGET T. ROCHE Preparer's signature Dridgst / Roc	,	11/14/202 2 If employ				
	arer	Firm's name GRANT THORNTON LLP	100		36-6055558			
-	Only	Firm's address 171 N. CLARK ST., SUITE 200		FIIIII S EIN	30 0033330			
200	Jy	CHICAGO, IL 60601		Phone no 31	2-856-0200			
May	the IF	RS discuss this return with the preparer shown above? See instructions		I i none no. 5 ±	X Yes No			
∽ y	11	p. p. par c. c. lotti aboto. coo illottactiolio						

Form 990 (2021) CHRISTIANS & JEWS, INC. Part III | Statement of Program Service Accomplishments 36-3256096 Page **2**

	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?
	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 \$ 74,887,287. including grants of \$ 71,714,087.) (Revenue \$
	GUARDIANS OF ISRAEL: PROVIDED 783,000 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.
4b	(Code:) (Expenses \$ 30,075,986. including grants of \$ 20,805,474.) (Revenue \$)
1.0	ISAIAH 58: PROVIDED 850,000 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.
40	(Code:) (Expenses \$12,060,222. including grants of \$10,751,422.) (Revenue \$)
	ON WINGS OF EAGLES: PROVIDED ALIYAH (IMMIGRATION)-RELATED ASSISTANCE,
	INCLUDING FLIGHTS TO ISRAEL AND ASSISTANCE WITH KLITAH (RESETTLEMENT)
	NEEDS, TO 5,500 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 13,000
	PEOPLE (WITH A FOCUS ON ETHIOPIAN IMMIGRANTS), INCLUDING PRE-MILITARY
	PREPARATION, EDUCATION, AND JOB TRAINING.
	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ 13,904,381. including grants of \$ 662,672.) (Revenue \$ 0.)
4-	Total program convice expenses 130 927 876.

Form **990** (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 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	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			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		X
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	X	
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	, (), ii 100, Complete Concadio I, Latte Latte II iii iii iii iii iii iii ii ii ii ii			

Form 990 (2021) CHRISTIANS & JEWS,

Part IV Checklist of Required Schedules (continued)

22 X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X, county (X, 1972 or Y, 1975 complete Schedule I. Parts I and S. 4, or 5, about compensation of the organization's current and former offeren, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Parts I and S. 4, or 5, about compensation of the organization source and source of the parts I and the parts of the parts of the parts I and the parts of the parts I and the parts of the part		· (continued)		Yes	No
Part X. column (A), line 2? if "Yes," complete Schedule I, Parts Land III and former officers, directors, trustees, key employees, and highest compensation of the organization sourcett and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and Schedule I, Part IV III and Schedule III and III III III and Schedule III III III III III III III III III I	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
23 Did the organization answer "Yes" to Part VII, Section A, lies 3, 4, or 5, about compensation of the organizations current and former offerest, directors, trustees, key employees, and highest compensated employees? "If "Yes," complete Schedule I, and the organization have a fax-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 240 through 24d and complete Schedule K, If No." go to line 25a. 24b Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24c Did the organization marks any proceeds of fax exempt bonds beyond a temporary period exception? 24d Did the organization marks any proceeds of fax exempt bonds beyond a temporary period exception? 24d Did the organization marks and any proceeds of fax exempt bonds any tax exempt bonds? 24d Did the organization marks and the regards of the programizations. Did the organization seems any tax exempt bonds? 25d Section 50(16), 501(16)4), and 501(12)80 organizations of the organization region in a work of the section of the farmal fax and the total exception of the organization seems that the transaction has not been reported on any of the organization spiric Forms 900 or 900-EZ? If "Yes," complete Schedule L, Part I was not been reported on any of the organization spiric Forms 900 or 900-EZ? If "Yes," complete Schedule L, Part I was not been reported on any of the organization spiric Forms 900 or 900-EZ? If "Yes," complete Schedule L, Part I was not proved the program of the seasons? If "Yes," complete Schedule L, Part I was not prophyse supply and the program of the seasons? If "Yes," complete Schedule L, Part I was not prophyse supply su			22		Х
and former officers, directors, fustless, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II. 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, II "No." go to line 25a 24b Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of fax exempt bonds outstanding at any time during the year? 24d Did the organization and an an accerus account of their than a rothurding second at any time during the year? 24d Did the organization and the an analysis of the than a rothurding second at any time during the year? 24d Did the organization and the analysis of the december of the second of the second and the transaction with a december of the organization engage 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 with a disqualified person in a prior year, and that the transaction has not been reported and year. If the second is not the organization with a disqualified person in a prior year, and that the transaction has not been reported and year. If the organization with a disqualified person in a prior year, and that the transaction has not been reported any are the organization with an other part and part or other and the prior of the organization with an other part and the part of the organization with an other part and the part of the organization organization and part or other assistance to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former	23				
Schedule / La de dire 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization mises any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization mises any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization maintain an escrive account other than a refunding secret any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization access tent at engaged in an excess benefit transaction with a disqualified person during the year? b Is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization spiror Forms 990 or 990-E27 (if "Yes," complete Schedule L, Part I "Yes," complete Schedule L, Part I "Yes," complete Schedule L, Part I "Yes," complete Schedule L Part I "Yes," complete Schedule L Part I "Yes," controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I I "Yes," complete Schedule I Part I I "Yes," complete Schedule I Part I I "Yes," complete Schedule I Part I "Yes," complete Schedule I Part I I "Yes," complete Schedule					
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, fath was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to fine 25a. 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 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 25b Ib 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 sprior forms 900 or 990 E27 If "Yes," complete Schedule L, Part I 25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officer, director, fustee, key employee, creation or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 25c Did the organization provide a grant or other assistance to any current or forms officer, director, fustee, key employee, creation or forms officer, director, fustee, key employee, creation or forms officer, director, trustee, key employee, creation or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 25d Did the organization provide a grant or there assistance to any individual described in line 28a? If "Yes," complete Schedule I, Part IV 25d A 35% controlled entity of one		, ,	23	Х	
Schedule K. If "No." go to line 25a	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrive vaccount other than a refunding escrive at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16), 501(44), and 501(x)(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 25b Is the organization awave 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 is prior Forms 980 or 980-E27 If "Yes," complete Schedule L, Part I 25c II 25d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 2	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(8), 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 (, Part I) 25 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-E27. If "Yes," complete Schedule (, Part I) 26 Did 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-E27. If "Yes," complete Schedule I, Part I 27 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 59% controlled entity (including an employee thereof) of tamily member of any of these persons? If "Yes," complete Schedule I, Part II 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part II 29 Was the organization receive thereof) of tamily member of any of these persons? If "Yes," complete Schedule I, Part IV 29 Did the organization receive more than \$250,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV 29 Did the organization receive or brighting of the party organization sections 30 X 30 Did the organization receive more than \$250,000 in non-cash contributions? If "Yes," complete Schedule II, Part II 30 Did the organization receive or or the party organization organization contributions? If "Yes," complete Schedule II, Part II 31 Did the organization organization receive any payment from or engage in any transaction with a controlle	С				
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b is the organization ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 prior Forms 980 or 990-E27 // If "Yes," complete Schedule L, Part I	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV 28 Was the organization of the following parties (see the Schedule L, Part IV 28 Was the organization of the following parties (see the Schedule L, Part IV 28 Was the organization receive more than \$25.000 in non-cash contributions? If "Yes," complete Schedule II, Part IV 28 Was the organization receive more than \$25.000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$01.7701-2 and \$01.7701-2 and \$01.7701-2 and \$01.7701-2 and \$01.7701-3 and \$01.7701-3 and \$01.7701-3 and \$01.7701-3 and \$01.7701-3 and \$01.7701-3		, , ,	25a		<u> X</u>
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 In Enter to line 35a, in any transfers to an exempt vine 2 and ex	35a		35a	X	
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If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 In Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ap		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 In	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		If "Yes," complete Schedule R, Part V, line 2	36		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 38 X Yes No 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 1c X	37	• • • • • • • • • • • • • • • • • • • •			
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 38 X Yes No			37		<u> </u>
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38				
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1a 43 1b 0 The X	Fal				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 43 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Uneck if Schedule U contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	_	E		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	_				
(gambling) winnings to prize winners?		Enter the number of refine WZa medada of line ra. Enter of infect applicable			
0 0/ 0 1	С		4.	Y	
	12000				(2021)

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 133			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ▶ ISRAEL, CANADA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization nave excess business noidings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans The the ground of recovery and health plans			
	Enter the amount of reserves on hand Did the organization receive any payments for indeer tapping sonices during the tay year?	1/1-		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation on School 10 O	14a 14b		 ^ `
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021)

CHRISTIANS & JEWS, INC.

Pai	TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" r	espon	se
	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			X
Sec	tion 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	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the annual faction to the second second second self-self-second	6		X
6		-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		 ₩
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			\ 3 7
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CT, FL, GA, HI, IL, KS	, KY	MA,	, MD
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	ROBIN VAN ETTEN - 312-641-7200			
	303 E WACKER, SUITE 2300, CHICAGO, IL 60601			

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2021)

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Posi heck i			one	Reportable	Reportable	Estimated
	hours per			ss per				compensation	compensation	amount of
	week	_	T			1	, 	from the	from related	other compensation
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	from the
	related	9e 0 r	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	n be		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	idual	tution	er	Key employee	est co	Jer.			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) YAEL ECKSTEIN - FARKAS	40.00									
PRESIDENT & CEO	0.50			X				646,427.	0.	129,874.
(2) ROBIN VAN ETTEN	40.00									
GLOBAL CHIEF OPERATING OFFICER	0.50			Х				363,546.	0.	97,970.
(3) LAUREL SIMKOVICH	40.00									
VP OF FINANCE	0.00			Х	L			219,992.	0.	66,051.
(4) ERIC FRANS	40.00									
VP OF PHILANTHROPY	0.00			Х				240,715.	0.	36,000.
(5) KATHERINE ROVANI	40.00									
ASSOC. VP OF OPS	0.00				Х			157,629.	0.	73,643.
(6) GERALDINE TOLBERT	40.00									-
ASSOC. VP OF HR	0.00				Х			172,677.	0.	41,204.
(7) KRISTIN HENNING	40.00									-
SENIOR DIRECTOR OF FINANCE	0.00					Х		149,631.	0.	55,886.
(8) ERICA PRESCOTT	40.00									
SR DR INTEGR FR & DONOR RETENTION	0.00					Х		140,492.	0.	57,657.
(9) TEWAHEDO SEYOUM	40.00									
DIRECTOR OF INFORMATION SERVICES	0.00					Х		155,563.	0.	38,252.
(10) CHRISTINE JESPERSEN	40.00									
PHILANTHROPY ADVISER	0.00					Х		150,660.	0.	34,868.
(11) JAMES RAY	40.00									
DIR OF GIFT PLANNING	0.00					Х		141,915.	0.	22,153.
(12) GEORGE MAMO	0.00									-
FORMER GLOBAL C.O.O (THRU 08/19)	0.00						Х	100,721.	0.	0.
(13) BISHOP PAUL LANIER	1.00							,		
CHAIRMAN	0.50	Х		Х				0.	0.	0.
(14) J.R. DUPELL	5.00									
SECRETARY & TREASURER	0.00	Х		х				0.	0.	0.
(15) DAVID CLARK	1.00							-	-	-
DIRECTOR	0.00	Х						0.	0.	0.
(16) KEITH FRANKEL	1.00								<u> </u>	
DIRECTOR	0.00	х						0.	0.	0.
(17) STEVEN HEFTER	1.00	T-							31	
DIRECTOR	0.00	х						0.	0.	0.
	, 3.00						L		3.	Form 990 (2021

132007 12-09-21 Form **990** (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		າ than d	nne.	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensatio	n	an	nount	of
	week		cer ar	nd a d	irecto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organization	- 1		pensa	
	hours for	or dir	au			ted		organization	(W-2/1099-MIS	- 1		om th	
	related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations below	ıal tru	onal 1		oloye	5 a		1099-NEC)				d relat	
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	rmer				orga	anizati	ons
(18) JOHNNIE MOORE	1.00	=	Ë	-0¢	- Xe	± 5	요						
DIRECTOR	0.00	Х						0.		0.			0.
(19) PENNY NANCE	1.00							0.		•			<u> </u>
DIRECTOR (THRU 02/21)	0.00	Х						0.		0.			0.
(20) SUZANNE PEYSER	1.00									-			
DIRECTOR	0.00	Х						0.		0.			0.
(21) JACOB SCHIMMEL	1.00												
DIRECTOR	0.00	Х						0.		0.			0.
			_										
1b Subtotal			<u> </u>			_		2,639,968.		0.	6.5	3,5	58.
c Total from continuation sheets to Part VII								0.		0.	- 0 5	5 , 5 .	0.
d Total (add lines 1b and 1c)								2,639,968.		0.	65	3,5	
Total number of individuals (including but not not not not not not not not not no							o re		000 of reportable				
compensation from the organization						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					26
- Sampanoun nom una argamatanan												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on	[
line 1a? If "Yes," complete Schedule J for si	uch individual								•		3	Х	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	•	•							•	pensat	tion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	address							(B) Description of s	envices	_	(C)) nsatio	า
Traine and business	auu1035						_	Description of 8	OI VICES		ompe	isalio	'

PRODUCTION SOLUTIONS, 1953 GALLOWS RD., SUITE 500, VIENNA, VA 22182 PRINT & POSTAGE 16,654,210. CANNELLA RESPONSE TELEVISION, LLC 12,731,826. 848 LIBERTY DRIVE, BURLIGTON, WI 53105 TV AD PLACEMENT GOOGLE, INC., DEPT 33654, PO BOX 39000, INTERNET SEARCH & SAN FRANCISCO, CA 94139 ADVERTISING 1,918,820. DONOR ACQUISITION FORWARDPMX, ONE WORLD TRADE CENTER, 63RD FLOOR, NEW YORK, NY 10007 SERVICES 1,708,506. CAUSEWORX INC, 2 MCNAMARA, CT. AGJAX, MCNAMARA, CT. AGJAX, ONTARIO, CAN TELEMARKETING 1,378,829. Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2021)

\$100,000 of compensation from the organization

Form 990 (202	
Part VIII	Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
ω ω	-	_	Federated campaigns	1a	35,938.				
Contributions, Gifts, Grants and Other Similar Amounts				1b	00,200.				
ij g			Membership dues	1c					
fts, Ar			Fundraising events	1d					
ig ig			Related organizations						
ns, Sim			Government grants (contributions)	1e					
utio er (Ť	All other contributions, gifts, grants, and		216 705 242				
ĕŧ			similar amounts not included above \dots		216,705,342.				
ont od (_	Noncash contributions included in lines 1a-1f	1g \$	3,874,724.	016741000			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f			216741280.			
					Business Code				
Se	2	а							
ĕ.vi e vi		b							
Se		С							
ran Jev		d							
Program Service Revenue		е							
P.		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, interes	st, and				
			other similar amounts)			1,863,935.			1863935.
	4		Income from investment of tax-exem						
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)		•				
			` '	ecurities	(ii) Other				
	-	_		542,494.	28,310.				
		h	Less: cost or other basis	,	,				
Φ		~	and sales expenses 7b 18,3	353 722.	0.				
enn		c	Gain or (loss) 7c 1,1	188.772.	28,310.				
her Revenue			Net gain or (loss)		-	1,217,082.			1217082.
푸			Gross income from fundraising events (r						
	0	а		of					
Ò			contributions reported on line 1c). Se	-					
		L	Part IV, line 18						
			Less: direct expenses						
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac		·····				
	10	а	Gross sales of inventory, less returns	1 1	45 690				
			and allowances						
			Less: cost of goods sold		35,009.	10.5=1	40.674		
\rightarrow		С	Net income or (loss) from sales of inv	ventory		10,671.	10,671.		
က္					Business Code	=	=		
e e	11	а	TOURS AND CONFERENCES		900099	71,164.	71,164.		
Miscellaneous Revenue		b							
cel.		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d)	71,164.			
	12		Total revenue. See instructions			219904132.	81,835.	0.	3081017.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respor		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	35,971,097.	35,971,097.		
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	C7 0C0 FF0	C7 0C0 FF0		
_	individuals. See Part IV, lines 15 and 16	67,962,558.	67,962,558.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2,245,729.	350,641.	1,163,903.	731,185
_	trustees, and key employees	2,245,125.	330,041.	1,103,903.	/31,103
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,513.		5,513.	
7	Other salaries and wages	7,934,302.	1,239,697.	4,109,487.	2,585,118
8	Pension plan accruals and contributions (include	1,334,3024	1,233,037.	4,100,4074	2,303,110
J	section 401(k) and 403(b) employer contributions)	963,379.	176,229.	479,588.	307,562
9	Other employee benefits	2,486,583.	669,156.	1,314,450.	502,977
0	Payroll taxes	1,251,898.	584,585.	388,279.	279,034
1	Fees for services (nonemployees):		301/3031	300,2750	2737001
a	Management	2,094,673.	446,829.	1,640,681.	7.163
	Legal	97,102.		97,092.	7,163 10
	Accounting	102,616.	6,289.	96,327.	-
	Lobbying	, ,	. ,	, -	
е	Professional fundraising services. See Part IV, line 17	7,009,294.			7,009,294
f	Investment management fees	288,547.		288,547.	
g	Other. (If line 11g amount exceeds 10% of line 25,	-		-	
_	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	5,715,759.	3,987,355.	105,470.	1,622,934
3	Office expenses	4,470,047.	493,835.	3,941,558.	34,654
14	Information technology	1,481,189.	16,707.	1,462,682.	1,800
5	Royalties				
6	Occupancy	1,046,682.	184,038.	650,739.	211,905
7	Travel	197,285.	61,027.	103,039.	33,219
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	142 000	10 446	70 (10	44 000
2	Depreciation, depletion, and amortization	143,002.	19,446.	78,648.	44,908
3	Insurance				
4	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.)	00 600 040	7 FF0 456	4 405 550	0 655 005
а	PRINTING	20,639,342.	7,578,456.	4,405,559.	8,655,327
b	TV AND RADIO AIRTIME	12,939,125.	9,867,554.	411,955.	2,659,616
C	TELEMARKETING	906,888.	766,385.	115,227.	25,276
d	PROGRAM IMPLEMENTATION	781,579.	545,992.	235,587.	0
	All other expenses	37,386. 176,771,575.	120 027 076	37,386. 21,131,717.	04 711 000
25_	•	1/0,//1,5/5.	±30,341,0/0•	41,131,/1/•	24,711,982
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)	52 900 230	23,276,059.	6 967 790	22,656,390

132010 12-09-21

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note to	any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			500.	1	500
	2	Savings and temporary cash investments			36,488,099.	2	43,856,898
	3	Pledges and grants receivable, net		838,212.	3	0	
	4	Accounts receivable, net			231,286.	4	2,117,827
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	ial co	ontributor, or 35%			
		controlled entity or family member of any of these p	erso	ns	0.	5	119,846
	6	Loans and other receivables from other disqualified	l pers	ons (as defined			
		under section 4958(f)(1)), and persons described in	secti	ion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			203,498.	8	310,624
Ä	9	Prepaid expenses and deferred charges			1,379,138.	9	2,012,526
	10a	Land, buildings, and equipment: cost or other					
			0a	2,998,078.			
	b	Less: accumulated depreciation1	0b	1,491,468.	355,853.	10c	1,506,610
	11	Investments - publicly traded securities			35,979,932.	11	70,619,857
	12	Investments - other securities. See Part IV, line 11			3,521,179.	12	4,316,127
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	0
	16	Total assets. Add lines 1 through 15 (must equal lines)	78,997,697.	16	124,860,815		
	17	Accounts payable and accrued expenses			5,419,126.	17	7,890,817
	18	Grants payable		6,473,193.	18	4,940,646	
	19	Deferred revenue			0.	19	0
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substant					
iab		controlled entity or family member of any of these p				22	
_	23	Secured mortgages and notes payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated th				24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17		·	C 170 112		F 004 000
		of Schedule D			6,170,113.		5,904,099
	26	Total liabilities. Add lines 17 through 25			18,062,432.	26	18,735,562
s		Organizations that follow FASB ASC 958, check	here				
Ce		and complete lines 27, 28, 32, and 33.			E2 600 206		76 706 261
alaı	27	Net assets without donor restrictions			53,608,386.	27	76,796,261
B	28	Net assets with donor restrictions			7,326,879.	28	29,328,992
Ĕ		Organizations that do not follow FASB ASC 958,	che	ck here L			
F		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equip				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incon			60 025 265	31	106 105 052
Š	32	Total net assets or fund balances			60,935,265.	32	106,125,253
	33	Total liabilities and net assets/fund balances			78,997,697.	33	124,860,815 Form 990 (202

Form	990 (2021) CHRISTIANS & JEWS, INC.	36.	-32560	96	Pag	_{ge} 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	219,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	176,	771	. , 5	75.
3	Revenue less expenses. Subtract line 2 from line 1	3	43,	<u> 132</u>	, 5	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,			
5	Net unrealized gains (losses) on investments	5	2,	<u>534</u>	, 23	37.
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	_	476	, 80	06.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	106,	125	, 2!	53.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u>.</u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule ().				
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 or	n 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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	oasis,				
	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 $\frac{1}{2}$	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Aud	dit			

Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2021)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

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

Part L. Reason for Public Charity Status. (All organizations must complete this part.) See instructions

Г	11 L I	neason for Public (Juanty Status.	(All organizations must c	ompiete tr	iis part.) S	ee instructions.					
The	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, cl	neck only	one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	\Box	•					•	the hospital's name,				
		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental unit describ	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental i	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college				
		or university or a non-land-g				-	-	-				
		university:	, 3	(**************************************		, , ,	,					
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membership fees. an	d gross receipts from				
		activities related to its exem										
		income and unrelated busin		•	. ,			•				
		See section 509(a)(2). (Con		(iooo ooo iioii o i i iaaay ii o			ou by the organization t					
11		An organization organized a	•	vely to test for public sat	etv See	section 50)9(a)(4).					
12	Ħ	An organization organized a	•	•	•			nurnoses of one or				
-		more publicly supported or	•	•	•		•					
		lines 12a through 12d that						oneek the box on				
а		Type I. A supporting orga	* *					aivina				
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-						
		organization. You must o			majority o	i trie direc	tors or trustees or trie so	аррогинд				
L		¬ -	-		ion with it	o oupporto	d organization(s) by ba	ina				
b		☐ Type II. A supporting org	•					-				
		control or management o organization(s). You mus			arrie perso	iis iiiai coi	ittor or manage the sup	ported				
		¬ • • • • • • • • • • • • • • • • • • •			in connoct	tion with a	and functionally integrate	ad with				
C		Type III functionally inte its supported organization					• •	eu wiiii,				
d		Type III non-functionally		·				zation(s)				
·							• • • • • •	* *				
		that is not functionally int	-		•		='	veriess				
		requirement (see instructi	•	•	•							
е		☐ Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.						
Ţ		er the number of supported o	•	d avagnization(a)								
		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of monetary	(vi) Amount of other				
	`	organization	(.,, =	(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)				
				above (see instructions))	163	140						
-												

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CHRISTIANS & JEWS, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	119674288	118046859	115073908	156294559	216741280	725830894
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	119674288	<u>118046859</u>	<u> 115073908</u>	<u> 156294559</u>	216741280	725830894
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						70500004
	Public support. Subtract line 5 from line 4.						725830894
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017 119674288	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	***************************************	1190/4200	110040039	1130/3906	130234333	210/41200	723030094
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	007 120	1101694.	752,705.	001 040	1863935.	5607303.
_	and income from similar sources	907,120.	1101034.	132,103.	301,043.	1003933.	3007303.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		105,754.				105,754.
11	Total support. Add lines 7 through 10		200,7021				731543951
	Gross receipts from related activities,	etc. (see instruction	ns)				,934,950.
	First 5 years. If the Form 990 is for the						, ,
	organization, check this box and stor	_					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), di	vided by line 11, o	column (f))		14	99.22 %
	Public support percentage from 2020					15	99.26 %
	33 1/3% support test - 2021. If the					ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2020. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	•				•	10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

CHRISTIANS & JEWS, INC.

INTERNATIONAL FELLOWSHIP OF

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

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

Section A. Public Support		<u> </u>	T			
Calendar year (or fiscal year beginning in) ► 📙	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						1
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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.)						
ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6		` ,				
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						
Net income from unrelated business activities not included on 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	year as a section	501(c)(3) organization	on,
check this box and stop here	<u></u>		<u></u>	<u></u>	<u> </u>	> [
ection C. Computation of Public	Support Per	rcentage				
5 Public support percentage for 2021 (line	e 8, column (f), c	divided by line 13, o	column (f))		15	
6 Public support percentage from 2020 S	chedule A, Part	III, line 15			16	
ection D. Computation of Invest	ment Income	e Percentage				
7 Investment income percentage for 202	1 (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 - 2021. If the o	•				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and						▶[
b 33 1/3% support tests - 2020. If the o	rganization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	. –
line 18 is not more than 33 1/3%, check Private foundation. If the organization		· ·	•		-	
zo - envate iounganon. Il the organization	and HOLCHECK A	DOX OF IME 14, 19	a or iso check If	us dox add see in:	SHUGHOUS	-

132023 01-04-22

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5 1.		
5b 5c		
6		
7		
7		
8		
9a		
9b		
9c		
10a		
10b		
ule A (Forn	n 990)	2021

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Sche	edule A (Form 990) 2021 CHRISTIANS & JEWS, INC.	36-325609	6 Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u></u>	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	ellon B. Type i Supporting Organizations		I., I	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	10010,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	the 1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2	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.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 on 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	3		
Sec	supported organizations played in this regard. 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 insti	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	, -		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ity (see instructior	ıs).	
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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? <i>If</i> "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	Ob.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part 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	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Section A -	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	hort-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Other	r gross income (see instructions)	3		
4 Add I	lines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
	ction of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		
	r expenses (see instructions)	7		
	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
b Avera	age monthly cash balances	1b		
c Fair n	narket value of other non-exempt-use assets	1c		
d Total	I (add lines 1a, 1b, and 1c)	1d		
e Disco	ount claimed for blockage or other factors			
(expla	ain in detail in Part VI):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subtr	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	nstructions).	4		
5 Net v	ralue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	ply line 5 by 0.035.	6		
7 Reco	veries of prior-year distributions	7		
8 Minir	num Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	0.85 of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	ne tax imposed in prior year	5		
	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 **a** From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3 and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)										
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:										
FUNDRAISING INCOME										
2017 AMOUNT: \$ 0.										
2018 AMOUNT: \$ 105,754.										
2019 AMOUNT: \$ 0.										
2020 AMOUNT: \$ 0.										
2021 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 Inspection

Name of the organization

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.

Employer identification number 36-3256096

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	visec	I funds	(b) Fun	ds 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		hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	'Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	tribu	tion in the form o	f a cor	serva	
	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				е		
	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organiz	zation	during the tax
	year ▶						
4	Number of states where property subject to conservation eas		_				
5	Does the organization have a written policy regarding the peri		ecti	on, handling of			
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations	, and	d enforcing conse	ervatio	n ease	ments during the year
-	Amount of auroration and in annuitation instables bounds						to alcoring the consen
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ling of violations, and	ente	ording conservation	on eas	semeni	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirem	onto	of section 170/h	\/ <i>4</i> \/D\/	(i)	
0		•					Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	/113	manolal Statemen	113 1116	it dese	indes tric
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		•			
1a	If the organization elected, as permitted under FASB ASC 95		reve	nue statement an	ıd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	•					
b	If the organization elected, as permitted under FASB ASC 958					sheet	works of
	art, historical treasures, or other similar assets held for public	•					
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea					orovide)
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	-				•	\$
b	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) 2021

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	t III Organizations Maintaining Co	ellections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	Continu	ed)
3	Using the organization's acquisition, accession						,	
	collection items (check all that apply):	•	•	· ·				
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's ex	empt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other simil	lar assets			
	to be sold to raise funds rather than to be mai	ntained as part of th	e organization's col	lection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	ements. Comple	te if the organizatio	n answered "Yes"	on Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part							
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	or other assets no	ot included			
	on Form 990, Part X?					\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo						Yes	O No
b	If "Yes," explain the arrangement in Part XIII. (
Pai	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	627,018.	605,112.	506,800	. 5	49,074.	5	03,144.
b	Contributions							
С	Net investment earnings, gains, and losses	77,905.	44,025.	98,312		21,366.		66,890.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	22,615.	22,119.			20,908.		20,960.
f	Administrative expenses							
g	End of year balance	682,308.	627,018.	605,112	. 5	06,800.	5	49,074.
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ►100	%						
С	Term endowment >	6						
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
За	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	d administered for	the organiza	ation	_	
	by:						\ <u>`</u>	'es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Pai	t VI Land, Buildings, and Equipme							
	Complete if the organization answered			T T	X, line 10.			
	Description of property	(a) Cost or ot			Accumulate		(d) Book	value
		basis (investm	ent) basis	(otner)	depreciation			
	Land							
	Buildings			2 206	20 -	42	050	752
	Leasehold improvements			3,296.	32,5			<u>,753.</u>
	Equipment				,244,4			,408.
	Other			1,916.	214,4		1,067	
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must ea	ual Form 990. Part >	K. column (B). line 10	Oc.)			1,506	,6IU.

	NAL FELLOWSHIP		26 2256006 - 4
Schedule D (Form 990) 2021 CHRISTIANS Part VII Investments - Other Securities.	& JEWS, INC.		36-3256096 Page
Complete if the organization answered "Yes	s" on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)		(c) Method of valuation: Cost or	end-of-vear market value
(A) = 1.1.1.1.1.1		(c) Method of Valuation. Cost of	Sha or year market value
(1) Financial derivatives (2) Closely held equity interests		1	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	
(;	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.	ne 15.)		<u> </u>
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CHARITABLE GIFT ANNUITIES			4,526,058.
(3) DEFERRED COMPENSATION PAY	YABLE		1,345,012.

(4) DEFERRED RENT (5) (6) (7) (8) 5,904,099. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

CHRISTIANS & JEWS, INC.

Part 2	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a		
1 T	otal revenue, gains, and other support per audited financial statements		1	
2 A	amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a N	let unrealized gains (losses) on investments	2 a		
	Oonated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	odd lines 2a through 2d		2e	
3 S	Subtract line 2e from line 1			
	mounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	add lines 4a and 4b		4c	
	otal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	=	•	
1 T	otal expenses and losses per audited financial statements		1	
	mounts included on line 1 but not on Form 990, Part IX, line 25:			
	Onated services and use of facilities	2a		
		l I		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d			
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	nvestment expenses not included on Form 990, Part VIII, line 7b			
b C	Other (Describe in Part XIII.)	4b		
СА	odd lines 4a and 4b		4c	
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	XIII Supplemental Information.			
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b and 2b;	; Part V, line 4; Part X, line 2	2; Part XI,
lines 2d	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information.		
	.			
PART	V, LINE 4:			
USES	S OF ENDOWMENT FUNDS			
			.	
THE	DONOR-RESTRICTED ENDOWMENT FUNDS ARE RES	TRICTED TO	BENEFIT THE "	ON THE
WING	SS OF EAGLES" PROGRAM ACTIVITIES.			
PART	X, LINE 2:			
LIAE	BILITY FOR UNCERTAIN TAX POSITIONS - FIN	48 (ASC 74)	0)	
THE	ACCOUNTING STANDARD ON ACCOUNTING FOR UN	CERTAINTY :	IN INCOME TAXE	S
ADDR	RESSES THE DETERMINATION OF WHETHER TAX B	ENEFITS CL	AIMED OR EXPEC	TED TO
BE C	CLAIMED ON A TAX RETURN SHOULD BE RECORDE	D IN THE CO	ONSOLIDATED	
FINA	ANCIAL STATEMENTS. UNDER THIS GUIDANCE, E	NTITIES MA	Y RECOGNIZE TH	IE TAX
-				
BENE	FIT FROM AN UNCERTAIN TAX POSITION ONLY	IF IT IS MO	ORE LIKELY THA	N NOT
132054 1				(Form 990) 2021

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 ENDED DECEMBER 31, 2021 AND 2020, 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 REMAIN SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

THE FOUNDATION FILES FORM 990 IN THE 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. IFCJ BRAZIL FILED THEIR FINAL RETURNS IN 2020. FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, MANAGEMENT HAS REVIEWED THE 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 REMAIN SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

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.

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

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Go to www.

Name of the organization

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.

36-3256096

Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered	"Yes" on	
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra		_	
the grantees' eligibility for	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No					
2 For grantmakers. Desc	rihe in Part V the	organization's r	procedures for monitoring the use of its	arante and other assistance out	side the	
United States.	mbo mir are v ene	, organization o	or occurred for mornicaling the decision in			
	he following Part	Lline 3 table ca	an be duplicated if additional space is n	needed)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and	
	in the region	independent contractors	gram services, investments, grants to		investments	
		in the region	recipients located in the region)	of service(s) in the region	in the region	
NORTH AMERICA	0		GRANTMAKING	SEE SCHEDULE F, PART V	2,800,743.	
MIDDLE EAST AND			CDANIMA KING		67 003 000	
NORTH AFRICA	0		GRANTMAKING	SEE SCHEDULE F, PART V	67,893,082.	
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0		GRANTMAKING	SEE SCHEDULE F, PART V	273,685.	
				·		
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	3,973.	
T16T 16T1 11T						
EAST ASIA AND THE PACIFIC	0		PROGRAM SERVICES	CEE COUEDINE E DADM V	1,390,280.	
PACIFIC	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	1,390,280.	
SOUTH AMERICA	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	124,712.	
RUSSIA AND						
NEIGHBORING STATES	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	38,692.	
3 a Subtotal	0	0			72,525,167.	
b Total from continuation					,2,323,107.	
sheets to Part I	0	0			0.	
c Totals (add lines 3a						
and 3b)	0	0			72,525,167.	

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SEE SCHEDULE F, PART	70,875.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SEE SCHEDULE F, PART V	220,836.	WIRE	0.		
		NORTH AMERICA	SEE SCHEDULE F, PART V	1168500.	WIRE	0.		
2 Enter total number of	recipient organization	ns listed above that are r	recognized as charities by the f	oreign country, i	recognized as a tax			

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

_		

3 Enter total number of other organizations or entities

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

Schedule F (Form 990) 2021 (Part IV Foreign Forms CHRISTIANS & JEWS, INC.

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

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

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

October 5 (Ferre

SCHEDULE G (Form 990)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service

Name of the organization

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS. INC.

Employer identification number 36-3256096

CIIICIDII	MID & OHND, THE.				30 3230	0 7 0
	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par						
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.						
a X Mail solicitations				overnment grants		
b X Internet and email solicitations			-	nment grants		
c X Phone solicitations	g Special	fundra	ising (events		
d X In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ing of	ficers, directors, trus		
key employees listed in Form 990, F	Part VII) or entity in connection with p	rofessi	onal fu	undraising services?	X Yes	No
b If "Yes," list the 10 highest paid indi	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is to be	;
compensated at least \$5,000 by the	e organization.					
					(-) A	
(i) Name and address of individual	(SEX A publication	(iii) fundr	aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have con	trol of	from activity	fundraiser	to (or retained by) organization
DD DDWGTTON GOLVETONG 4053		contrib			listed in col. (i)	
PRODUCTION SOLUTIONS - 1953 GALLOWS RD, STE 500, VIENNA,	CONSULTING AND DIRECT MAIL	Yes	No X	F6 041 265	442,296.	EE E00 060
RKD DIRECT POINT GROUP - 3400	CONSULTING AND DIRECT MAIL		Α	56,041,265.	442,230.	55,598,969.
WATERVIEW PARKWAY, STE 250,	CONSULTING AND DIRECT MAIL		х	33,929,847.	921,756.	33,008,091.
SYNERGY DIRECT MKT. SLN	TELEMARKETING INBOUND AND				721,700.	
180 W. TUSCARAWAS AV., STE.	MANAGEMENT		Х	8,259,834.	455,482.	7,804,352.
FORWARD PMX - 5 HANOVER				1,200,000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SQUARE, NEW YORK, NY 10004	MAILING LIST		х	6,013,596.	1,189,808.	4,823,788.
CANNELA RSPONSE TELE 848	DIRECT RESPONSE TV MEDIA			0,010,050.	1,105,000.	2,020,700.
LIBERTY DRIVE, BURLINGTON, MA	MANAGEMENT		х	4,805,583.	1,040,122.	3,765,461.
CAUSEWORX - 2 MCNAMARA CT,	TELEMARKETING - CALL			1,003,303.	1,010,122.	3,703,101.
AJAX, ONTARIO, CANADA LIT	CENTER		х	4,422,918.	1,392,733.	3,030,185.
4DS COMMUNICATIONS - 545			21	1,122,310.	1,332,733.	3,030,103.
VEST JAUNITA AVE, MESA, AZ	TELEMARKETING		х	971,665.	1 459 284	_187 619
WESTAR MEDIA GROUP, INC	RADIO INFOMERCIALS AND		Λ	371,003.	1,459,284.	-487,619.
114-D PETTIGRU STREET,	EDUCATIONAL MATERIAL		Х	996 405	107 750	779 655
INFOCISION MANAGEMENT CORP	TELEMARKETING - CALL		Α	886,405.	107,750.	778,655.
	CENTER		v	350 736	63	250 662
P.O. BOX 74171, CLEVELAND, OH	CENTER		Х	358,726.	63.	358,663.
Total			•	115,689,839.	7,009,294.	108,680,545.
List all states in which the organization	on is registered or licensed to solicit o	ontrib	ıtions			
or licensing.	or is registered or neerised to solicit to	OHILID	ations	or rias been notified	it is exempt from re	gistration
AK, AL, AR, CA, CO, CT, FL,	GA HT TI, KS KV T.A N	/Δ N	D 1/	TE MT MN MO	MS NC ND	NH N.T NM
NV, NY, OH, OK, OR, PA, PR,				111 ,111 ,111 ,110	, 110 , 110 , 110 , .	111711071111
,,,,,,,	111/00/111/01/11/11/1	<u> </u>	•			
						_

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

CHRISTIANS & JEWS, INC.

Ра		of fundraising event contributions and gra	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
<u>e</u>			(event type)	(event type)	(total number)	Coi. (C))
Revenue		Crass respirts				
) B	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
္တ	5	Noncash prizes				
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
미	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	- · · · · · · · · · · · · · · · · · · ·		>	
	11	Net income summary. Subtract line 10 from li				
a	rt I		answered "Yes" on Form	m 990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	1		1	T
aune			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
Revenue	1	Gross revenue				
Se	2	Cash prizes				
xbeus	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
7			Yes %	Yes %	Yes %	
	6	Volunteer labor	No —	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	n 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				
		he organization licensed to conduct gaming ad No," explain:				Yes N
	_					
		ere any of the organization's gaming licenses re			year?	Yes N
_		· · ·				
วกล	2 10	-21-21			Sche	edule G (Form 990) 202

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INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS. INC.

Sch	nedule G (Form 990) 2021 CHRISTIANS & JEWS, INC. 36-	3256096	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
13	Indicate the percentage of gaming activity conducted in:	103	140
	a The organization's facility	13a	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ v _{oo}	□ Na
	retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	L 1es	NO
	organization's own exempt activities during the tax year > \$		
Pá	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Po	art III lines 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III 103 0,	55, 105,
	· · · · · · · · · · · · · · · · · · ·		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:	
	NAME OF FINIDDATCED. DEODICHTON COLUMNONS		
<u>(</u>]	NAME OF FUNDRAISER: PRODUCTION SOLUTIONS		
<u>(</u>]) ADDRESS OF FUNDRAISER: 1953 GALLOWS RD, STE 500, VIENNA, VA	22182	
(1) NAME OF FUNDRAISER: RKD DIRECT POINT GROUP		
<u> </u>			
34	.00 WATERVIEW PARKWAY, STE 250, RICHARDSON, TX 75080		

Part IV Supplemental Information (continued)
(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: FORWARD PMX
(I) ADDRESS OF FUNDRAISER: 5 HANOVER SQUARE, NEW YORK, NY 10004
(I) NAME OF FUNDRAISER: CANNELA RSPONSE TELE.
(I) ADDRESS OF FUNDRAISER: 848 LIBERTY DRIVE, BURLINGTON, MA 53105
/T) NAME OF FUNDRATGER GAUGEBORY
(I) NAME OF FUNDRAISER: CAUSEWORX
(I) ADDRESS OF FUNDRAISER: 2 MCNAMARA CT, AJAX, ONTARIO, CANADA LIT 4W6
(I) NAME OF FUNDRAISER: MDS COMMUNICATIONS
(I) ADDRESS OF FUNDRAISER: 545 WEST JAUNITA AVE, MESA, AZ 85210
(I) NAME OF FUNDRAISER: WESTAR MEDIA GROUP, INC.
(I) ADDRESS OF FUNDRAISER: 414-D PETTIGRU STREET, GREENVILLE, SC 29601
(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP.
(I) ADDRESS OF FUNDRAISER: P.O. BOX 74171, CLEVELAND, OH 44194
SCHEDULE G, PART I, LINE 2B, COLUMN (V):
AMOUNT PAID TO FUNDRAISER
THIS IS THE AMOUNT PAID (PER THE CONTRACT) FOR THE PROFESSIONAL
FUNDRAISING SERVICES. AT NO TIME ARE DONATIONS RECEIVED OR HELD BY FUND
RAISERS.

SCHEDULE I (Form 990)

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Internal Revenue Service Inspection INTERNATIONAL FELLOWSHIP OF Employer identification number Name of the organization 36-3256096 CHRICTIANS & JEWS

CULTSTIAN	o « OEWo,	INC.					30-3230090
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than s	\$5,000. Part II can	be duplicated if addit	ional space is neede	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN COMMITTEE FOR SHAARE							
ZEDEK HOSPITAL IN JERUSALEM, INC -							
1040 AVENUE OF THE AMERICAS 23RD							TRAUMA AND RECOVERY ROOM
FL - NEW YORK, NY 10018	13-5645878	501 (C) (3)	4,000,000.	0.			ESTABLISHMENT IN HOSPITAL
AMERICAN FRIENDS OF LEKET ISRAEL INC - 960 TEANECK ROAD SUITE 200 -							
TEANECK, NJ 07666	20-8202424	501 (C) (3)	250,000.	0.			FOOD SUPPORT
AMERICAN FRIENDS OF ORR SHALOM 3708 ENTERPRISE DRIVE JANESVILLE, WI 56546	13-3502817	501 (C) (3)	716,000.	0.			SUPPORTING CHILDREN AND YOUTH AT RISK
CHAMAH 27 WILLIAMS ST. SUITE 613 NEW YORK, NY 10005	23-7365688	501 (C) (3)	1,037,684.	0.			MEALS, TRANSPORTAION MED. CARE-CHILDREN
COLEL CHABAD 806 EASTERN PARKWAY BROOKLYN, NY 11213	11-3254483	501 (C) (3)	3,001,000.	0.			FOOD AND HUMANITARIAN SUPPORT
FRIENDS OF UNITED HATZALAH 208 E. 51ST STREET, SUITE 303 NEW YORK, NY 10022	11-3533002	501 (C) (3)	3,310,000.	0.			RESPONSE TO MEDICAL EMERGENCIES AND CRISES SUPPORT DURING COVID 19 CRISIS
2 Enter total number of section 501(c)(3) a	1		· · · · · ·				11.
3 Enter total number of other organizations	•	9					

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

Schedule I (Form 990) 2021

Schedule I (Form 990) CHRISTIANS Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sche	edule I (Form 990), Pa		6-3256096 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EWISH AGENCY FOR ISRAEL NORTH							
MERICAN COUNCIL - 633 3RD AVE, 1ST FLOOR - NEW YORK, NY 10017	23-0053483	501 (C) (3)	1,000,000.	0.			IMMIGRATION TO ISRAEL SUPPORT
RIENDS OF THE IDF							HUMANITARIAN SUPPORT
430 BROADWAY, SUITE 1301				_			ISRAELI SOLDIERS AND
EW YORK, NY 10018	13-3156445	501 (C) (3)	4,491,000.	0.			THEIR FAMILIES
HE AMERICAN JEWISH JOINT ISTRIBUTION COMMITTEE - 711 THIRD							
VE, 10TH FLOOR - NEW YORK, NY							FOOD AND HUMANITARIAN
0017	13-1656634	501 (C) (3)	6,881,640.	0.			SUPPORT
HE FEDERATION OF JEWISH				-			
OMMUNITIES OF THE CIS - 445 PARK							
VE, 9TH FLOOR - NEW YORK, NY							FOOD AND HUMANITARIAN
0022	13-3970940	501 (C) (3)	9,980,020.	0.			SUPPORT
TWIN GODDODATION							
OI 10TH AVE, 7TH FLOOR							FOOD AND HUMANITARIAN
EW YORK, NY 10018	22-3779212	501 (C) (3)	1,303,753.	0.			SUPPORT
		(-, (-,					
			I		I	I	I

Schedule I (Form 990) 2021

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 G	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 DOCU	MENTED BY	FIELD VISITS	
AS WELL AS FORMAL PROGRAMMATIC AND	FINANCIA	L REPORTS.			

SCHEDULE J (Form 990)

Department of the Treasury

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.

Questions Regarding Compensation

Employer identification number 36-3256096

			Yes	No
1 a	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.			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	art 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 Personal residence Travel for companions Payments Personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or imbursement or provision of all of the expenses described above? If "No," complete Part III to explain id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, ustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? dicate which, if any, of the following the organization used to establish the compensation of the organization's EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to stablish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Payment from a supplemental monqualified retirement plan? articipate in or receive payment from a supplemental nonqualified retirement plan? articipate in or receive payment from an equity-based compensation arrangement? "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Indy section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation ontingent on the net earnings of: The organization? Pres'es on line 5 as of 5b, describe in Part III. Pres' on line 6 ar 6b, describe in Part III. Pres' on line 5a or 6b, describe in Part III. Pres' on line 5a or 6b, describe			
	organization or a related organization:			
а		4a	Х	
b		4b		_ <u>X</u> _
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_				
5				
				v
a		5a		<u>X</u>
b		5b		
_				
6				
_				Х
a		6a		X
D	Any related organization?	6b		Λ
7				
7		7		Х
Q		7		- A
8		8		Х
9		r		-25
Ð	Regulations section 53.4958-6(c)?	9		
			1	

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

Schedule J (Form 990) 2021

01966891

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-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) YAEL ECKSTEIN - FARKAS	(i)	529,986.	310.	116,131.	118,351.	11,523.	776,301.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBIN VAN ETTEN	(i)	311,246.	30,800.	21,500.	56,125.	41,845.	461,516.	0.
GLOBAL CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAUREL SIMKOVICH	(i)	211,502.	900.	7,590.	33,285.	32,766.	286,043.	0.
VP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC FRANS	(i)	230,000.	10,700.	15.	36,000.	0.	276,715.	0.
VP OF PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHERINE ROVANI	(i)	155,550.	1,000.	1,079.	25,905.	47,738.	231,272.	0.
ASSOC. VP OF OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GERALDINE TOLBERT	(i)	168,659.	1,200.	2,818.	26,305.	14,899.	213,881.	0.
ASSOC. VP OF HR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KRISTIN HENNING	(i)	145,307.	1,675.	2,649.	23,984.	31,902.	205,517.	0.
SENIOR DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ERICA PRESCOTT	(i)	138,005.	1,425.	1,062.	21,484.	36,173.	198,149.	0.
SR DR INTEGR FR & DONOR RETENTION	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TEWAHEDO SEYOUM	(i)	152,299.	750.	2,514.	23,438.	14,814.	193,815.	0.
DIRECTOR OF INFORMATION SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHRISTINE JESPERSEN	(i)	146,033.	1,300.	3,327.	18,219.	16,649.	185,528.	0.
PHILANTHROPY ADVISER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JAMES RAY	(i)	136,594.	1,200.	4,121.	20,653.	1,500.	164,068.	0.
DIR OF GIFT PLANNING	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) GEORGE MAMO	(i)	0.	0.	100,721.	0.	0.	100,721.	0.
FORMER GLOBAL C.O.O (THRU 08/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
SEVERANCE OR CHANGE-OF-CONTROL PAYMENTS
AN INDIVIDUAL 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 L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization INT

INTERNATIONAL FELLOWSHIP OF

Employer identification number 36-3256096

(CHRISTIA	NS & JEWS	, II	NC.			36	-32	560	96		
					ion 501(c)(4), and sec	ction 501(c)(29) orga	nizatio	ns on	ly).			
					art IV, line 25a or 25b							
1	(b) Relationship bety	ween d	isqual	ified	\ D i - ti (t	(d) Cc				Corre	cted?
(a) Name of disqualified	person	person and or	ganiza	tion	(0	Description of tran	sactio	n 		Ye	es	No
											_	
										-	_	
	•	•	Ū		•	•						
								S				
3 Enter the amount of tax,	, if any, on line	2, above, reimburs	ed by t	the org	ganization			\$				
Part II Loans to and	d/or From I	nterested Pers	ons									
				00 57	Dort V line 20e er F	iorm 000 Dort IV lin	- OC: -	wif +b		ai=atia	_	
•	•				, Part V, line Soa or F	orm 990, Part IV, iin	e 26, C	or II trie	e orgai	iizatio	111	
•					(a) Original	(f) Balance due	(a)	In	(h) App	oroved	(i) W	/ritten
interested person					principal amount	(i) Dalarice due			by boa	ard or	agree	ment?
							Yes	No			Yes	No
ERIC FRANS	OFFICER	TAX WITH		Х	119,846.	119,846.		Х		Х	Х	
												<u> </u>
												₩
(a) Name of disqualified person person and organization (c) Description of transaction Yes No												
	ecictance R	enefiting Inter	octod	l Dor		119,846.						
		•										
•	T T					(d) Tuno	of.		(-)	\ Duw		<u>.</u>
(a) Name of interested	person				, , ,				٠,			1

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

Schedule L (Form 990) 2021

01966891

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of organization's			
	person and the organization	transaction	transaction	reven Yes			
				162	NO		
Part V Supplemental Information.			ı				
Provide additional information for resp	onses to questions on Schedule L (see i	nstructions).					
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	5:				
(A) NAME OF PERSON: ERIC F	'RANS						
(B) RELATIONSHIP WITH ORGA	NIZATION: OFFICER						
(C) PURPOSE OF LOAN: TAX W	TTTHOLDING TIMING DIF	FERENCE					
(c) Tokrobb of Boht. The	TIMOLDING TIMING DIT	I DRUITED					
(D) LOAN TO OR FROM ORGANI	ZATION? = FROM						
(E) ORIGINAL PRINCIPAL AMO	OUNT \$ 119,846. (F)	BALANCE DUE	E \$ 119,846.				
(G) LOAN IN DEFAULT? = NO							
(c) BOAN IN BEINGER NO							
(H) APPROVED BY BOARD OR C	COMMITTEE? = NO						
(I) WRITTEN AGREEMENT? = Y	TES						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

CHRISTIANS & JEWS, INC.

INTERNATIONAL FELLOWSHIP OF

Employer identification number 36-3256096

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	6,453	695,937.	FMV			
10	Securities - Closely held stock							
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 (BITCOIN)	X	56	3,178,787.	FMV			
26	Other							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) for	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) 2021

01966891

Part I	is repo	rting ir	ı Part I,	colur	mation nn (b), th I informa	ne numbe	e the infor r of contri	mation red butions, th	quired by F ne number	Part I, lines of items r	s 30b, 32b, an received, or a	d 33, and whether combination of bo	rthe organization th. Also complete
SCHE	DULE M	, P	ART	I,	COLU	JMN (3):						
THE (ORGANI	ZAT:	ION	IS	REPO	RTIN	3 THE	NUMB	ER OF	CONT	RIBUTIO	NS RECEIV	ED.
SCHE	DULE M	, L	INE	32E	3:								
A TH	IRD PA	RTY	SEL	LEF	R WAS	INV	DLVED	IN S	ELLING	THE	CRYPTO	CURRENCY	• ONCE
THE (CRYPTO	CUI	RREN	CY	WAS	SOLD	, THE	CASH	VALUI	E WAS	PROVID	ED TO IFC	J.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS,

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. 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) 2021

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

Employer identification number 36-3256096

IMPOVERISHED JEWS IN THE FORMER SOVIET UNION AND ISRAEL. THE AMUTAH

RECEIVES SUBSTANTIAL FUNDING FROM IFCJ. AS A LEADING NOT FOR PROFIT IN

ISRAEL, THE AMUTAH ALSO RECEIVED SUBSTANTIAL FUNDING IN 2021 OF \$4.9

MILLION DOLLAR GRANT THROUGH A PARTNERSHIP MINISTRY OF WELFARE IN

ISRAEL. 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.

COMBINED WITH THESE AFFILIATED ORGANIZATIONS, IFCJ WAS ABLE TO PROVIDE

DIRECT PROGRAM AND GRANTS THAT ASSISTED MORE THAN 2 MILLION PEOPLE IN

NEED THROUGH PROJECTS THAT PROVIDE SECURITY, HELP ALLEVIATE POVERTY,

AND SUPPORT ALIYAH (IMMIGRATION TO ISRAEL). COMBINED FUNDING FOR THESE

DIRECT PROGRAMS AND GRANTS WAS IN EXCESS OF \$107 MILLION, WHICH IS A

50% INCREASE OVER 2020.

THE PROGRAMS AND GRANTS INCLUDE SUPPLYING BASIC AID IN THE FORM OF

FOOD, MEDICATION, HOME VISITS, HELP WITH WINTER HEATING, AND MORE TO

MORE THAN 100,000 ELDERLY AND HOLOCAUST SURVIVORS IN ISRAEL; EMERGENCY

FUNDS, FOOD ASSISTANCE, AND OTHER SUPPORT TO MORE THAN 616,000 PEOPLE

LIVING IN IMPOVERISHED FAMILIES IN ISRAEL; FUNDING FOOD, CLOTHING,

BASIC NEEDS, SHELTERS, AND BOARDING SCHOOLS AND ORPHANAGES FOR MORE

THAN 92,000 CHILDREN AND YOUTH AT RISK IN ISRAEL; AND PROVIDING FOOD

CARDS, ACADEMIC SCHOLARSHIPS, PRE-MILITARY TRAINING, AND OTHER AID TO

MORE THAN 1,000 MEMBERS OF ISRAEL'S ARAB, BEDOUIN, CHRISTIAN, AND DRUZE

MINORITIES.

OUR SECURITY PROGRAMS PROVIDED 80,000 ISRAELI SOLDIERS WITH EMERGENCY

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

Employer identification number 36-3256096

FUNDS, VOUCHERS FOR THE PURCHASE OF NECESSITIES, AND OTHER AID

INCLUDING THE 368 PEOPLE SUPPORTED THROUGH PROGRAMS THAT PROVIDE

REHABILITATION TO FORMER AND WOUNDED SOLDIERS.

IFCJ PROVIDED ALIYAH (IMMIGRATION)-RELATED ASSISTANCE TO MORE THAN

5,500 PEOPLE AND GAVE KLITAH (RESETTLEMENT) ASSISTANCE IN THE FORM OF

PRE-MILITARY TRAINING, EDUCATION AND CAREER COUNSELING, HEBREW LANGUAGE

LESSONS, AND MORE TO MORE THAN 13,000 OLIM (IMMIGRANTS).

OUTSIDE OF ISRAEL, IN THE FORMER SOVIET UNION AND MOROCCO, IFCJ

PROVIDED AID TO MORE THAN 117,000 IMPOVERISHED ELDERLY JEWS AND

HOLOCAUST SURVIVORS AND MORE THAN 144,000 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 37,800 CHRISTIAN AND DRUZE VICTIMS OF TERROR IN JORDAN.

IFCJ, ALONG WITH ITS RELATED ORGANIZATIONS, CONTINUED TO CONTRIBUTE

TOWARD COVID RELIEF BY PROVIDING SUPPORT TO ISRAELIS AND JEWS AROUND

THE WORLD AFFECTED BY THE CORONAVIRUS CRISIS. THIS AID INCLUDED RELIEF

TO ELDERLY AND HOLOCAUST SURVIVORS IN THE FORM OF EMERGENCY RESPONSE

CARE PACKAGES WITH FOOD AND SANITATION AND PERSONAL PROTECTION

SUPPLIES, ADDITIONAL SUPPORT TO SOUP KITCHENS, THE PURCHASE OF VEHICLES

TO DELIVER FOOD FROM SOUP KITCHENS TO ELDERLY WHO COULD NOT LEAVE THEIR

HOMES, FOOD AND MEDICINE DELIVERY TO THE ELDERLY IN THE FORMER SOVIET

UNION (FSU) FOR ROSH HASHANAH, EMERGENCY MEDICAL EQUIPMENT FOR

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

Employer identification number 36-3256096

HOSPITALS AND MEDICAL SERVICE ORGANIZATIONS, AND MORE.

IN MAY 2021 A TERRORIST ASSAULT ON ISRAEL LASTED 2 WEEKS, DURING WHICH

ISRAELIS WERE BARRAGED WITH MORE THAN 4,000 ROCKETS. IFCJ WAS ON THE

GROUND AND ABLE TO IMMEDIATELY STEP IN AND DELIVER EMERGENCY SUPPORT.

IFCJ PLACED 20 NEW BOMB SHELTERS - WHILE ROCKETS CONTINUED - AND A

TOTAL OF 56 BOMB SHELTERS DURING THE YEAR. IFCJ WAS ON THE GROUND

PROVIDING HUNDREDS OF FOOD CARDS, FOOD PACKAGES, AND COOKED MEALS FOR

VULNERABLE ELDERLY AND OTHER CITIZEN THROUGHOUT SOUTHERN ISRAEL, AND

MORE THAN 2,000 MEALS TO THOSE SHELTERING IN THE AREA IMPACTED BY THE

ROCKET ATTACKS.

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

OTHER PROGRAM ACCOMPLISHMENTS

THE FELLOWSHIP

EXPENSES \$13,093,273 : GRANTS \$428,454 : REVENUE \$0.

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 \$235,468 : GRANTS \$234,218.

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 37,800 PEOPLE BY PROVIDING THEM

WITH FOOD, MEDICINE, AND MEDICAL AID.

Schedule O (Form 990) 2021

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

Employer identification number 36-3256096

STAND FOR ISRAEL:

EXPENSES: \$575,640 : GRANTS \$0.

HELPS INFORM, EQUIP, AND MOBILIZE INDIVIDUALS AND CHURCHES TO SUPPORT

THE STATE OF ISRAEL THROUGH PRAYER, AND EDUCATION.

EXPENSES \$ 13,904,381. INCLUDING GRANTS OF \$ 662,672. REVENUE \$ 0.

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 VICE

PRESIDENT - FINANCE 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 GLOBAL CHIEF OPERATING OFFICER 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

CHRISTIANS & JEWS, INC. 36-3256096 INTERNATIONAL FELLOWSHIP OF FORM AND

COMPLIES WITH ANY NEW IRS REGULATIONS. THE CHIEF OPERATING OFFICER FOLLOWS

UP TO MAKE SURE ALL CURRENT BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES

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

Employer identification number 36-3256096

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, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, ND, NH, NM, NY, OR, PA, RI, SC, TN, UT

VA, WI, WV, NC

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

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

Schedule O (Form 990) 2021	Page 2
Name of the organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.	Employer identification number 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	11,507,125.
KOREA CONTRIBUTIONS	1,555,343.
ISRAEL ELIMINATION	-2,103,178.
KOREA ELIMINATION	-1,425,801.
MINISTRY FUND EXPENSES	-4,522,472.
ISRAEL EXPENSES FUNDED BY ITS CANADIAN AFFILIATE	-4,891,900.
TRANSFER BETWEEN AFFILIATES	273,150.
ISRAEL FUNDED EXPENSES	-869,073.
TOTAL TO FORM 990, PART XI, LINE 9	-476,806.

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Name of the organization

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. INTERNATIONAL FELLOWSHIP OF

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 36-3256096

(a)	(b)	(c)	(d)	(e)	(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	or Total inco	me End-of-yea	ar assets	1	ontrollino ntity)
FOUNDATION KOREA IFCJ - 98-1204495								
NAMGANG BUSINESS CENTER								
MUGYO JUNG-GU SEOUL, SOUTH KOREA	FELLOWSHIP	SOUTH KOREA	1,333	,536. 1,0	23,107.	IFCJ		
Part II Identification of Related Tax-Exempt Orgorganizations during the tax year.	ganizations. Complete if the organizati	ion answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	e or more	related tax-exer	npt	
(a)	(b)	(c)	(d)	(e)		(f)	(g) Section 512(b)(1	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	1	ct controlling entity	conti	
		loreigh country)		501(c)(3))		,	Yes	No
FCJ FOUNDATION - 20-2231168							100	- ' '
03 E. WACKER, SUITE 2300								
HICAGO, IL 60601	SUPPORT ORGANISATION	ILLINOIS	501(C)(3)	LINE 12A, I	IFCJ		х	
AKEREN L'YEDIDUT								
.0 YAD HARUTZIM ST								
JERUSALEM, ISRAEL 9342148	SEE PART VII	ISRAEL	N/A		IFCJ		Х	

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

CHRISTIANS & JEWS, INC.

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

Schedule R (Form 990) 2021

Part III 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.

(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)	
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	income Share of total Share of end-of-year assets Share of end-of-year assets		Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership			
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>	
]											
1											
	(b) Primary activity	Primary activity Legal domicile (state or foreign			Primary activity Legal domicile (state or foreign foreign Compared to the foreign foreign Compared to the foreign foreign Compared to the foreign for						

Part IV 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 country)	(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	ent	ction (b)(13) trolled	
		,						Yes	No	

Schedule R (Form 990) 2021 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	b Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		X		
	g Sale of assets to related organization(s)								
	h Purchase of assets from related organization(s)								
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
-									
k	k Lease of facilities, equipment, or other assets from related organization(s)								
	Performance of services or membership or fundraising solicitations for related organ				11		X		
	Performance of services or membership or fundraising solicitations by related organ				1m		Х		
					1n	Х			
	 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 								
_					10				
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
	p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses								
٦		•••••			1q		Х		
r	Other transfer of cash or property to related organization(s)				1r	х			
					1s		Х		
	If the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on the above is "Yes," and the answer to any of the above is "Yes," see the instruction of the above is "Yes," and the answer to any of the above is "Yes," and the answer to any of the above is "Yes," and the answer to any of the above is "Yes," and the answer to any of the above is "Yes," and "Yes," a				13				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount invo	olved				
		type (a-s)							
(1) E	HAKEREN L'YEDIDUT	В	73,813,043.	FMV					
(2)									
(3)									
(4)									
(5)									
(6)									
	3 11.17.91	•	•	Schedule F	(Forn	n 990	2021		

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Genera manag partn	(k) Percen ging owners) ntage rship
								Ochodolo			

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
SCHEDULE R, PART I, COLUMN A
ADDRESS OF DISREGARDED ENTITY
FOUNDATION KOREA INTERNATIONAL FELLOWSHIP OF CHRISTIANS AND JEWS
#1407, NAMGANG BUSINESS CENTER, MUGYO-RO 15, JUNG-GU
SEOUL, REPUBLIC OF KOREA, SOUTH KOREA.
SCHEDULE R, PART II, COLUMN B
PRIMARY ACTIVITY OF RELATED TAX-EXEMPT ORGANIZATION
LINE 2 - HAKEREN L'YEDIDUT: MAKES FUNDING RECOMMENDATIONS AND PROVIDES
PROJECT SUPERVISION