Department of the

DLN: 93493317032440

OMB No. 1545-0047

2019

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

		enue Servic								
A F	or th	e 2019 d	alendar year, or tax year begin	ning 01-01-2019 , and end	ing 12-3	1-2019				
		applicable:	C Name of organization Friends of the Israel Defense Forces				D Employ	er identif	ication number	
		change	% JEFFREY GOLDBERG				13-315	5445		
	ame ch itial re	-	Doing business as				—			
_		n/terminated	d							
☐ Ar	nende	d return	Number and street (or P.O. box if ma	ail is not delivered to street address)) Room/su	ite	E Telephon	ie number		
□ Ap	plicati	on pending	60 east 42nd street				(212) 2	44-3118		
			City or town, state or province, coun New York, NY 101650015	try, and ZIP or foreign postal code						
			New 101k, N1 101030013				G Gross re	ceipts \$ 14	14,725,515	
			F Name and address of principal Rabbi Steven Weil National	officer:		H(a) Is	this a group re	turn for		
			Dir CEO 60 East 42nd street				bordinates?		□Yes 🗹 No	
			New York, NY 101650015				e all subordinat :luded?	es	☐ Yes ☐No	
I Ta	ıx-exe	mpt status	: ✓ 501(c)(3) ☐ 501(c)() ◀(insert no.) \square 4947(a)(1) or \square	527		"No," attach a l	ist. (see	instructions)	
J W	ebsit	te:► wv	vw.fidf.org			H(c) Gr	oup exemption	number	>	
K For	m of o	rganization	n: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation 🔲 Other 🕨		L Year of fo	rmation: 1981	M State	of legal domicile: NY	
P	art I		mary							
			escribe the organization's mission or R EDUCATIONAL, CULTURAL, RECRE		PROGRAM	S. AND FAC	CILITIES TO TH	E SOLDII	ERS WHO PROTECT	
e Ce			ND JEWS WORLDWIDE.							
Ě										
Activities & Governance	.									
0.5	2	Check th	his box $ ightharpoonup \square$ if the organization disc	continued its operations or disp	osed of n	nore than 2	5% of its net a	ssets.		
×ઇ	3	Number	of voting members of the governing	g body (Part VI, line 1a)			•	3	67	
Se	4	Number	of independent voting members of	the governing body (Part VI, lir	ne 1b) .		•	4	67	
景	5	Total nu	mber of individuals employed in cal	endar year 2019 (Part V, line 2	!a)			5	145	
)ct	6	Total nu	mber of volunteers (estimate if nec	essary)				6	905	
•	1		related business revenue from Part					7a	0	
	b	Net unre	elated business taxable income from	Form 990-T, line 39			•	7b	0	
							Prior Year		Current Year	
<u>đ</u> ị	1		itions and grants (Part VIII, line 1h)				132,924,2	268	88,387,365	
Ravenue	1	-	service revenue (Part VIII, line 2g)					0	0	
Α. Se	1		ent income (Part VIII, column (A), li	, ,	•		1,639,	151	1,703,500	
	1		venue (Part VIII, column (A), lines 5				-1,880,9		-2,762,035	
	_		venue—add lines 8 through 11 (mus		ine 12)		132,682,4	125	87,328,830	
	1		and similar amounts paid (Part IX, co	* **	•		69,663,7	752	80,719,296	
	1		paid to or for members (Part IX, co	* **	•	0			0	
8	1		, other compensation, employee be	, , , , , , , , , , , , , , , , , , , ,	•	14,752,114 15,67				
ens	16a	Professi	onal fundraising fees (Part IX, colun	nn (A), line 11e)			480,0	000	453,075	
Expenses	1		draising expenses (Part IX, column (D), li	·						
ш	1		xpenses (Part IX, column (A), lines 1	·	•		14,419,4		12,742,153	
	1		penses. Add lines 13-17 (must equ	, , , , , ,			99,315,3		109,593,070	
	19	Revenue	e less expenses. Subtract line 18 fro	m line 12	• •		33,367,:		-22,264,240	
Net Assets or Fund Balances						Beginni	ing of Current Y	ear	End of Year	
set	20	Total ass	sets (Part X, line 16)				238,648,7	784	218,832,496	
AB B	1		bilities (Part X, line 26)				19,875,5		17,900,511	
ž.	1		ets or fund balances. Subtract line 2				218,773,2		200,931,985	
	art II		nature Block	1 11 0 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	•		210,7,3,1	-02	200,531,503	
Unde	r pen	alties of	perjury, I declare that I have exami							
	rledge knowl		ef, it is true, correct, and complete.	Declaration of preparer (other	than offi	cer) is base	d on all informa	ation of v	which preparer has	
<u> </u>	(110111	L.								
		*****	**				2020-11-12			
Sign		y Signa	ture of officer				Date			
Here	е		EY GOLDBERG CFO							
		17	or print name and title	1-						
			Print/Type preparer's name	Preparer's signature	[Pate		PTIN P00504182	2	
Pai			Firm's name FGRANT THORNTON LLP	İ			self-employed Firm's EIN ►			
	par	ei	THIT S HAINE F GRANT THURNTON LLP				I II III S EIN			
USE	On	иу Г	Firm's address ► 757 THIRD AVENUE 3RD) FLOOR			Phone no. (212)	599-0100		
			NEW YORK, NY 100172	2013						
May 4	 the ID		e this return with the preparer show						os 🗆 No	

Form	990 (2019)					Page 2
Pa	statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗸
1	Briefly describe the o	organization's mission:				
					AND FACILITIES THAT PROVIDE H	OPE, PURPOSE, AND LIFE-
CHAI	NGING SUPPORT FOR I	THE SOLDIERS WHO P	ROTECTISRAEL	AND JEWS WORLDWIE	DE.	
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O.			
3	Did the organization	cease conducting, or n	nake significant	changes in how it cond	ucts, any program	
	services?	🗌 Yes 🗹 No				
	If "Yes," describe the	ese changes on Schedu	le O.			
4	Section $501(c)(3)$ an		ons are required	to report the amount	largest program services, as meas of grants and allocations to others,	
4a	(Code:) (Expenses \$	43,031,199	including grants of \$	40,254,362) (Revenue \$)
	See Additional Data					·
4b	(Code:) (Expenses \$	28,204,690	including grants of \$	26,192,239) (Revenue \$)
	See Additional Data					
4c	(Code:) (Expenses \$	15,061,284	including grants of \$	14,272,695) (Revenue \$)
	See Additional Data					
4d	Other program service					
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses ►	86,297,1	73		

	Form 990 (2019) Pag											
Par	tiv Checklist of Required Schedules	- 1	V	N.								
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	Yes	No								
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes									
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		No								
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No								
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No								
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part 1	6		No								
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No								
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No								
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV "	9		No								
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes									
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.											
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes									
	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	Yes									
	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No								
	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		No								
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes									
	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	Yes									
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes									
	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		No								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No								
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes									
ь	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	Yes									
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	Yes									
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	Yes									
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	Yes									
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	Yes									
	complete Schedule G, Part III	19	Yes									
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No								
	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		No 								

Form	orm 990 (2019) Page 4										
Par	Checklist of Required Schedules (continued)										
			Yes	No							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes								
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No							
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b									
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c									
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d									
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No							
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No							
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 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):										
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No							
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No							
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No							
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No							
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No							
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b									
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes								
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance										

Check if Schedule O contains a response or note to any line in this $\mathsf{Part}\,\mathsf{V}\,$.

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

No

Yes

Yes

219

0

1c

1a

1b

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country: ►IS			
En	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
-	solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	79		
•	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 organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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.			
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		
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
13	parachute payment(s) during the year?	15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Form	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines
Se	ction A. Governing Body and Management			
	Established with a second and of the second and of the second of the sec		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 67			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction 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	Yes	
	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	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA , CT , FL , GA , IL , MD , MA , MI , NJ , WA	NY , OI	H , PA ,	тх,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶JEFFREY GOLDBERG 60 EAST 42ND STREET New York, NY 101650015 (212) 244-3118			2 (2010)

 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. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	related	ated	
	See Additional Data Table												
													—
													—

Part VII

775,061

375,893

352,365

266,513

Form 990 (2019)

Online Outreach

Travel Services

Production Services

Catering Services

	(A) Name and title	(B) Average hours per week (list any hours for related	than c	ne b	ox, t in of tor/t	t che inles ficer	and a	on	Repo compe fror organ	(D) ortable ensation m the nization 2/1099-	(E) Reportable compensatior from related organizations (W-2/1099-	on amount of ot d compensations from the		ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		Misc) Misc)			relat relat organiz:	ed
See	Additional Data Table													
	Sub-Total						>							
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)						-		3,8	888,243		0		523,958
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	eived mo	re than \$1	00,000			
	or reportable compensation from the	organization r											Yes	No
3	Did the organization list any former of			ee, k	ey e	mplo	oyee, d	or hi	ghest cor	npensated	employee on			
	line 1a? If "Yes," complete Schedule 3			•	•	•	• •	٠			• •	3		No
4	For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5	Did any person listed on line 1a receivervices rendered to the organization		•						_	tion or indi	vidual for	5		No No
Se	ection B. Independent Contract	ors		_										
1	Complete this table for your five high from the organization. Report compe											npens	sation	
	·	(A) and business addre		,		9			3.13		(B)		(C Comper	
	ic Tours Travel, Collins Avenue	and business duale								Travel service	•			,369,130

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

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

The Messina Group Inc,

1513 W Montana St CHICAGO, IL 60614 Multi Image Group Inc,

1701 Clint Moore Road BOCA RATON, FL 33487 Foremost Caterers Inc,

65 Anderson Avenue MOONACHIE, NJ 07074

1155 Connecticut Avenue NW WASHINGTON, DC 20036 Travel Eat Connect Ltd,

6345 Collins Avenue MIAMI BEACH, FL 33141

compensation from the organization ▶ 34

		(2019)								Page 9
Part	VIII				respo	nse or note to any	line in this Part VIII			\square
					10000		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 a	Federated campa	igns	s	1a	3,854,472	1	revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ļ	b Membership dues	5.	. [1b					
Gra mo	١,	c Fundraising even	ts .	[1c	40,025,308				
Ę ģ	١,	d Related organiza	tions	s	1d					
oit Jila	١,	e Government grants	(con	tributions)	1e					
ns, Sin	1	F All other contribution			i					
utio		and similar amounts above		L	1f	44,507,585				
를함	!	Noncash contribution lines 1a - 1f:\$	ns in	icluded in	1g	1,836,934				
in di		h Total. Add lines :	1a-1	 f	<u>-9 </u>					
<u> </u>						Business Code	88,387,365		Τ	
	2a					Business adde				
e										
Ven	ь									
_02 ⊕										
r Vic	C									
જુ	d									
Program Service Revenue	_									
δ	e									
	f	All other program	serv	rice revenue.						
	⊢	Total. Add lines 2				0	_		1	
		Investment income similar amounts)			nds, i	nterest, and other	1,203,092	2		1,203,092
	l	Income from invest			npt bo	ond proceeds		0		
	5	Royalties	_			•		0		
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income					_			
		or (loss)	6 c		0		<u> </u>			
	C	Net rental income	or	<u> </u>		<u></u>	(
	72	Gross amount		(i) Securit	ies	(ii) Other				
	"	from sales of assets other	7a	50,7	94,600					
		than inventory					_			
	b	Less: cost or other basis and	7b	50,29	94,192					
		sales expenses					_			
	l	Gain or (loss)	7с		00,408					500 400
	ı	Net gain or (loss) Gross income from fu		ising events			500,408			500,408
ne		(not including \$	40	,025,308 of						
V		contributions reported See Part IV, line 18			8a	4,356,919				
Re	b	Less: direct expen	ses		8b	6,983,202				
Other Revenue	c	: Net income or (los	s) fr	om fundraisii	ng eve	ents 🕨	-2,626,283	3		-2,626,283
	9a	Gross income from	gam	ing activities.						
		See Part IV, line 19			9a	90,610				
	l	Less: direct expen			9b	119,291				
	C	: Net income or (los	s) fr	om gaming a	ctiviti	es >	-28,68:	1		-28,681
	10a	Gross sales of inve								
	١.	returns and allowa			10a	0	_			
		Less: cost of good			10b	0				
		Net income or (los Miscellaneo			nvent	ory ► Business Code				
	11	amrealized fore			oss	900099	-107,07:	1		-107,071
	b)								
	c				•					
	l	All other revenue								
		Total. Add lines 1				•	-107,07	1		
	12	Total revenue. S	ee ir	nstructions .		• • • •	87,328,830			-1,058,535
										Form 990 (2019)

Politi 990 (2019)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	All other organization	ns must complete colu	ımn (A)
Check if Schedule O contains a response or note to ar		_	ns must complete colu	ППП (A).
Do not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and	Total expenses 0	expenses 0	general expenses	expenses
domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	80,719,296	80,719,296		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,390,160	801,373	1,503,200	1,085,587
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7 Other salaries and wages	9,862,847	2,331,398	4,373,196	3,158,253
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	216,364	51,145	95,936	69,283
9 Other employee benefits	1,386,811	327,817	614,913	444,081
10 Payroll taxes	822,364	194,392	364,637	263,335
11 Fees for services (non-employees):				
a Management	0			
b Legal	10,975		10,975	
c Accounting	251,551		251,551	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	453,075			453,075
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,799,065	770,784	1,048,300	3,979,981
12 Advertising and promotion	575,613	46,052	19,334	510,227
13 Office expenses	2,280,004	94,307	880,143	1,305,554
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,475,223	123,316	811,144	540,763
17 Travel	1,685,518	837,293	428,100	420,125
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	141,545		141,545	
23 Insurance	289,084		288,884	200
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISC. EXPENSES	233,575		233,575	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	109,593,070	86,297,173	11,065,433	12,230,464
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 ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Page 11

10,739

0

430,641

855,227

10,680,245

38.651.652

0

0

0

0

0

0

0

9,335,034

17.900.511

36,108,270

164,823,715

200,931,985

218,832,496

Form 990 (2019)

66,353

218,832,496

2,207,166

6.358.311

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

Inventories for sale or use Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \end{and} \)

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Grants payable .

	Beginning of year		End of year
1 Cash-non-interest-bearing	0	1	0
2 Savings and temporary cash investments	53,209,703	2	57,770,800
3 Pledges and grants receivable, net	128,941,879	3	110,366,839

Pledges and grants receivable, net . . Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10b

Notes and loans receivable, net

10a

1,888,176 1,032,949

13.395

10,000

384,511

796,264

7,815,219

47.414.849

0 6 0

5

7

10c

11

12 0 13

14

15

16

17

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19

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23

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27

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32

33

0

0

0 21

0 22

0

0 24

8,624,568

19.875.502

42.874.229

175.899.053

218,773,282

238,648,784

62,964

238,648,784

3,102,142

8.148.792

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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 in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software Version:

Name: Friends of the Israel Defense Forces

Software ID:

EIN: 13-3156445

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b: SEE SCHEDULE O

Form 990, Part III, Line 4c: SEE SCHEDULE O

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

230,218

226,061

175,521

159,601

174,361

189,734

0

0

0

0

0

0

19,023

22,566

50,221

53,394

35,850

20,139

40.0

0.0 40.0

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0.0 40.0

0.0 40.0

0.0

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	formulated	unu	u un			45000,	′	(11/ 2/1000	(14/ 2/1000	evanniantion and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Meir Klifi-Amir National Director & CEO	40.0			х				1,040,235	0	46,539	
Galit Brichta Executive Director	0.0 40.0 0.0				Х			289,997	0	54,646	
Joshua Fogelson Deputy National Director	40.0				Х			305,223	0	21,341	
Nina Hanan Chief Development Officer	40.0				х			279,381	0	23,862	

Χ

Х

Χ

Χ

Х

Deputy National Director
Nina Hanan
Chief Development Officer
Jeffrey E Goldberg

Chief Financial Officer

Chief Operating Officer

V.P Projects and Programs

V.P of Information Technology

......

Tamir Oppenheim

Executive Director

Shelly Kaidar

Ashley Clemente

Executive Director

Dina Ben Ari

Lilach Ohad

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

4	1						,	1 /11/2 2/4000 1	1 (1) 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Lilach Asofsky Vice President of Marketing	40.0					х		179,246	0	28,947
Susan Levin-Abir Executive Director	40.0					х		158,860	0	47,798
Lior Zommer Director of Special Events	40.0				х			155,822	0	47,868
Jenna Griffin Executive Director	40.0				х			169,047	0	19,594
Jonathan D Bernstein	40.0					×		154,936	0	32,170

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Director of Special Events
Jenna Griffin
Executive Director
Jonathan D Bernstein

Executive Director

National Chairman

Chairman Emeritus

Chairman Emeritus

Chairman Emeritus

Larry J Hochberg

Arthur Stark

Robert Cohen

Nily Falic

....... President

Rabbi Peter Weintraub

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per amount of other compensation compensation week (list person is both an officer from the from related compensation

	any hours	and	a dir	ecto		ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Joel Greenberg	2.0	Х		х				0	0	0
National Vice President	0.0									
Marc Perlman National Vice President	0.0	Х		х				0	0	0
Robin Selati	2.0	Х		х				0	0	0
Treasurer	0.0									
Dr Michael Kalisman Director	1.0	×		Х				0	0	0

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Robin Selati
Treasurer
Dr Michael Kalisman
Director
Stephen Rubin Esq
SECRETARY & LEGAL COLINSEI

Ricki Alon

Director

Director

Director

Director

Director

Harvey Axelrod

Sammy Bar-Or

Dr Ros Barron

Ronny Ben Josef

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer compensation from the from related

	any hours	and	a dir	ecto		ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Scott Black	1.0	Х						0	0	0	
Director	0.0										
Max Blankfeld	1.0	Х						0	0	0	
Director	0.0										
Alan Brody	1.0	X						0	0	0	
Director	0.0										
Doug Bunim Director	0.0	Х						0	0	0	
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Robert Burman

Director

Director

Director

Director

Director

Director

William Fox

Albert Frank

Oscar Feldenkreis

Tony Felzen Through 1

Fred Gluckman Through

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and Independent Contractors

Director

Director

Director

Meir Izak

Director

Director

Director

Marc Jason

Jerry Kaplan

Robert Hammer

Daniel Hyman

	any hours					ustee)		organization	organizations (W- 2/1099- MISC)	from the organization and related organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)		
Gabriel Groisman Director	1.0	Х						0	0	0
Harry Gross Director	1.0	х						0	0	0
Bernie Groveman Director	0.0	Х						0	0	0
Irwin Haber	1.0									

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Harry Gross	1.0	v			0	0	
Director	0.0	^				Ü	
Bernie Groveman	1.0	¥			0	0	
Director	0.0	^			9	Ŭ	
Irwin Haber	1.0	×			0	0	
Director	0.0	^				Ŭ	
David Hager	1.0						

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	any hours for related	and	a dir	ectc		rustee)		organization	organizations	from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Michael Karlin	1.0	х						0	0	0	
Director	0.0	L'	Ĺ'			<u> </u>	<u>'</u>				
Dr Shmuel Katz	1.0	X						0	0	0	
Director	0.0	'	'			'	1 '				
Alan Katz	1.0	Х						0	0	0	
Director	0.0	_	↓ '	₩	₩	↓ '	₩'				
Alon Kaufman	1.0	х						0	0	o	
Director	0.0	'	<u> </u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	Ш.	<u> </u>	∟'				
Andrew Klaber	1.0									0	

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Director
Alon Kaufman
Director
Andrew Klaber

Director

Director

Director

Director

Director

Director

Avi Lerner

Nathan Lewinger

Melinda Lowell Paltrow

Daniel Mani Through 1

Richard Kwal

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation and a director/trustee) organization organizations from the

and Independent Contractors

Jorde Nathan

Sorava Younes Nazaria

Spencer Partrich

Director

Director

Director

Director

Director

Director

Tony Rubin

Robert Polak

Israel Roizman

	any hours	and	a dir	ecto		ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Sharon Mishkin	1.0	x						0	0	0	
Director	0.0							J	,		
Jerry Mizel Director	1.0	Х						0	0	0	
Director	0.0									_	
Sam Moshe Director	0.0	Х						0	0	0	
Wendy Moskowitz	1.0										

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Director	0.0	^				
Sam Moshe	1.0					
		Х			0	
Director	0.0					
Wendy Moskowitz	1.0					
		X			0	
Director	0.0					
lorde Nathan	1.0					

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

	any hours	and	. a dir	recto	r/tr/د	rustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Ari Ryan	1.0									
Director	0.0	X				'		0	0	0
Haim Saban Through 12 Director	0.0	Х						0	0	0
Monica Sasson Director	1.0	Х						o	0	0
Fela Shapell Director	0.0	х						0	0	0
Dr Rohert Shillman	1.0					\Box	\Box			

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Dr Robert Shillman Director

Morris Silverman

Norman Smith

Director

Director

Director

Director

Director

Elie Weiss

Garry Sobel

Lloyd Sokoloff

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other compensation compensation hours per from the

	week (list any hours				office ustee		from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Michael Werner	1.0	x					0	0	0
Director	0.0						Į.	, and the second	
David Wiener	1.0								
Director	0.0	X					0	0	0
Shahram Yaghoubzadeh	1.0	.,						0	

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Director	0.0					
David Wiener	1.0	X			0	
Director	0.0					
Shahram Yaghoubzadeh	1.0	V				
Director	0.0	^			0	

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Ofer Yardeni

Robert Zarnegin

Director

Director

Arie Zweia Director

efile	e GR/	<u>APHIC prii</u>	t - DO NOT PROC	ESS	As Filed Data -			DLN: 9	3493317032440
SCI		ULE A	Dub	lic C	harity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 990		Complete if t	he or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	2019
		the Treasury	► Go to <u>ww</u>	w.irs.	<i>gov/Form</i> 990 for ir	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	ne organiza E Israel Defense						Employer identific	ation number
								13-3156445	
	rt I		for Public Charity : a private foundation be					See instructions.	
1	rganiz		onvention of churches,		•	•		(Δ)(i).	
2		·	scribed in section 17 0						
3			or a cooperative hospita			,			
4		·	esearch organization o		-			-	nter the hospital's
•	Ш	name, city,		perate	a in conjunction with	a nospital descri	ibea iii sectioii .	170(b)(1)(A)(III). E	inter the hospital s
5		(b)(1)(A)	ition operated for the book (iv). (Complete Part II	.)	•		, ,		bed in section 170
6		A federal, s	tate, or local governme	ent or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	✓		ition that normally rece 0(b)(1)(A)(vi). (Com			s support from a	governmental u	init or from the gener	al public described in
8			ty trust described in s e		•	(Complete Part I	I.)		
9			ıral research organizat ant college of agricultu						ege or university or a
10		from activit investment	ition that normally receives related to its exeminated income and unrelated section 509(a)(2)	pt func busine	tións—subject to cert ss taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	tion organized and ope	erated	exclusively to test for	r public safety. S	See section 509	(a)(4).	
12		more public	ition organized and ope ly supported organizat through 12d that desc	ions de	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a	
а		organizatio	upporting organization n(s) the power to regul Part IV, Sections A a	larly ap					
b		Type II. A manageme	supporting organization of the supporting organization or of the supporting organization of the part IV, Section	n supe ganizal	tion vested in the san				
С		Type III f	ınctionally integrate	d. A su	upporting organizatio				ted with, its
d		Type III n	organization(s) (see ins on-functionally integ integrated. The organ). You must complet	rated ization	. A supporting organi generally must satis	zation operated fy a distribution	in connection wi	th its supported orgar	
e		Check this	oox if the organization or Type III non-function	receive	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizat		· · · · · · · · · · ·	-			
g	Provi	de the follow	ing information about t	he sup	pported organization(s).			_
	(i) N	lame of supp organizatior		N	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota			tion Act Notice, see t			Cat. No. 11285		 Schedule A (Form 9	

Page 2

If the organization failed to qualify under the tests listed below, please complete Part III.)

- 5	Section A. Public Support					•		
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	97,119,731	111,260,651	122,558,864	132,924,268	88,3	387,365	552,250,879
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to							0
4	the organization without charge Total. Add lines 1 through 3	97,119,731	111,260,651	122,558,864	132,924,268	88,3	387,365	552,250,879
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							47,791,243
	(f) Public support. Subtract line 5 from line 4.							504,459,636
	Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19	(f) Total
7	Amounts from line 4	97,119,731	111,260,651	122,558,864	132,924,268	88,3	387,365	552,250,879
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,042,142	1,128,840	1,344,045	1,124,617	1,:	203,092	5,842,736
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	4,544,918	4,692,860	5,107,624	5,945,716	4,:	340,458	24,631,576
11	Total support. Add lines 7 through 10							582,725,191
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		
13	First five years. If the Form 990 is f	-			•		· · · · <u>-</u>	nization,
	check this box and stop here						. ▶ ⊔	
	Section C. Computation of Publi							
14						14		86.569 %
15	Public support percentage for 2018 S					15		84.984 %
16	3 33 1/3% support test—2019. If the							
ı	and stop here. The organization qua 33 1/3% support test—2018. If the	he organization dic	d not check a box o	n line 13 or 16a, a	nd line 15 is 33 1/	3% or mo	re, check	this
17:	box and stop here. The organizatio a 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	st— 2019. If the or on meets the "fact:	ganization did not o s-and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, box and stop he i	and line 1 r e. Explair	լ4 Դ	. ▶ ⊔
ŀ	organization	est—2018. If the objection meets the "	organization did not 'facts-and-circumst	check a box on lir ances" test, check	ne 13, 16a, 16b, o this box and stop	r 17a, and here.	line	▶□
18	supported organization							▶□
	instructions		,	•				. □

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	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 business						
4	under section 513 Tax revenues levied for the						
•	organization'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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	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.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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. 1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b 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. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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

4b supervised by or in connection with its supported organizations. 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

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Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	, , , , , , , , , , , , , , , , , , , ,	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the henefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	2		
	organization.			
S	ection 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	1		
	7, 5			
S	ection 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?			
	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				
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	Section B. Type I Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoil elect at least a majority of the organization electracy or trustees at all times during the tax year? If "No," describe in VI how the supported organization of principles of the organization 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 organization. Post the purposes of the supported organization? If "Yes," "explain in Part VI how providing such bene carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. Section C. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the organization's supported organizations that controlled or managed the supported organization's supported organization's upported organization organization as vested in the same persons that controlled or managed the supported organization for provide organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide organization provide to each of its supported organizations, di (iii) cop		ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	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	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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			
		2b		
3				
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require	ed)		
6	Other distributions (describe in Part VI). See instruction	ons		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	nich the organization is respon	sive (provide	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

115		
nich the organization is respon	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Underdistributions	Distributable
		ich the organization is responsive (provide

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Additional Data

Software ID:

Software Version: **EIN:** 13-3156445

Name: Friends of the Israel Defense Forces

Page 8

Schedule A (Form 990 or 990-EZ) 2019 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V

Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493317032440

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

2019 Open to Public Inspection Employer identification number

Frie	nds of the Israel Defense Forces				13-315	56445	
Pa	Organizations Maintaining Donor Adv Complete if the organization answered "You				1		
	·	(a) Donor a	dvis	ed funds	(b) Funds and othe	r 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 advisorganization's property, subject to the organization's e					_	Yes 🗌 No
6	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or	for a	ny other purpose o			☐ Yes ☐ No
Par	Conservation Easements. Complete if the organization answered "You	es" on Form 990, Pa	art I	V, line 7.			
1	Purpose(s) of conservation easements held by the orga	anization (check all tha	t ap	oly).			
	Preservation of land for public use (e.g., recreation	n or education)		Preservation of an	historica	ally important land	l area
	Protection of natural habitat			Preservation of a c	ertified h	nistoric structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	con	tribution in the for	m of a co	onservation Held at the End	of the Veer
а	Total number of conservation easements				2a	Held at the Liid	or the real
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified histor	ric structure included in	n (a)		2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06, an	d no	t on a historic	2d		
3	Number of conservation easements modified, transferr tax year ▶	ed, released, extinguis	hed,	or terminated by	the orgai	nization during the	e
4	Number of states where property subject to conservati	on easement is located	ı ► _				
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold				of violation	ons,	□ No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of viola	ation	s, and enforcing co	onservati	on easements dur	ing the year
7	Amount of expenses incurred in monitoring, inspecting ▶ \$, handling of violations	, an	d enforcing conser	vation ea	sements during th	ne year
8	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?				70(h)(4)((B)(i) ☐ Yes	□ No
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the orgar					
Par	Complete if the organization answered "You	es" on Form 990, Pa	rt I	V, line 8.			
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	public exhibition, edu	catio	on, or research in f			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items:						
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$	
	i)Assets included in Form 990, Part X						
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	ical treasures, or othe	r sim	ilar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1					▶ \$	
b	Assets included in Form 990, Part X					▶ \$	
	Paperwork Reduction Act Notice, see the Instruction						Form 990) 201

d Equipment .

Sche	edule D (Form 990) 2019								Page 2	
Par	t III Organizations Mainta	ining Collections o	f Art, Histor	ical Treas	sures, or	Other S	Similar Assets (continued)		
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):									
а	Public exhibition		d	☐ Loa	n or exchan	ige progr	ams			
b	Scholarly research		е	☐ Oth	er					
c	Preservation for future gene	rations								
4	Provide a description of the organic Part XIII.	zation's collections and	explain how th	ey further tl	he organiza	tion's ex	empt purpose in			
5	During the year, did the organizati assets to be sold to raise funds rat							es 🗆 r	No	
Pa	rt IV Escrow and Custodial Complete if the organiza X, line 21.		' on Form 990), Part IV,	line 9, or	reported	d an amount on	Form 990,	Part	
1a	Is the organization an agent, trust included on Form 990, Part X?	•	,					es 🗆 r	No	
h	If "Yes," explain the arrangement	in Bart VIII and comple	to the following	table:	Г		Amount		_	
b c	Beginning balance	•	_			1c	Alliount			
d	Additions during the year				·	1d			_	
e	Distributions during the year				⊢	1e			_	
f	Ending balance				· · · ⊢	1f			_	
2a	Did the organization include an am				_	nount link	silitu D v	es 🗆 r		
_	_							es 🗀 i	NO	
b	If "Yes," explain the arrangement int V Endowment Funds.	n Part XIII. Check here	e ir the explanat	ion nas bee	n provided	in Part X	ш ⊔			
-6	Endowment Funds. Complete if the organization	ation answered "Yes'	' on Form 990). Part IV.	line 10.					
	<u> </u>	(a) Curren		Prior year	(c) Two yea	ırs back	(d) Three years back	(e) Four ye	ars back	
1a	Beginning of year balance	8,	.913,007	9,319,643	7,	,425,663	3,479,963	2	,914,589	
b	Contributions		181,115	117,000		,164,450	3,392,000		565,374	
	Net investment earnings, gains, and	losses 1,	818,220	-243,804		913,109	48,637		27,748	
d	Grants or scholarships									
е	Other expenditures for facilities and programs		124,000	279,832		183,579	48,637		27,748	
f	Administrative expenses									
g	End of year balance	11,	788,342	8,913,007	9	,319,643	6,871,963	3	,479,963	
2	Provide the estimated percentage	of the current year end	balance (line 1	g, column (a)) held as:					
а	Board designated or quasi-endown	nent 🟲								
b	Permanent endowment ► 79.1	80 %								
C	Temporarily restricted endowment	▶ 20.820 %								
	The percentages on lines 2a, 2b, a									
3а	Are there endowment funds not in organization by:	•	organization tha	t are held a	ind administ	ered for	_	Yes	No	
	(i) unrelated organizations							a(i) a(ii)	No No	
b	(ii) related organizationsIf "Yes" on 3a(ii), are the related organizations		equired on Sch	edule R2			3	3b	110	
4	Describe in Part XIII the intended	=	•							
	rt VI Land, Buildings, and I									
	Complete if the organiza		' on Form 990	, Part IV,	line 11a. S	See Fori	m 990, Part X <mark>, l</mark> i	ne 10.		
	Description of property (a	Cost or other basis (investment)	(b) Cost or other	basis (other)	(c) Accur	nulated de	preciation	(d) Book val	ne	
		(mressment)								
1a	Land									
b	Buildings									
c	Leasehold improvements	0		812,02	6		273,905		538,121	

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

67,135

1,009,015

19,430

297,676

855,227

47,705

711,339

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Fo	orm 990 Part IV line	11h See Form 990 I	Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financial derivatives		COSt Of end-of	year market value
(2) Closely-held equity interests			
(A) GOVT. GUARANTEED OBLIG.	17,035,563		F
(B) MUTUAL FUNDS	4,095,812		F
(C) COMMON TRUST FUNDS	11,299,148		F
(D) STATE OF ISRAEL BONDS (E)	6,221,129		F
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	38,651,652		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Fo	orm 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
(4)			value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX Other Assets. Complete if the organization answered 'Yes' on Fo	orm COO Bort IV line	11d Car Farm 000 Par	- V : 4F
(a) Description		TIU. See Form 990, Par	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.		<u> </u>	<u> </u>
Complete if the organization answered 'Yes' on Fo 1. (a) Description of lia		11e or 11f.See Form	990, Part X, line 25. (b) Book value
(1) Federal income taxes (2)			0
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		•	9,335,034
2. Liability for uncertain tax positions. In Part XIII, provide the text of		nization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 74	40). Check here if the te	xt of the footnote has be	en provided in Part XIII 🗹

Part XI

2

b

C

d

b

Part XIII

See Additional Data Table

5

3 4

Schedule D (Form 990) 2019

Page 4

3,682,611 87,328,830

87,328,830

108,852,738

-740,332

109,593,070

109.593.070

Schedule D (Form 990) 2019

3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII.)		ĺ	

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 2

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities .

Add lines 4a and 4b .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities

Other (Describe in Part XIII.)

Add lines 2a through 2d . . .

Prior year adjustments

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

2a

2b

2c

2d

4a 4b

Explanation

2a

2b

2c

2d

680,590

-1,420,922

1,673,326

1.328.695

680.590

4c

2e

3

4c

5

2e

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 13-3156445

Name: Friends of the Israel Defense Forces

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	INTENDED USES OF THE ENDOWMENT FUNDS TO HELP SUPPORT FRIENDS OF THE ISRAEL DEFENSE FORCES PROGRAM SERVICES. PART X, LINE 2 FIN 48 DISCLOSURE FIDF follows guidance that clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax retur n, including issues relating to financial statement recognition and measurement. This guid ance provides that the tax effects from an uncertain tax position can only be recognized in the financial statements if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. FIDF is exempt from federal income tax under IRC section 501(c)(3), though it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. FIDF has processes presently in place to ensure the maintenance of its tax-exempt status; to identify and report unrelated business income; to determine its filing and tax obligations in jurisdictions for which it has a nexus; and to identify and evaluate other matters that may be considered tax position s. FIDF has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements. In addition, FIDF has not recorded a provision for income taxes as it has no material tax liability from unrelated business income activities.

Supplemental Information Return Reference Explanation RECONCILIATION OF REVENUE TO THE AUDITED FINANCIAL STATEMENTS CHANGE IN SPLIT INTEREST AGR EEMENTS \$1,277,891 UNREALIZED LOSS ON FOREIGN CURRENCY \$50,804 ------ TOTAL \$1,328,695

PART XI, LINE 2D

Supplemental Information Return Reference Explanation

PART XII, LINE 2D	RECONCILIATION OF EXPENSES TO THE AUDITED FINANCIAL STATEMENTS BAD DEBT EXPENSE FROM UNCOL
·	LECTIBLE PLEDGES \$369,559 CHANGE IN GRANTS PAYABLE FOR CAPITAL PROJECTS \$(1,790,481)
	TOTAL \$(1,420,922)

SCHEDULE F State		ement of A	Activities (Outside the Un	ited St	ates	OMB No. 1545-0047
Form 990)	► Compl	olete if the organization answered "Yes" to Form 990, Part IV, line 14b, : ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information				, or 16.	2019 Open to Public Inspection
nternal Revenue Service						Employer iden	tification number
riends of the Israel Defens	e Forces					13-3156445	
General In Form 990, P			Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" on
_		-		substantiate the amoun	_		
,	•	• ,	-	stance, and the selectior	n criteria u 	sed 	☑ Yes □ N
2 For grantmakers. outside the United S		Part V the orga	anization's proce	dures for monitoring the	use of its	grants and otl	her assistance
3 Activites per Region.	(The following	ng Part I, line 3 t	table can be dupli	cated if additional space is	s needed.)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program s	ty listed in (d) is a service, describe ific type of s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total b Total from continuation Part I	n sheets to	1	. 9				81,746,7
	and 3b)	-	9				81,746,7

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

Cat. No. 50082W Schedule F (Form 990) 2019

(a) Name of

organization

	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.												
lame of nization	(b) IRS code section	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of noncash	(h) Description of noncash	(i) Method of valuation				

	and EIN (if applicable)	9,4	ouon gruno	disbursement	assistance	assistance	(book, FMV, appraisal, other)
See Add'l Data							
							_

2

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

Schedule F (Form 990) 2019							Page 3
Part IIII Grants and C	ther Assistance t	o Individuals	Outside the Unit	ed States. Complete i	f the organization an	swered "Yes" on Form	
Part III can be	duplicated if additi	onal space is r	needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
College/University scholarships	Middle East and North Africa	4,602	17,582,500	wire			

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

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.

Explanation

Page 5

990 Schedule F, Supplemental Information

Schedule F (Form 990) 2019

Return

Reference

PART I, LINE 2	PROCEDURE FOR MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE: Grants for projects and programs are made pursuant to a contract or memorandum which delineates the intended use of the funds by the grantee and the timetable of grant payments. Funds are disbursed on a very disciplined and controlled basis and only upon receipt of a transfer requisition from the grantee accompanied by supporting documentation of the expenses to be paid, where applicable. Such documentation includes invoices, construction progress reports, photos and/or videos, reports of program services rendered and similar evidence, depending on the matter on hand. FIDF staff reviews the documentation provided and, when satisfied with its completeness, authorizes release of the funds. Funds so released must be used by the grantee only for the specific purpose and not for any other purpose. FIDF maintains detailed records of what it has paid for and the balance of its commitment remaining to be paid at any point in time. In addition, FIDF personnel and its Israel based representatives periodically visit projects and programs in progress for a first hand assessment that the funds are being used as intended. FIDF IMPACT! SCHOLARSHIP PROGRAM GRANTS FULL 4-YEAR SCHOLARSHIPS TO ISRAELI SOLDIERS WHO HAVE COMPLETED THEIR MILITARY SERVICE. TO BE ELIGIBLE, VETERANS MUST, AMONG OTHER CRITERIA, COME FROM A COMBAT OR COMBAT-SUPPORT UNIT AND A DISADVANTAGED SOCIOECONOMIC BACKGROUND THAT MIGHT OTHERWISE PREVENT THEM FROM PURSUING HIGHER EDUCATION. APPLICANTS' ELIGIBILITY IS DETERMINED BY FIDF IMPACT! STAFF THROUGH REVIEW OF RELEVANT DOCUMENTATION AND PERSONAL INTERVIEWS. TO MAINTAIN ELIGIBILITY, EACH SCHOLARSHIP RECIPIENT IS FURTHER REQUIRED TO COMPLETE 130 HOURS OF COMMUNITY SERVICE EVERY YEAR DURING THE FULL TERM OF THE SCHOLARSHIP AND MAINTAIN APPROPRIATE ACADEMIC STANDARDS. THIS IS MONITORED BY THE FIDF IMPACT! STAFF THROUGH COMMUNICATION WITH THE VARIOUS ACADEMIC INSTITUTES AND THE COMMUNITY ORGANIZATIONS WHERE THE STUDENTS VOLUNTEER. TRANSFERS TO SCHOLA

Additional Data

Middle East and North Africa

Middle East and North Africa

Software ID: Software Version:

EIN: 13-3156445

Name: Friends of the Israel Defense Forces

Form 990 Schedule F Part T - Activities Outside The United States

of the 950 Schedule 1 Fait 1 - Activities Outside The Officed States									
(a) Region		`	(d) Activities conducted	` :					
	offices in the	employees or	in region (by type) (i.e.,	isap					
	region	agents in	fundraising, program	describ					
		reaion	services, grants to	serv					

activity listed in (d) program service,

ibe specific type of vice(s) in region

(f) Total expenditures for region

1,027,483

80,719,296

9 Program Services

0 Grantmaking

recipients located in the

region)

FIDF Projects

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 39,280,818 wire land North Support Africa Middle East 6,691,563 wire |General land North Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 3,107,500 wire and North Support Africa Middle East 2,499,960 wire lGeneral land North |Support Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 2,020,000 wire and North Support Africa Middle East 1.848.719 wire lGeneral land North |Support Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 1,800,680 wire and North Support Africa Middle East 1.230.471 wire lGeneral land North |Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 980,000 Wire land North Support Africa Middle East 927.313 wire |General land North Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 844,360 wire land North Support Africa Middle East 500.000 wire |General land North Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 200,000 wire land North Support Africa Middle East 133,000 wire |General land North Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 130,000 wire land North Support Africa Middle East 125.000 wire |General land North Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 108,108 wire land North Support Africa Middle East 100.000 wire |General land North

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 86,840 Wire and North Support Africa Middle East 74,000 lwire |General land North

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 74,000 wire and North Support Africa Middle East 68,229 Wire |General land North Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 50,000 wire and North Africa Middle East 35,780 lwire |General land North Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 25,000 wire and North Support Africa Middle East 25,000 lwire |General

land North Africa

Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 22,160 wire and North Support Africa Middle East 22,000 lwire |General land North Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 20,000 wire and North Support Africa Middle East 16,248 wire |General land North

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East General 13,613 wire and North Support Africa Middle East 10,600 lwire Ideneral land North support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other)

, ,					i
	Middle East	general	10,000	wire	
	and North	support			
	Africa				i l

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

DLN: 93493317032440 OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Frie	nds of the Israel Defense Force	5				13-3156445	
Pa	Fundraising Activ	•	_			orm 990, Part IV, line 1	7.
1	Indicate whether the organiza	ation raised funds th	nrough an	y of the fo	ollowing activities. Check	all that apply.	
а	Mail solicitations			е	Solicitation of non-	government grants	
b	☑ Internet and email solicita	ations		f	Solicitation of gove	ernment grants	
c	Phone solicitations			g	Special fundraising	g events	
d	☐ In-person solicitations						
2 a	Did the organization have a vor key employees listed in Fo						s 🗆 No
b	If "Yes," list the 10 highest parts to be compensated at least \$			draisers)	pursuant to agreements (under which the fundraise	r is
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	The Massina Croup Inc	fundraising	Yes	No			
	The Messina Group Inc 1155 Connecticut Ave NW 4th Flr Washington, DC 20036	fundraising strategy		No	3,495,283	453,075	3,042,20
Tot	al			.▶	3,495,283	453,075	3,042,20
	List all states in which the orga licensing.	nization is registere	d or licens	sed to soli	cit contributions or has be	een notified it is exempt f	rom registration or

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
		LOS ANGELES DIN (event type)	LAS VEGAS DINNE (event type)	(total number)	(add col. (a) through col. (c))
	1 Gross receipts	8,492,994	6,570,287	29,409,557	44,472,83
	2 Less: Contributions	8,310,519	6,508,037	25,297,363	40,115,91
+	3 Gross income (line 1 minus line 2)	182,475	62,250	4,112,194	4,356,91
	4 Cash prizes			152 207	152.20
	6 Rent/facility costs	10,950	32,806	152,387 376,431	152,38° 420,18
	7 Food and beverages	235,776	42,000	3,494,605	3,772,38
	8 Entertainment	50,402	5,989	294,080	350,47
			1 450	2 402 162	2,407,06
	9 Other direct expenses	3,455	1,450	2,402,162	2,407,00
	9 Other direct expenses 10 Direct expense summary. Add lines 4 t	, <u>l</u>			7,102,49
	·	through 9 in column (d)			, ,
	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 Complete if the organization.	through 9 in column (d)			7,102,49
art	1 10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10	through 9 in column (d)			7,102,49 -2,745,57
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 Complete if the organization.	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I'		7,102,49 -2,745,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 Gaming. Complete if the orga on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I'	▶ V, line 19, or reported (c) Other gaming	7,102,49 -2,745,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) 90,61
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 111 Gaming. Complete if the orga on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I'	V, line 19, or reported (c) Other gaming	7,102,49 -2,745,57 more than \$15,000 (d) Total gaming (add
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 Gaming. Complete if the orga on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I'		7,102,49 -2,745,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) 90,61 3,00
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 111 Gaming. Complete if the orga on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I'		7,102,49 -2,745,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) 90,61 3,00 58,54 6,26
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 111 Gaming. Complete if the orga on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I'		7,102,492,745,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) 90,61
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 111 Gaming. Complete if the orga on Form 990-EZ, line 6a. 1 Gross revenue	hrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo	s" on Form 990, Part IV (b) Pull tabs/Instant bingo/progressive bingo		7,102,49 -2,745,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) 90,61 3,00 58,54 6,26
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 111 Gaming. Complete if the orga on Form 990-EZ, line 6a. 1 Gross revenue	hrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming 90,610 3,000 58,541 6,269 51,481	7,102,49 -2,745,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) 90,61 3,00 58,54 6,26 51,48
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 Gaming. Complete if the orgation on Form 990-EZ, line 6a. 1 Gross revenue	hrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes% No hrough 5 in column (d)	s" on Form 990, Part IV (b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming 90,610 3,000 58,541 6,269 51,481	7,102,49 -2,745,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) 90,61 3,00 58,54 6,26 51,48
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 Gaming. Complete if the orgation on Form 990-EZ, line 6a. 1 Gross revenue	hrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes % No hrough 5 in column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming 90,610 3,000 58,541 6,269 51,481 Yes % No	7,102,49 -2,745,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) 90,61 3,00 58,54 6,26 51,48
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 111 Gaming. Complete if the orgation on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes % No Through 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of	s" on Form 990, Part I' (b) Pull tabs/Instant bingo/progressive bingo Yes		7,102,49 -2,745,57 more than \$15,000 (d) Total gaming (add col.(a) through col.(c)) 90,61 3,00 58,54 6,26

Sche	dule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming	activities with nonmembers?	es 🗆 No
12	Is the organization a grantor, beneficia formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entity	es 🗹 No
13	Indicate the percentage of gaming acti		25 E NO
а	The organization's facility		0 %
b	An outside facility		100.000 %
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books and records:	
	Name JEFFREY GOLDBERG		
	Address ► 60 EAST 42ND STREET	NEW YORK, NY 101650015	
15a	_	with a third party from whom the organization receives gaming	_
			es 🗹 No
D		evenue received by the organization > \$ and the third party > \$	
c	If "Yes," enter name and address of the		
	Name •		
	Address ▶		
16	Gaming manager information: Name ► JEFFREY GOLDBERG		
	Gaming manager compensation ▶ \$	0	
	Description of services provided ► SE	E PART V	
	☑ Director/officer	☐ Employee ☐ Independent contractor	
17 a	•	e law to make charitable distributions from the gaming proceeds to	es 🗹 No
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or spent	.5
	in the organization's own exempt activi		
Pai		n. Provide the explanations required by Part I, line 2b, columns (iii) and (v) $5c$, 16, and 17b, as applicable. Also provide any additional information. See	
	Return Reference	Explanation	
SCHE	EDULE G, PART I, LINE 2B (V)	OTHER THAN THE FUNDRAISING FEES DISCLOSED, FIDF ALSO PAID THE MESSINA GF \$318,502 FOR MEDIA BUYS.	OUP, INC.
SCHE	EDULE G, PART III, LINE 16	JEFFREY GOLDBERG, CFO, PREPARES THE BOOKS AND RECORDS FOR THE ORGANIZA GAMING/SPECIAL EVENTS AND OVERSEES MANAGEMENT OF THE GAMING OPERATIOI RESPONSIBILITIES ARE PART OF HIS ROLE AS CFO. HE DOES NOT RECEIVE SEPARATICOMPENSATION RELATED TO MANAGEMENT OF THE GAMING OPERATION.	N. THESE

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	7032	440			
Sch	edule J	Co	mpensati	ion Information	01	ИВ No.	1545-0	0047			
(For	n 990)	For certain Officer	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.								
		► Complete if the orga	Compensa Inization answ	ited Employees rered "Yes" on Form 990, Part IV,	line 23.	20)			
Б			▶ Attach	to Form 990. instructions and the latest inforn		Dpen i					
•	tment of the Treasury al Revenue Service	P Go to <u>www.ns.gov</u>	<u>/101111990</u> 101	mistractions and the latest miori	lation.		ectio				
	me of the organizands of the Israel Def				Employer identifica	tion nu	ımber				
					13-3156445						
Pa	rt I Questi	ons Regarding Compensati	ion				l				
1 a	Check the appro	oniate hoy(es) if the organization	provided any of	the following to or for a person lister	d on Form		Yes	No			
				y relevant information regarding thes							
	☐ First-class	s or charter travel	✓	Housing allowance or residence for p	personal use						
		companions		Payments for business use of person	nal residence						
		nification and gross-up payments	님	Health or social club dues or initiation							
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauf	feur, chef)						
b				follow a written policy regarding payı							
_		•		ve? If "No," complete Part III to expl	ain	1b	Yes				
2				or allowing expenses incurred by all r, regarding the items checked on Lin	e 1a? . .	2	Yes				
3	Indicate which	if any of the following the filing of	rganization use	ed to establish the compensation of th							
3	organization's C	EO/Executive Director. Check all	that apply. Do r	not check any boxes for methods							
	used by a relate	ed organization to establish compe	ensation of the (CEO/Executive Director, but explain i	n Part III.						
	✓ Compens	ation committee		Written employment contract							
		ent compensation consultant	$\mathbf{\nabla}$	Compensation survey or study				1			
	☑ Form 990	of other organizations	\checkmark	Approval by the board or compensa-	tion committee						
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a						
а	_	ance payment or change-of-contr	ol payment? .			4a		No			
b				ified retirement plan?		4b		No			
c	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No			
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	III.						
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.							
5			_	the organization pay or accrue any							
	compensation c	ontingent on the revenues of:									
а		n?				5a	Yes				
b		anization?				5b		No			
6	,	•	A line 1a did	the organization pay or accrue any							
•		ontingent on the net earnings of:		the organization pay or accrac any							
а	The organization	n?				6a		No			
b	, ,					6b		No			
	•	6a or 6b, describe in Part III.									
7				the organization provide any nonfixed rt III		7	Yes				
8				red pursuant to a contract that was							
				section 53.4958-4(a)(3)? If "Yes," de		8		No			
9				presumption procedure described in		8		No			
9				presumption procedure described in		9					
For F	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 5	0053T Schedule J	(Form	990)	2019			

Schedule J (Form 990) 2019

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

(A) Name and Title		(B) Brea	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table								

Schedule J (Form 990) 2019	chedule J (Form 990) 2019				
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 1A	HOUSING ALLOWANCE For more than the last ten years, FIDF's National Directors have been IDF Major Generals who have recently retired from active service after long and distinguished careers. Because it is customary for senior IDF officers serving in the United States to receive a housing allowance, the Compensation Committee determined that it was essential to provide this allowance in order to secure the services of a senior (reserve) major general. The cost of this taxable allowance is included in the total compensation reported. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS TAX INDEMNIFICATION AND GROSS UP OF PAYMENTS ARE PROVIDED TO THE NATIONAL DIRECTOR IN RELATION TO THE HOUSING ALLOWANCE. THIS WAS TREATED AS A TAXABLE BENEFIT. PART I, LINE 5A BONUS CONTINGENT ON REVENUE FIDF's National Director's bonus is contingent on the amount of revenue for the year.				
PART I, LINE 7	NON-FIXED PAYMENTS Bonuses are paid based on successful completion of individual/regional/organizational wide strategic and operational goals or based on				

Schedule 1 (Form 990) 2019

taking on additional responsibilities or roles. All non-fixed payments have been included in Part VII and Schedule J compensation reporting.

Software ID:

Software Version:

EIN: 13-3156445

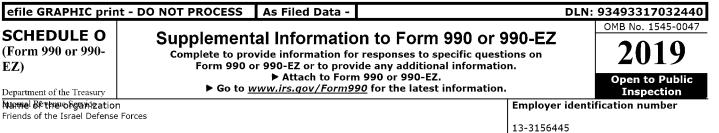
Name: Friends of the Israel Defense Forces

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Meir Klifi-Amir National Director & CEO	(i)	407,454	350,000	282,781 	13,637	32,902 	1,086,774	0
1 Jeffrey E Goldberg	(ii) (i)	225,614	0	0	0	0	0	0
Chief Financial Officer	(I)	225,614	3,500	1,104	6,689	12,334	249,241	0
	(ii)	0	0	0	0	0	0	0
2 Lilach Ohad Chief Operating Officer	(i)	215,957	9,000	1,104	6,604	15,962	248,627	0
	(ii)	0	0	0	0	0	0	0
3 Nina Hanan Chief Development Officer	(i)	271,277	7,000	1,104	7,832	16,030	303,243	0
	(ii)	0	0	0	0	0	0	0
4 Jenna Griffin Executive Director	(i)	157,943	10,000	1,104	5,084	14,510	188,641	0
	(ii)	0	0	0	0	0	0	0
5 Galit Brichta Executive Director	(i)	278,716	6,000	5,281	8,904	45,742	344,643	0
Executive Director	(ii)	0	0	0	0	0		0
6 Tamir Oppenheim	(i)	165,231	5,000	5,290	3,825	46,396	225,742	0
Executive Director	(ii)	0						
7 Shelly Kaidar	(i)	147,320	7,000	5,281	5,060	48,334	212,995	0
V.P Projects and Programs	۲ii۱	0						
8Lior Zommer	(i)	143,541	7,000	5,281	4,776	43,092	203,690	0
Director of Special Events	(ii)							
9Joshua Fogelson	(i)	298,796	6,000	427	0	21,341	326,564	0
Deputy National Director				427		21,341	320,304	
10 Lilach Asofsky	(ii) (i)	169,528	0	0	0	0	0	0
Vice President of Marketing	(i)	109,328	5,000	4,718 	0	28,947 	208,193	0
14Dina Dan Ani	(ii)	0	0	0	0	0	0	0
11 Dina Ben Ari Executive Director	(i)	181,010	6,000	2,724	5,656	14,483	209,873	0
	(ii)	0	0	0	0	0	0	0
12 Ashley Clemente V.P of Information	(i)	164,441	7,000	2,920	5,385	30,465	210,211	0
Technology	(ii)	0	0	0	0	0	0	0
13Susan Levin-Abir Executive Director	(i)	150,579	3,000	5,281	4,706	43,092	206,658	0
	(ii)	0	0	0	0	0	0	0
14 Jonathan D Bernstein Executive Director	(i)	146,007	6,000	2,929	4,711	27,459	187,106	0
EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
								_

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317032440 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Friends of the Israel Defense Forces 13-3156445 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 1,659,640 Fair Market Value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests Χ 24,907 Fair Market Value 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ► (Auction Items) 152,387 Fair Market Value 26 Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	THE NUMBER OF CONTRIBUTIONS IS REPORTED ON COLUMN B.
	Schedule M (Form 990) (2019)



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	Wellbeing and Recreational Programs The Dignity Program eases the burden by providing econ omic relief for soldiers who are in financial distress through the provision of cash subsi dies, basic furniture and home appliances, holiday gift packages, food vouchers, and other assistance to their families. During 2019, FIDF provided approximately \$6.6 million for s uch assistance to about 8,000 soldiers. The Lone Soldiers Program ensures Lone Soldiers ne ver feel truly alone by enabling FIDF to act as a second family for soldiers who have no i mmediate family in Israel during their military service. FIDF also sponsors flights for lo ne combat soldiers, enabling them to visit their families in their home countries during their period of service. During 2019, FIDF provided approximately \$5.2 million to assist ove of 3,500 lone soldiers through these programs. The Legacy Program provides comfort and car e by helping those families who have suffered a devastating loss of a loved one fallen dur ing military service. Through recreational vacations in Israel with activities such as wor kshops, shows, excursions, entertainment by popular Israeli artists, sports activities, and more, FIDF stands united by the side of these beloved families through their lives. The program also sponsors trips to the United States for children and siblings of fallen soldi ers who share the experience of summer camp in the U.S. with American children of similar age. During 2019, FIDF provided approximately \$1.4 million for such activities, aiding ove r 8,325 members of bereaved families, including trips to the United States for more than 4.7 children of various ages. The Spirit/Rest and Recreation Program sponsors various units with wellbeing needs such as fun days, trips and sports events and wellbeing equipment, and provides a week of rest and recuperation for active-duty combat units. Soldiers enjoy a week of R&R at recreation centers which are fully equipped with lodging and dining facilities, sponsoring 57 weeks of such programs for a tota

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	veterans. The Spiritual Needs Program, in cooperation with the IDF rabbinate, provides for Judaica and ritual articles, holiday celebrations and activities and other educational and social activities. During 2019, FIDF provided approximately \$3.3 million to sponsor such articles and activities. Form 990, Part III, Line 4b Educational and Scholarship Programs The FIDF IMPACT! Scholarship Program grants full 4-year scholarships to Israeli soldiers who have completed their military service. The personal nature of the program enables spon sors to directly see the "Impact" of their donations on veterans lives, and offers the opp ortunity to build relationships which last way beyond the completion of the recipients stu dies. To be eligible, veterans must come from a combat or combat-support unit and a disadv antaged socioeconomic background. Each scholarship recipient is required to complete 130 h ours of community service every year during the full term of the scholarship. FIDF partner s with 20 organizations which empower the students to help their communities and improve t heir environment. In the 2019-2020 academic year, FIDF was able to fund approximately 4,60 2 scholarships of college or university study. In 2019, FIDF had granted approximately \$17.7 million of scholarship assistance. During 2019, FIDF also sponsored approximately \$8.5 million of educational programs which provide for a successful continuum from high school to higher education, or for soldiers to enter directly into the job market. These programs utilize seminars, workshops, discussion groups and field trips to also assist new immigrant soldiers in their assimilation process, provide enrichment opportunities to soldiers with special needs, and develop educational resources. During 2019, about 34,197 soldiers participated in such activities. Form 990, Part III - Program Service, Line 4c Construction Programs FIDF helps provide a 'home away from home' by sponsoring the construction, refurb ishment and maintenance of recreation and sports centers,

990 Schedule O, Supplemental Information

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Reference	Explanation
FORM 990,	FORM 990 REVIEW PROCESS THE FORM 990 IS PREPARED BY THE CONTROLLER AND REVIEWED BY THE CHIEF
PART VI,	FINANCIAL OFFICER AND BY THE NATIONAL DIRECTOR AND CHIEF EXECUTIVE OFFICER. A REVIEW IS ALSO
SECTION B,	PERFORMED BY FIDF'S OUTSIDE TAX ADVISORS AND ITS LEGAL COUNSEL. THE DRAFT FORM 990 IS THEN
LINE 11	\mid PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD FOR APPROVAL, FOLLOWED BY DISTRIBUTION OF THE FINAL \mid
	COPY OF THE FORM 990 TO ALL MEMBERS OF THE BOARD OF DIRECTORS BEFORE IT IS FILED.

Cumlomotion

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT Annual conflict of interest forms are required from all
PART VI,	members of the Board and all employees. The forms are received by FIDF's Chief Financial Officer, who prepares a spreadsheet
SECTION B,	listing conflicts disclosed, if any. The spreadsheet is shared with FIDF's National Director and Legal Counsel for their review. Any
LINE 12C	conflicts are disclosed to and discussed at a meeting of the Executive Committee of the Board. In the event of a disclosure of a

Explanation

conflict, the interested person leaves the meeting where the conflict is discussed and voted upon. In cases of failure to disclose actual or possible conflicts of interest, appropriate disciplinary and corrective actions are taken, if needed, following due process.

990 Schedule O, Supplemental Information

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Reference	'
FORM 990,	PROCESS FOR DETERMINING COMPENSATION The Compensation Committee of the Board determines compensation for all
PART VI,	officers, executive directors, heads of department and any other highly compensated employees. The Committee typically meets in
LINES 15A	March to determine compensation for the upcoming year, as well as bonuses, if any, for performance in the previous year.
AND 15B	Compensation surveys as well as Form 990 of other organizations, similar in size and character, are used.

Explanation

990 Schedule O, Supplemental Information

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Reference	·
FORM 990,	AVAILABILITY OF DOCUMENTS TO THE PUBLIC THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. THE ORGANIZATION'S FINANCIAL
	STATEMENTS ARE AVAILABLE ON ITS WEBSITE.

Explanation

990 Schedule O, Supplemental Information

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LINE 9

Reference	Explanation
FORM 990,	OTHER CHANGES IN NET ASSETS: CHANGE IN SPLIT INTEREST AGREEMENTS \$1,277,891 UNREALIZED GAIN ON
DART YI	FOREIGN CHRRENCY \$50,804, BAD DERT EXPENSE FROM LINCOLLECTIBLE PLEDGES \$(\$360,550) CHANGE IN GRANTS

PAYABLE FOR CAPITAL PROJECTS \$1,790,481 ------ TOTAL \$2,749,617

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Return Explanation

990 Schedule O, Supplemental Information

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1	COVID-19	On March 11, 2020, the World Health Organization officially declared COVID-19, the disease caused by a novel coronavirus, a
ı	Impact	pandemic. Management has taken steps to reduce its expenditures and increase liquidity. Management will continue to closely
ı		monitor the financial implications that may impact the Organization.