DLN: 93493308022969 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable International Fellowship of ☐ Address change Christians & Jews Inc 36-3256096 ☐ Name change % ROBIN VAN ETTEN Doing business as ☐ Initial return IFCJ The Fellowship ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 30 North LaSalle Street Suite 4300 ☐ Application pending (312) 641-7200 City or town, state or province, country, and ZIP or foreign postal code Chicago, IL $\,$ 606022584 $\,$ G Gross receipts \$ 127,669,427 Name and address of principal officer H(a) Is this a group return for Keith Frankel □Yes ☑No subordinates? 30 North LaSalle St Ste 4300 H(b) Are all subordinates Chicago, IL 606022584 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www IFCJ org L Year of formation 1983 **M** State of legal domicile IL K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PROMOTE UNDERSTANDING AND COOPERATION BETWEEN JEWS AND CHRISTIANS AND TO BUILD BROAD SUPPORT FOR ISRAEL AND OTHER SHARED CONCERNS Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 120 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 143,831 **Prior Year Current Year** 119,674,288 118,046,859 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,729,798 1,325,128 600,722 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -59,944 119,972,709 121,344,142 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 85,126,155 62,472,964 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 12,690,717 13,425,159 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 2,850,347 1,981,514 b Total fundraising expenses (Part IX, column (D), line 25) ▶16,284,111 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 33,758,498 38,778,764 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 134,425,717 116,658,401 19 Revenue less expenses Subtract line 18 from line 12 . -13,081,575 3,314,308 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 44,983,007 46,756,218 22,133,118 21 Total liabilities (Part X, line 26) . 20,614,998 22 Net assets or fund balances Subtract line 21 from line 20 . 24,368,009 24,623,100 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-04 Signature of officer Sign Here KEITH FRANKEL SECRETARY & TREAS Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check I If 2019-11-04 P00666837 Paid self-employed Firm's name ► GRANT THORNTON LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 171 N CLARK ST SUITE 200 Phone no (312) 856-0200 CHICAGO, IL 60601 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page 2			
Pa	rt III Statement	of Program Ser	vice Accomplis	hments					
	Check If Sche	dule O contains a re	esponse or note to a	any line in this Part III .		🗹			
1	Briefly describe the o	organization's missio	on	·					
	MOTE UNDERSTANDIN RED CONCERNS	G AND COOPERATIO	ON BETWEEN JEWS	AND CHRISTIANS AND	TO BUILD BROAD SUPPORT FO	OR ISRAEL AND OTHER			
2	Did the organization	undertake any sign	ıfıcant program serv	vices during the year wh	nich were not listed on				
	the prior Form 990 o	or 990-EZ?				🗹 Yes 🗌 No			
	If "Yes," describe the	ese new services on	Schedule O						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program								
	services?								
	If "Yes," describe the	ese changes on Sch	edule O						
4		nd 501(c)(4) organiz	ations are required	to report the amount o	largest program services, as m f grants and allocations to othe				
4a	(Code) (Expenses \$	35,799,388	including grants of \$	32,484,301) (Revenue \$	0)			
	See Additional Data								
4b	(Code) (Expenses \$	23,987,193	including grants of \$	14,597,920) (Revenue \$	0)			
	See Additional Data								
4c	(Code) (Expenses \$	11,974,975	including grants of \$	6,879,620) (Revenue \$	0)			
	See Additional Data								
	See Additional Data								
4d	Other program servi								
	(Expenses \$	13,284,348	including grants of	\$ 8,511,1	23) (Revenue \$	926,307)			
4e	Total program ser	vice expenses 🕨	85,045,9	04					

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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? 4 No 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? 5 No 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🛸 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e 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 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο

14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Yes **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Yes

Yes

Yes

Yes

Nο

Nο

No

No

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15

16

17

18

19

20a

20b

21

14b valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

				Page
аг	Checklist of Required Schedules (continued)			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		Yes	No
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
1	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	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	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	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
	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	
Í	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V \ldots			Ш

1a

1b

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

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

48

0

1c

Yes

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were Organizations that may receive deductible contributions under section 170(c).

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Nο

d If "Yes," indicate the number of Forms 8282 filed during the year 7d | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

No No 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8

9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a

against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

b Gross income from other sources (Do not net amounts due or paid to other sources

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c

14a

14b

15

No

No

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14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)			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	lines 🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	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			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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	Yes	
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
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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	
Ь	Each committee with authority to act on behalf of the governing body?	8b	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	e.)	
	General Provinces (1775) Section 2 requests information about pointies not required by the Internal Nevental		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	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	
	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?		ν.	
	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)			
	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?	166		

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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

▶ROBIN VAN ETTEN 30 NORTH LASALLE STREET SUITE 4300 Chicago, IL 606022584 (312) 641-7200

Section C. Disclosure

18

19

20

17 List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

16b

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

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

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

organization, more than \$10,000 of reportable co List persons in the following order individual trus	stees or director		-					_		
compensated employees, and former such person				- ma r		-+		ant officer dura	ata ar trustan	
Check this box if neither the organization no (A) Name and Title	(B) Average hours per week (list any hours	Positio tha perso	on (do an one son is	(C) o not e bo both) t che ox, u h an		ore	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
(1) Stockwell Day	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated	Former			organization and related organizations
(1) Stockwell Day Director/Chairman	5 0	×		х				0	0	0
(2) Edward Lasky Secretary & Treasurer	5 0	X		х				0	0	0
(3) David Clark Director	10	X						0	0	0
(4) JR Dupell Director	10	x						0	0	0
(5) Ed Frankel Director	1 0	x						О	0	0
(6) Keith Frankel Director	1 0	x						0	0	0
(7) Steven Hefter Director	1 0	x						0	0	0
(8) Bishop Paul Lanier Director	1 0	x						0	0	0
(9) Suzanne Peyser Director	1 0	x						0	0	0
(10) Michael Pyle Director - Deceased 9/2018	1 0	x						0	0	0
(11) Rabbi Yechiel Eckstein	40 0	1 1		x				710,418	0	164,821

President, CEO & Founder 0 5 40 0 (12) George Mamo Х 356,110 0 Global Chief Operating Officer 0.0 40.0 (13) Yael Eckstein - Farkas Χ 413,036 Executive Vice President 0.0 20 0 (14) Jeff Kaye Х 155.194 155,194 Vice President - Thru 12/2018 20 0 40 0 (15) Robin Van Etten 281,138 0 VP of Integrated Fundraising 0 0 40 0 (16) Damon Card 157,888 VP of Information Services 0.0

Part VII

Bigham Agency,

2 N LAKE SUTE 600 PASSADINA, CA 91101 Causeworx Inc,

Westar Media Group INC,

2 MCNAMARA CORT AJAX, ONTARIO LIT 4W6

One All,

CA

6404 International Parkway Ste 202 PLANO, TX 75093

5350 N Academy Boulevard Ste 200 COLORADO SPRÍNGS, CO 80918

compensation from the organization ▶ 36

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

(E)

Page 8

6,998,397

3,219,533

1,223,260

888,073

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(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	οχ, ι an of	ot che unles officer trust		son a	Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	n d s	Estima amount of compen from	ated of other isation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- 2/1099-MISC)	(W- 2/1099- MISC)		organizat relat organiz	ted
(18) Christine Allen		 .				х		142,048		0		42,245
Major Gift Officer (19) Katherine Rovani	40 0	1	+	\vdash	+		\vdash	141.020		+		
Director of Operations	0 0		<u> </u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	\perp	×	Ļ	141,028		0		31,891
(20) Kristin Henning	40 0	 .				×		132,599		0		38,853
Dir of Financial Operations (21) Dan Friedman	40 0		+	\vdash	+	X	\vdash	123,860		0		38,077
Dir of Analytics - thru 12/18	0 0		$oxed{igspace}$	ot	\perp	<u></u>	igspace	123,600		\dashv		30,077
(22) Irving Geffen Former Highest Compensated	0 0					'	×	200,000		О		0
1b Sub-Total	VII , Section A .				•	>		2,958,073	155,194			699,457
									<u> </u>	1		
Total number of individuals (including bu of reportable compensation from the org		those iii	steu (abov	/e	vho rec	ceivi	ed more than \$100	,000			
											Yes	No
3 Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J fo.</i>						ee, or h	-	•	nployee on	3	Yes	
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than \$150	0,000?	If "Ye	es," d	comp				he 	4	Yes	
5 Did any person listed on line 1a receive of services rendered to the organization? If									dual for	5		No
Section B. Independent Contractors					_							
1 Complete this table for your five highest from the organization Report compensa										ipens	ation	
Name and	(A) business address							Descrip	(B) tion of services		(C Compen	
Cannela Response Television, 848 Liberty Drive BURLINGTON, WI 53105								TV spot placem				,447,717
D 1 4		$\overline{}$			_	$\overline{}$	_	D 114 16		\rightarrow		000 007

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

(C)

(D)

Direct Mail Services

Print, post, consul

telemarketing

radio PDN & MKTING

(B)

	90 (2018)						Page 9
Part							
	Check ıf Schedu	ule O contains a resp	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaig	gns 1a	40,313		revenue		512 - 514
nts nts	b Membership dues	<u> </u>					
irai 10 u	c Fundraising events	<u> </u>	189,662				
s, c An	d Related organization	<u> </u>					
<u>6</u> a	e Government grants (<u> </u>					
ons, Gifts, Grants Similar Amounts	f All other contributions						
tio er S	and similar amounts above		117,816,884				
Contributic and Other	g Noncash contribut						
Contributions, Gifts, Grants and Other Similar Amounts	ın lines 1a - 1f \$ _		921,287				
<u>ة ت</u>	h Total. Add lines 1a	a-1f	· · · •	118,046,859			
÷ i			Business	Code			
Ven	2a 						
Service Revenue	b ————						
r M C	c —						
፠	u						
Program	f All other program s						
δ	9Total. Add lines 2a-			0			
	3 Investment income (interest and other	1			
	sımılar amounts) .		•	1,101,694			1,101,694
	4 Income from investm			-			
	5 Royalties	(ı) Real	(II) Personal	· [
	6a Gross rents	(1) 11001	(,	1			
	b Less rental expenses			_			
	D Less Tellial expenses						
	c Rental income or (loss)) (
	d Net rental income of	or (loss)					
		(ı) Securities	(II) Other				
	7a Gross amount from sales of	7,472,36	3 2,500				
	assets other than inventory	,,,,,,,,,	2,550				
	b Less cost or			-			
	other basis and sales expenses	7,230,219	21,210				
	C Gain or (loss)	242,14	-18,710				
	d Net gain or (loss)		•	223,434			223,434
a)	8a Gross income from (not including \$	fundraising events 189,662 of					
n. ₩	contributions report See Part IV, line 18		105,754				
ev.	b Less direct expense			4			
ar F	c Net income or (loss			-338,006	5		-338,006
Other Revenue	9a Gross income from						
	See Part IV, line 19		0				
	b Less direct expense	es b	0	1			
	c Net income or (loss		ties	0			
	10aGross sales of inver returns and allowan						
		a	34,116				
	b Less cost of goods		1,529	╛			
	c Net income or (loss Miscellaneous		Business Code	32,587	32,587		
	11aISRAEL TOURS, CO		900099	893,720	893,720		
	OTHER INCOME	.					
	b FOREIGN CURRENC	CY TRANSLATION	900099	12,421			12,421
	С						
	d All other revenue						
	e Total. Add lines 11	a-11d	•	906,141			
	12 Total revenue. See	e Instructions .	• • •	119,972,709	926,307		999,543
		·					Form 990 (2018)

section 4958(c)(3)(B) . 7 Other salaries and wages

9 Other employee benefits .

a Management . . .

d Lobbying

f Investment management fees

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

16 Occupancy

17 Travel .

14 Information technology

20 Interest . . .

23 Insurance .

11 Fees for services (non-employees)

10 Payroll taxes . .

b Legal .

c Accounting

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401

(k) and 403(b) employer contributions) . .

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e

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)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O) a PRINTING AND POSTAGE

b TV AND RADIO AIRTIME

d TELEMARKETING

e All other expenses

c PROGRAM IMPLEMENTATION

g Other (If line 11g amount exceeds 10% of line 25, column

111,752

1,853,774

275,855

479,131

175,892

19,108

1.981.514

1,250

596,064

96,397

15,403

257,507

144,582

4,239

28,015

13,837

5,268,949

2,774,185

1,479,505

16,284,111

13,515,971

Form 990 (2018)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other org	anizations must com	plete column (A)	
Check if Schedule O contains a response or note to an	y line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,802,085	10,802,085		
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, line 15 and 16	51,670,879	51,670,879		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,540,076	387,579	1,445,345	707,152

136,558

7,897,059

1,720,191

1,893,665

246,589

102,069

1,981,514

154,850

65,387

2,712,200

1,754,741

1,407,999

890,650

239,203

279,683

92,873

105,647

14,165,263

10,989,187

1,945,516

1,510,226

223,016

116,658,401

41,364,751

0

0

0

0

413,367

717,908

24,806

2,933,350

211,191

406,393

-60,284

464,335

5,751

116

1,979,693

138,890

169,729

210,055

-121,101

230,189

21,877

22,383

5,859,261

7,753,465

1,945,516

-10,254

85.045,904

19,306,406

3,109,935

230,862

834,667

297,759

1,410,222

246.589

96,318

154,850

64,021

136,443

1,519,454

1,222,867

423,088

215,722

45,255

42,981

69,427

3,037,053

461,537

40,975

223,016

15,328,386

8,542,374

delinestic gereininents see i air i i / iiii zz			
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, line 15 and 16	51,670,879	51,670,879	

Page **11**

304,201

27,124,761

2.907.077

46.756.218

6,050,075

8.085.801

18.712.007

5,404,293

24,623,100

46,756,218

Form **990** (2018)

506.800

0

0

0

0

0

0

Form 990 (2018)

11

12

13

14

15

16

17

18

19

20

21

Liabilities

Assets or Fund Balances

Net

27

28

29

30

31

32

33

34

b Less accumulated depreciation

Grants payable . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Deferred revenue . . .

Investments—publicly traded securities .

Intangible assets

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Investments—other securities 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

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Investments-program-related See Part IV, line 11

		Check if Schedule O contains a response or not	e to ar	iy line in this Part IX $oldsymbol{.}$.			<u> ⊔</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		ī	500	1	500
	2	Savings and temporary cash investments .			10,865,637	2	14,784,510
	3	Pledges and grants receivable, net		•	41,922	3	281,565
	4	Accounts receivable, net			16,897	4	302,557
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated en	nployees Complete	0	5	0
/Δ	6	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	fied pe n 4958 itions d (see in	rsons (as defined under (c)(3)(B), and of section 501(c)(9) structions) Complete	0	6	0
ets	7	Notes and loans receivable, net	• •		0	7	0
sset	8	Inventories for sale or use		•	211,446	8	266,584
Ø	9	Prepaid expenses and deferred charges			1,208,421	9	784,463
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	1,412,738			

10b

1,108,537

272,885

178.035

0 14

0

٥

32,187,264

44.983.007

4,448,126

8,850,621

23.239.712

625,153

503.144

24,368,009

44,983,007

28

29

30

31

32

33

34

10c

11

12 0

13

15

16

17

18

19

20

21

	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			_
26	Total liabilities. Add lines 17 through 25	20,614,998	26	22,133,118
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	7,316,251	25	7,997,242
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	persons Complete Part II of Schedule L	0	22	0

Audit Act and OMB Circular A-133? 3a

No

Form 990 (2018)

3b

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

Additional Data

Software ID: Software Version:

EIN: 36-3256096

Name: International Fellowship of

Christians & Jews Inc.

Form 990 (2018)

Form 990, Part III, Line 4a: GUARDIANS OF ISRAEL PROVIDED 647.514 POOR ISRAELIS WITH FOOD, HOUSING, MEDICAL CARE, CLOTHING, HEATING FUEL, AND OTHER BASIC NECESSITIES, AS

WELL AS FUNDING HUNDREDS OF SPECIAL PROJECTS SUCH AS CHILDREN'S SUMMER CAMPS, SECURITY FOR ISRAELIS IN AREAS VULNERABLE TO TERROR ATTACKS, AND THERAPY PROGRAMS FOR WAR VETERANS AND TERROR VICTIMS GUARDIANS ALSO PROVIDES SUPPORT TO THE ISRAEL DEFENSE FORCES, RESPONDS WITH EMERGENCY

RELIEF DURING TIMES OF CRISIS, AND FUNDS THE OPERATION OF A NATIONWIDE CRISIS HOTLINE THAT ASSISTS ISRAELIS IN NEED IN ADDITION, GUARDIANS PROVIDES ASSISTANCE TO ISRAEL'S ARAB, CHRISTIAN, BEDOUIN, AND DRUZE POPULATIONS

ISAIAH 58 PROVIDED 738,769 NEEDY JEWS IN THE FORMER SOVIET UNION (FSU) AND OTHER LOCATIONS AROUND THE WORLD - INCLUDING MANY IMPOVERISHED HOLOCAUST SURVIVORS - WITH FOOD, CLOTHING, MEDICINE, HEATING FUEL, AND OTHER NECESSITIES ISAIAH 58 ALSO FUNDS AN EXTENSIVE NETWORK OF JEWISH CHILDREN'S HOMES IN THE FSU, PROVIDING SHELTER, EDUCATION, AND SECURITY FOR ORPHANS AND CHILDREN LIVING ON THE STREETS, AS WELL AS PROVIDING EMERGENCY RELIEF DURING TIMES OF CRISIS. AND FUNDING SECURITY (FENCES, REINFORCED DOORS AND WINDOWS, GUARDS, SURVEILLANCE CAMERAS) FOR JEWISH

Form 990, Part III, Line 4b:

INSTITUTIONS IN THE ESU AND THROUGHOUT THE WORLD

Form 990, Part III, Line 4c: ON WINGS OF EAGLES PROVIDED ALIYAH (IMMIGRATION)-RELATED ASSISTANCE, INCLUDING FLIGHTS TO ISRAEL AND ASSISTANCE WITH KLITAH (RESETTLEMENT) NEEDS, TO 10,454 OPPRESSED AND IMPOVERISHED JEWS FROM AROUND THE WORLD - INCLUDING FROM EUROPE, AFRICA, THE FORMER SOVIET UNION, SOUTH AMERICA, AND ELSEWHERE - AS WELL AS PROVIDING CRITICAL KLITAH ASSISTANCE TO 185,428 PEOPLE, INCLUDING PRE-MILITARY PREPARATION, EDUCATION, AND

10B TRAINING

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

	others, the total expenses, and revenue, if any, for each program service reported.												
(Code) (Expenses \$	12.557.464	including grants of \$	8,511,123) (Revenue \$	926.307)								

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code) (Expenses \$	12,557,464	including grants of \$	8,511,123) (Revenue \$	926,307)
Fellowship					

(Code) (Expenses \$	12,557,464	including grants of \$	8,511,123) (Revenue \$	926,307)
Fellowship					

(Code) (Expenses \$ including grants of \$ 0) (Revenue \$ 432,183

Stand for Israel

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 294,701 including grants of \$ 0) (Revenue \$

Bless the Persecuted

efile	e GR	APHIC prii	1t - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493308022969
SCHEDULE A (Form 990 or 990EZ)			Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	2018
		f the Treasury		► Go to	www.irs.gov/Form	9 <u>90</u> for the late	st information	•	Open to Public Inspection
lam	e of th	he organiza Fellowship of	tion					Employer identific	ation number
		lews Inc	fa Darbija d	The site of Care	(Δ11		La 16.a aa.d \ C	36-3256096	
	r t I rganiz				us (All organization e it is (For lines 1 thro			see instructions.	
1			•		ssociation of churches	•		(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))	,	
3					vice organization desc	,	,,	iii).	
4		·	·	·	ed in conjunction with			•	nter the hospital's
5	_	name, city,	_	I for the henef	t of a college or unive	rsity owned or or	perated by a gov	ernmental unit descr	hed in section 170
_		(b)(1)(A)	(iv). (Comple	te Part II)	-				bed in Section 270
6		•	·	-	governmental unit de				
7	\checkmark			mally receives vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust descr	ıbed ın sectio ı	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				lege or university or a
0		from activit	ies related to income and i	ıts exempt fur ınrelated busır	(1) more than 331/39 actions—subject to cer less taxable income (le complete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting org n(s) the powe	janization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio ions) You must com				ated with, its
d		Type III n functionally	on-function	ally integrate he organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	ın connection wi requirement and	th its supported orga	
e		Check this	<i>,</i> box if the org	anızatıon recei	ved a written determir integrated supporting	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			on-runctionally organizations	mregrated supporting	organization			
g	Provi	de the follow	ing information	on about the su	upported organization(s)			
	(i) N	Name of supp organizatior		(ii) EIN	(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		
otal									
		work Reduc	tion Act Not	ice, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 2018

supported organization

ightharpoons

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ection A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	128,463,504	132,029,367	129,817,844	119,674,288	11	8,046,859	628,031,862
2	include any "unusual grant ") Tax revenues levied for the						+	
2	organization's benefit and either paid to or expended on its behalf							(
3	The value of services or facilities furnished by a governmental unit to							(
4	the organization without charge Total. Add lines 1 through 3	128,463,504	132,029,367	129,817,844	119,674,288	11	8,046,859	628,031,862
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	120,403,304	132,023,307	123,017,044	113,074,200	- 11	3,040,039	020,031,002
_	line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							628,031,862
S	Section B. Total Support			L	L			
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2	2018	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	128,463,504	132,029,367	129,817,844	119,674,288		8,046,859	628,031,862
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties	529,315	588,444	876,693	907,120		1,101,694	4,003,266
	and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							(
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,580	1,423	344	0		118,175	121,522
11	Total support. Add lines 7							632,156,650
1 2	through 10 Gross receipts from related activities,	etc (see instruction	ons)			12		1,400,27
	First five years. If the Form 990 is f			rd fourth or fifth	tay year as a sest		(c)(3) orga	· · · · · ·
	check this box and stop here						_	mzacion,
_	Section C. Computation of Publ			<u> </u>			· · • □	
	Public support percentage for 2018 (I		_	olumn (f))		14		99 347 %
	Public support percentage for 2017 S			oraniii (17)		15		99 450 %
	33 1/3% support test—2018. If th			on line 13 and line	a 14 is 33 1/3% or		heck this t	
162					E 14 IS 33 1/3 /0 01	more, c	HECK UIIS D	▶ 🗸
b	and stop here. The organization qua 33 1/3% support test—2017. If t	he organization did	I not check a box o	n line 13 or 16a, a	and line 15 is 33 1/	3% or m	nore, check	this
17a	box and stop here. The organizatio 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meet:	st—2018. If the or on meets the "facts	ganization did not es- s-and-circumstance	check a box on lines" test, check this	box and stop he	r e. Expla	ain	▶□
h	organization 10%-facts-and-circumstances te	s t—2017. If the o	rganization did not	check a box on lii	ne 13, 16a, 16b, o	r 17a, a	nd line	▶□

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	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							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	3	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

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 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? 1 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

3а 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

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,"

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

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

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
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 benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	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 supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	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?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
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			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described 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 involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	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? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V 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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	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-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 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 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID: Software Version:

EIN: 36-3256096

Name: International Fellowship of Christians & Jews Inc

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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

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 As Filed Data -SCHEDULE D

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. OMB No 1545-0047

DLN: 93493308022969

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

1

2

5

8

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** International Fellowship of Christians & Jews Inc 36-3256096 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the

Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2018

following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Par	t III	Organizations Maintaining Co	llections of Art, I	Histori	ical T	reas	ures, or	Other	Similar A	ssets (contir)	nued)	
3		the organization's acquisition, accessic (check all that apply)	n, and other records	, check	any of	the fo	ollowing t	hat are a	significant	use of it	s colle	ection	
а		Public exhibition		d		Loar	n or excha	inge prog	ırams				
b		Scholarly research		е		Othe	er						
С		Preservation for future generations											
4	Provid Part >	de a description of the organization's co (III	llections and explain	how the	ey furtl	her th	ie organiz	ation's ex	empt purp	ose in			
5		g the year, did the organization solicit os to be sold to raise funds rather than t							ılar	□ Y	es	□ N	o
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.	ements. wered "Yes" on For	m 990), Part	IV, I	i ne 9, or	reporte	ed an amo	unt on	Form	990,	Part
1a		e organization an agent, trustee, custod led on Form 990, Part X?	ian or other intermed	liary for	contri	bution	ns or othe	r assets	not	□ Y	es	□ N	o
b	If "Y∈	es," explain the arrangement in Part XII	I and complete the fo	llowing	table		[Amount			_
c	Begin	ning balance						1c					_
d	Addıt	ons during the year						1 d					
е	Dıstrı	butions during the year						1e					_
f	Endın	g balance						1f					_
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, line	21, for	escrov	vorc	ustodial a	ccount lia	ıbılıty?	. □ Y	es	□ N	o
b		s," explain the arrangement in Part XII											
Pa	rt V	Endowment Funds. Complete											
		·	(a)Current year	(b)₽	rior yea	r	(c)Two ye	ars back	(d)Three ye	ars back	(e)F	our yea	rs back
1 a	Beginn	ing of year balance	549,074		503	3,144		497,223					
b	Contrib	outions								497,223			
С	Net inv	estment earnings, gains, and losses	-21,366		66	5,890		25,881					
d	Grants	or scholarships											
е		expenditures for facilities	20,908		20	0,960		19,960					
_		ograms	20,300			3,300		15,500					
		strative expenses	506,000		F 44	2 2 4		500 444		407.222			
g		year balance	506,800			9,074		503,144		497,223			
2		de the estimated percentage of the curr	ent year end balance	(line 1	g, colu	mn (a	a)) held a	5					
а		designated or quasi-endowment											
b		anent endowment ► 100 000 %											
С		•	0 %										
_		ercentages on lines 2a, 2b, and 2c show											
3а		nere endowment funds not in the posse lization by	ssion of the organizat	tion tha	t are n	eid ar	na aamini	sterea ro	rtne		[Yes	No
	_	nrelated organizations								3	a(i)		No
	(ii) re	elated organizations								3	a(ii)		No
b		s" on 3a(11), are the related organizatio	•			? .				. [3b		
4	Descr	tibe in Part XIII the intended uses of the		wment	funds								
Pai	rt VI	Land, Buildings, and Equipme		OOC	\ Dowt	T\ /	.no 110	Coo For	OOO D	-w+V lı	na 10	`	
	Descri	Complete if the organization anseption of property (a) Cost or ot							lepreciation			ok valu	
		(investm					.,,,,,,,,,,,				,		
1a	Land												
b	Buildin	gs											
c	Leaseh	old improvements			(66,543	3		12,581				53,962
d	Equipm	nent				00,983	-		955,553				145,430
	Other					45,212			140,403				104,809
Tota	II. Add	lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colui	mn (B)	, line	10(c)) .	•	<u> </u>				304,201

Part VII Investments—Other Securities. Complete	ıf the organization	answered "Yes" on	Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including page of security)	(b) Book valu		c) Method of valuation
(Including name of security) (1) Financial derivatives		Cost	or end-of-year market value
(2) Closely-held equity interests			
(A) ALTERNATIVE INVESTMENTS	2,761	,405	F
(B) REAL ESTATE INVESTMENT TRUSTS (C)	145	,672	F
D)			
(E)			
(F)			
(G)			
(H)			
	2 22		
Part VIII Investments—Program Related.	▶ 2,907	7,077	
Complete if the organization answered 'Yes'			m 990, Part X, line 13.
(a) Description of investment	(b) Book	/alue (Cost	c) Method of Valuation or end-of-year market 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 answ	vered 'Yes' on Form 99	90, Part IV, line 11d Se	ee Form 990, Part X, line 15
(a) Descri	iption		(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. Complete if the organization See Form 990, Part X, line 25.	on answered 'Yes' o	on Form 990, Part I\	/, line 11e or 11f.
1. (a) Description of liability		(b) Book value	
1) Federal income taxes		0	
CHARITABLE GIFT ANNUITIES PAYABLE DEFERRED COMPENSATION PAYABLE		4,081,288	
DEFERRED COMPENSATION PATABLE DEFERRED RENT		3,543,479 372,475	
(4)		- · · - , · · · ·	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the te	ext of the footnote to	7,997,242	icial statements that reports the
2. Clability for uncertain tax positions in Part XIII, provide the te organization's liability for uncertain tax positions under FIN 48 (A			_

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Reve zation answered 'Yes' on Form 990, Part IV, line 12a.	nue per Return	
1		upport per audited financial statements	. 1	
2		ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i	nvestments 2a		
b	Donated services and use of facil	ties		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line 1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) .	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	. 5	
Par		penses per Audited Financial Statements With Expersation answered 'Yes' on Form 990, Part IV, line 12a.	enses per Return	
1	Total expenses and losses per au	dited financial statements	. 1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		
а	Donated services and use of facil	ties		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII) $\ .$	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		. 3	
4	Amounts included on Form 990, I	Part IX, line 25, but not on line 1:		_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) $\ .$	4b		
С	Add lines 4a and 4b		. 4с	
5	Total expenses Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	ormation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b 2 2d and 4b Also complete this part to provide any additional info		4, Part X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			

Page **4**

Schedule D (Form 990) 2018		
Part XIII Supplemental Info	mation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

Additional Data

Software Version:

EIN: 36-3256096

Name: International Fellowship of Christians & Jews Inc.

Supplemental Information

Return Reference

SCHEDULE D, PART V, LINE 4

Explanation

Software ID:

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

Supplemental Information	
Return Reference	Explanation
SCHEDUE D, PART X, LINE 2	LIABILITY FOR UNCERTAIN TAX POSITIONS - FIN 48 (ASC 740) THE ACCOUNTING STANDARD ON ACCOUN TING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS C LAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATE MENTS UNDER THIS GUIDANCE, ENTITIES MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX P OSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAM INATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF AN ENTITY AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME THE FELLOWSHIP FILES FORM 990 IN THE U S FEDERAL JURISDICTION AND A RELATED RETURN IN THE STATE OF ILLINOIS FOR THE YE ARS ENDED DECEMBER 31, 2018 AND 2017, MANAGEMENT HAS REVIEWED THE FELLOWSHIP'S TAX POSITIO NS FOR THE OPEN TAX YEARS (CURRENT AND PRIOR THREE TAX YEARS) AND CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS SUCH OPEN TAX YEARS REMAIN SUBJECT TO EXAMINATION BY TAX AUTHORITIES THE FOUNDATION FILES FORM 990 IN THE U S FEDERAL JURISDICTION AND A REL ATED RETURN IN THE STATE OF ILLINOIS THE AMUTAH AND IFCJ BRAZIL FILE FORM 5471 IN THE U S FEDERAL JURISDICTION AND RELATED APPROPRIATE TAX FILINGS IN THEIR RESPECTIVE COUNTRIES FOR THE YEAR ENDED DECEMBER 31, 2018 AND 2017, MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2018 AND 2017, MANAGEMENT HAS REVIEWED THE TAX POSITIONS BY TAX AUTHORITIES IFCJ KOREA IS A DISREGARDED ENTITY FOR FEDERAL AND STATE TAX PURPOSES AND AL L INCOME AND EXPENSES FROM IFCJ KOREA ARE REPORTED IN THE FELLOWSHIP'S TAX RETURNS FOR THE YEAR ENDED DECEMBER 31, 2018 AND 2017, MANAGEMENT HAS REVIEWED THE IFCJ KOREA'S TAX POSITIONS FOR THE TAX YEARS AND CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2018 AND 2017, MANAGEMENT HAS REVIEWED THE IFCJ KOREA'S TAX POSITIONS FOR THE TAX YEAR AND CONCLUDED THAT THERE ARE NO MATERI

Cupplemental Information

efile GRAPHIC print - DO NOT PROCESS			As Filed Data -	-		DLN:	93493308022969
SCHEDULE F (Form 990)	Statement of Activities Outside the United States					tates	OMB No 1545-0047
(1 01111 330)	► Compl	ete if the organi	ızatıon answered "	5, or 16.	2018		
		C- 1		to Form 990.			Open to Public
Department of the Treasury	•	Go to www.irs.	gov/rorm990 for i	nstructions and the latest ii	normation	1.	Inspection
Internal Revenue Service Name of the organization						Empleyer iden	tification number
International Fellowship of						Employer iden	tilication number
Christians & Jews Inc						36-3256096	
Part I General In Form 990, F			s Outside the l	Jnited States. Comple	te if the	organization a	nswered "Yes" to
1 For grantmakers.	Does the or	ganızatıon ma	ıntaın records to	substantiate the amount	of its gr	ants and	
other assistance, th	ne grantees'	eligibility for tl	he grants or assis	stance, and the selection	criteria i	used	
to award the grants	or assistant	ce?					✓ Yes □ No
2 For grantmakers. outside the United :		Part V the org	anızatıon's proce	dures for monitoring the	use of it	s grants and otl	ner assistance
3 Activites per Region	(The followin	ig Part I, line 3	table can be dupli	cated if additional space is	needed))	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a service, describe scific type of ce(s) in region	(f) Total expenditures for and investments in region
See Add'l Data							
3a Sub-total b Total from continuation	on sheets to						53,586,397
Part I	4 21.)						53,586,397
c Totals (add lines 3a a	ana ani i						

Page 2

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data	a				1	1		
						1		
 			1	'				,
						1		
				'		1		
						1		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

Schedule F (Form 990) 2018 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2018

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Пи	.
		∐ 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)		
	Colporations (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)		
	(see Instructions for Form 8803)	☐ 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

Schedule F (Fo	m 990) 2018 Page 5							
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).								
990 Schedu	e F, Supplemental Information							
Reference	Explanation							

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	LINE 1 NORTH AMERICA PROVIDE MEALS, TRANSPORTATION, MEDICAL CARE AND SECURITY FOR NEEDY STUDENTS IN THE SHMA YISRAEL SCHOOL AND CAMPS SYSTEM SUPPORT WORK BEING DONE THROUGH THE SHMA YISRAEL SCHOOLS IN THE FORMER SOVIET UNION AND EUROPE LINE 2 MIDDLE EAST AND NORTH AFRICA THE RELATED NOT FOR PROFIT IN ISRAEL, KEREN L YEDIDUT, OPERATES AS THE ISRAELI REPRESENTATIVE OF THE FELLOWSHIP THE ORGANIZATION PROVIDES OVERSIGHT AND DIRECTION OF PROJECTS THAT SUPPORT NEEDY INDIVIDUALS IN ISRAEL, AS WELL AS RECENT IMMIGRANTS THE ORGANIZATION ALSO ISSUES GRANTS TO SUBRECIPIENTS AND PROVIDES OVERSIGHT AND ASSURES SUBRECIPIENTS COMPLY WITH THE TERMS OF THEIR GRANTS SUPPORT CHARITABLE ACTIVITIES & FOOD FOR THE NEEDY DURING THE HOLIDAYS IN MOROCCO LINE 3 RUSSIA/INDEPENDENT STATES ASSIST NEEDY JEWS IN THE FSU, INCLUDING FOOD FOR CHILDREN IN EDUCATIONAL INSTITUTES, FOOD PARCELS FOR NEEDY CHILDREN OUTSIDE EDUCATIONAL INSTITUTES, SUPPORT FOR THE NEED THROUGH COMMUNITY RABBIS, MEDICAL ASSISTANCE FOR CHILDREN, CLOTHING FOR NEEDY CHILDREN OUTSIDE EDUCATION INSTITUTES, FOSTERING THE CHILDREN RESIDING IN CHILDREN HOMES WELFARE, SUMMER CAMPS LINE 4 EUROPE PROVIDE MEALS FOR SCHOOL CHILDREN AND TRANSPORTATION IN THE FORMER SOVIET UNION, PROVIDE SECURITY TO JEWISH INSTITUTIONS THAT ARE AT RISK LINE 5 SOUTH AMERICA UNIAO INTERNATIONAL DE CRISTAOS E JUDEUS PROMOTES FELLOWSHIP BETWEEN CHRISTIANS IN BRAZIL AND JEWS IN ISRAEL AND AROUND THE WORLD AND EDUCATE PEOPLE ON CHRISTIANITY'S JEWISH ROOTS, AND ENCOURAGE PRAYER "FOR PEACE OF JERUSALEM" LINE 6 EUROPE PROMOTE AND SUPPORT ALIYAH ACTIVITIES LINE 7 MIDDLE EAST AND NORTH AFRICA PROMOTE AND SUPPORT ALIYAH ACTIVITIES LINE 7 ROMOTE AND SUPPORT ALIYAH ACTIVITIES

Additional Data

Middle East and North Africa

Software ID: Software Version:

EIN: 36-3256096

- - -

Name: International Fellowship of Christians & Jews Inc

42,935,760

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Grantmaking		1,289,000

Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Russia and the Newly 7,230,000 l Grantmakındı Independent States Europe (Including Iceland and Grantmakıng 200,000 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) South America 16.119 l Grantmakına Europe (Including Iceland and Program Services See Schedule F. Part V 64,178 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa See Schedule F. Part V 1.225.712 Program Services South America Program Services See Schedule F, Part V 75,030

orm 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
Russia and the Newly Independent States			Program Services	See Schedule F, Part V	550,598					

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (a) Name of (e) Amount of (d) Purpose of section (c) Region (book, FMV, cash non-cash and EIN(ıf cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) North America See Schedule 1.289.000 WIRE F, Part V Middle East See Schedule 76.785 WIRE land North F, Part V

Africa

(ı) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV. non-cash cash and EIN(If organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Russia and the See Schedule 7,230,000 WIRE Newly IF. Part V Independent States See Schedule 200,000 WIRE Europe

(Including F. Part V

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Iceland and Greenland)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of l(b) IRS code (h) Description (g) Amount of (f) Manner of valuation (d) Purpose of l (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf organization grant cash grant non-cash disbursement appraisal, assistance applicable) assistance other) Middle East See Schedule 42.858.975 WIRE land North IF. Part V Africa 16.119 WIRE South America See Schedule lF. Part V

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SCHEDULE G

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493308022969

2018

OMB No 1545-0047

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

	rtment of the Treasury	So to www.i			990 or Form 990-EZ.	iormation	Inspection
Nam	ne of the organization	P GO to www i	15 gov/101	111990 101	mistractions and the latest mi		dentification number
	rnational Fellowship of stians & Jews Inc					36-3256096	j
Pa	Fundraising Activ	•	_		answered "Yes" on Fo	rm 990, Part IV, line	17.
1	Indicate whether the organiz	ation raised funds thi	rough an	y of the f	ollowing activities Check	all that apply	
а	✓ Mail solicitations			e	Solicitation of non-	government grants	
b	✓ Internet and email solicit	ations		f	Solicitation of gove	ernment grants	
c	✓ Phone solicitations			g	Special fundraising	events	
d	✓ In-person solicitations						
2a	or key employees listed in Fo	orm 990, Part VII) or	entity in	connection	on with professional fundr	aising services?	Yes 🗆 No
b	If "Yes," list the ten highest per to be compensated at least \$			ndraisers)	pursuant to agreements	under which the fundr	aiser is
1 (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
	Bigham Agency Inc 6505 W Park Blvd st 306352 Plano, TX 75093	Dir Mail	Yes	No No	51,909,109	845,6	51,063,50
	One and All 2 N Lake Avenue Suite 600	Dır Mail		No	7,859,463	426,9	7,432,488
	Passadına, CA 91101 NFL Media Group Inc	Dir TV					
	2435 N Central Expressway			No	2,412,163	98,4	2,313,699
	Richardson, TX 75080	TELEMARKET					
	Causeworx Inc 2 McNamara Ct	TELEMARKET		No	2,402,239	1,223,2	1,178,979
	Ajax, Ontario CA LIT 4w6						
	Cannela Response Tele LLC 848 Liberty Dr	DIR TV		No	1,233,098	742,2	490,813
	Burlington, WI 53105 Synergy Direct MKT SOLN 480 W Tuscarawas Ave	Telemarket		No	1,076,855	267,8	08 809,04
	Barberton, OH 44203 Westar Media Group 414-D Pettigru St	Radio		No	778,435	80,7	34 697,70:
	Greenville, SC 29601	D. Mari					
	Winbrook 15 Alexander Rd	Dir Mail		No	758,424	241,4	517,00
	Billerica, MA 01821 Convergys CMG	Telemarket					
	1450 solutions Center Chicago, IL 60677			No	728,152	157,4	570,653
	Infocision Management Corp PO Box 74171	Telemarket		No	585,008	286,4	56 298,55
	Cleveland, OH 44194				,		
-				_	50 000 400	5 050 4	

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

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

licensing

Sche	dule G (Form 990 or 990-EZ) 2018					F	age 3
11	Does the organization conduct gam	ing activities with nonmembe	ers?		☐Yes	□No	
12	Is the organization a grantor, benef formed to administer charitable gar		a member of a partnership or other entity		□Yes	_	
13	Indicate the percentage of gaming	activity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the	person who prepares the org	anization's gaming/special events books and re	ecords			
	Name •						
15a	Address 🟲		nom the organization receives gaming				
	revenue?	· · · · · · · · · · · · · · · · · ·	g		☐Yes	□No	
b	If "Yes," enter the amount of gamin amount of gaming revenue retained		ganization 🕨 \$ and th	ie			
С	If "Yes," enter name and address of	f the third party					
	Name •						
	Address ▶						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation	\$					
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	Is the organization required under stretain the state gaming license?	state law to make charitable o	distributions from the gaming proceeds to		□Yes	Пио	
b			outed to other exempt organizations or spent		□ 163		
	in the organization's own exempt a			, ,	1 ()		
Pai			ations required by Part I, line 2b, columns plicable. Also provide any additional infor				5.
	Return Reference		Explanation				
Sche	dule G, Part I, Line 2B, Column (V)		er This is the amount paid (per the contract) fo donations received or held by fund raisers	r the pro	fessional f	undraisir	ng

DLN: 93493308022969 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number International Fellowship of 36-3256096 Christians & Jews Inc Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

PROCEDURES FOR MONITORING USE OF GRANTS IN THE U.S. ALL GRANTS ARE DISBURSED FOR SPECIFIC PROGRAMS TO ADVANCE OUR CHARITABLE PURPOSE

GRANTS ARE DISBURSED USING A FORMAL AGREEMENT TO CONTRIBUTE WITH SPECIFIC OBJECTIVES AND DELIVERABLES SUCCESS IS DOCUMENTED BY FIELD

Schedule I (Form 990) 2018

VISITS AS WELL AS FORMAL PROGRAMMATIC AND FINANCIAL REPORTS

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

Part IV

Return Reference

SCHEDULE I, PART I, LINE 2

Additional Data

Friends of the Israel Defense

1430 Broadway Suite 1301 New York, NY 10018

Forces

Software ID: **Software Version: EIN:** 36-3256096 Name: International Fellowship of Christians & Jews Inc

13-3156445

Form 990,5chequie 1, Part	11, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash		(f) Method of valuation	

d Domestic Governments.	

Support Israeli Soldiers

and families

n 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments
a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valu

501(C)(3)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				

4,999,950

organization or government		ıf applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Chamah 27 William Street Suite 613 New York, NY 10005	23-7365688	501(c)(3)	1,000,000				Food and medicine for the Elderly / Children

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) The American Jewish Joint 13-1656634 4.802.135 Food and humanitarian Distribution Committee support

711 Third Avenue 10th Floor New York, NY 10017

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9330	8022	969
Sch	nedule J	Co	ompensati	ion Information	OM	IB No	1545-0	0047
(Form 990)			For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.					3
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	<u>v/Form990</u> for	instructions and the latest infor	mation.		to Pul ectio	
Nar	ne of the organiz				Employer identificat			
	rnational Fellowship Istians & Jews Inc	of			36-3256096			
Pa	rt I Questi	ons Regarding Compensa	tion					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payment	s 📙	Health or social club dues or initiati				
	LI Discretion	nary spending account	Ш	Personal services (e g , maid, chau	rreur, cner)			
b		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	a 1a2	2	Yes	
	unectors, truste	ees, officers, including the CLO/L	Aecutive Director	r, regarding the items checked in line	z Ia.			
3	organization's C	CEO/Executive Director Check al	I that apply Don	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	✓ Compens	ation committee		Written employment contract				
	· ·	ent compensation consultant	✓	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment?			4a	Yes	
b		r receive payment from, a suppl		ified retirement plan?		4b	Yes	
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Par	t III			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section contingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related org					5b		No
		5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section on tingent on the net earnings of		the organization pay or accrue any				
а	The organization					6a		No
b	Any related org					6b		No
_		6a or 6b, describe in Part III						
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa		d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redi	uction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	990)	2018

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	(B) Breakdown of W-2 and/or 1099-MISC compensation		and other	(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							
			1				

Schedule J (Form 990) 2018	Page 3				
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				
Return Reference Explanation					
SCHEDULE J, PART I, LINE 1A	BENEFITS PROVIDED TO INDIVIDUALS RABBI YECHIEL ECKSTEIN RECEIVED A TAXABLE TRAVEL BENEFIT OF \$30,046 FOR HIS WIFE THE TRAVEL BENEFIT WAS				

IGROSSED UP

Return Reference	Explanation
, ,	SEVERANCE OR CHANGE-OF-CONTROL PAYMENTS ONE INDIVIDUAL LEFT THE ORGANIZATION DURING 2018 THE SEVERANCE PAYMENT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) HOWEVER, DUE TO A CONFIDENTIALITY AGREEMENT, NEITHER THE NAME NOR THE AMOUNT WILL BE LISTED

Return Reference	Explanation
, ,	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN 2005, AFTER 22 YEARS OF EMPLOYMENT, THE FELLOWSHIP'S BOARD OF DIRECTORS ESTABLISHED A RETIREMENT PLAN (NON-QUALIFIED DEFERRED-COMPENSATION PLAN) FOR ITS PRESIDENT, RABBI YECHIEL ECKSTEIN DURING 2018, THE FELLOWSHIP ACCRUED \$74,928 TOWARD THIS PLAN THE PLAN IS UNVESTED AND HAS NOT BEEN PAID, AND WILL ONLY BE PAID IF RABBI ECKSTEIN CONTINUES HIS LEADERSHIP OF THE FELLOWSHIP THROUGH DECEMBER 31, 2021

Return Reference	Explanation
· · · · II	NON-FIXED PAYMENTS TWO INDIVIDUALS REPORTED ON SCHEDULE, J, PART II RECEIVED A NON-FIXED BONUS ONE INDIVIDUAL RECEIVED A BONUS THAT WAS INTENDED TO OFFSET EXPENSES RELATED TO A SPLIT DOLLAR LIFE INSURANCE POLICY THE SECOND INDIVIDUAL RECEIVED A HOLIDAY AND ANNIVERSARY GIFT

SCH

(A) Name and Title

Rabbi Yechiel Eckstein

Global Chief Operating

Yael Eckstein - Farkas

Vice President - Thru 12/2018

Executive Vice President

George Mamo

Officer

Jeff Kaye

Irving Geffen

Controller

Former Highest Compensated

Laurel Simkovich

Christine Allen

Major Gift Officer

Katherine Rovani

Kristin Henning

Robin Van Etten

VP of Integrated Fundraising

Dan Friedman

Damon Card

12/18

Dir of Analytics - thru

VP of Information Services

Director of Operations

Dir of Financial Operations

President, CEO & Founder

Additional Data

(1)

(II) (1)

(II)

(II)

(i)

(II)

(1)

(II)

(ı)

(II)

(1)

(II)

(ı)

(II)

(1)

(11)

(II)

(i) Base Compensation

590,201

334,510

329,812

122,789

122,789

138,410

139,356

139,814

130,505

249,363

117,275

155,627

Software ID: Software Version:

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

16,100

11,050

278

139

139

250

650

350

650

150

250

700

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

EIN: 36-3256096

Name: International Fellowship of Christians & Jews Inc.

Other reportable

compensation

104,117

10,550

82,946

32,266

32,266

6,094

2,042

864

1,444

31,625

6,335

1,561

200,000

(C) Retirement and

other deferred

compensation

140,342

67,374

48,789

19,462

19,462

20,788

13,975

21,010

19,653

12,273

6,140

23,421

(D) Nontaxable

benefits

24,479

23,973

34,722

14,196

14,196

27,652

28,270

10,881

19,200

37,811

31,937

19,451

(E) Total of columns

(B)(i)-(D)

875,239

447,457

496,547

188,852

188,852

200,000

193,194

184,293

172,919

171,452

331,222

161,937

200,760

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

	c print - DO N	OT PROCES	5 AS	Filed Data -					DL	N: 93	4933	080	22903
chedule L Form 990 or 990	l-EZ) ► Comple	te if the org	anization	ons with Ir	on Form 9	90, Part IV, li	nes 2	5a, 2	5b, 26	s,	4B No		
		27, 28a,		28c, or Form 99 ach to Form 990			ю.				2(11	8
		⊳ Go t		rs.gov/Form990			۱.						
epartment of the Treaternal Revenue Serv	I									•)pen Tnsi	to Pu Jecti	
Name of the org	anization						En	nploy	er ide	ntifica			
International Fellov Christians & Jews I							36	-325	5096				
Part I Exce	ss Benefit Trai	nsactions (section 50)1(c)(3), section 5	501(c)(4), and	501(c)(29) or							
Comp	lete if the organiza	ition answere	d "Yes" or	Form 990, Part :	IV, line 25a or	25b, or Form	990-E	Z, Pa	rt V, Iır				
1 (a) Name of disquali	fied person	(1	Relationship be	tween disqual organization	lified person an	ıd (escript ansacti			es Cor	ected?
					, gamzacion						 	es	No
							+				\perp		
							+				+		
Cor rep (a) Name of	ans to and/or I nplete if the organ orted an amount o (b) Relationship with organization	ization answe n Form 990, (c) Purpose	red "Yes" Part X, lin (d) Loa	on Form 990-EZ, e 5, 6, or 22	(e)Original principal amount	8a, or Form 99 (f) Balance due	0, Par (g) defa	In			(i)Written agreement?		
			10				V	NI-			V		NI
				110111			Yes	No	Yes	No	Yes		No
				7.10111			Yes	No			Yes		No
				11011			Yes	No			Yes		No
							Yes	No			Yes		No
							Yes	No			Yes		No
otal					\$		Yes	No			Yes		No
					·		Yes	No			Yes		No
Part IIII Gra	ints or Assistan		_	erested Person	ns.	line 27	Yes	No			Yes		No
Part III Gra	nplete if the organisms (b	anızatıon an) Relatıonshıp erested perso	swered ' betweer on and the	erested Person 'Yes" on Form 9 (c) Amount of	ns. 990, Part IV,	line 27. (d) Type o			Yes				
Part III Gra Con	nplete if the organisms (b	anızatıon an) Relatıonshır	swered ' betweer on and the	erested Person 'Yes" on Form 9 (c) Amount of	ns. 990, Part IV,	1			Yes	No			
Part III Gra Con	nplete if the organisms (b	anızatıon an) Relatıonshıp erested perso	swered ' betweer on and the	erested Person 'Yes" on Form 9 (c) Amount of	ns. 990, Part IV,	1			Yes	No			
Part III Gra Con	nplete if the organisms (b	anızatıon an) Relatıonshıp erested perso	swered ' betweer on and the	erested Person 'Yes" on Form 9 (c) Amount of	ns. 990, Part IV,	1			Yes	No			
	nplete if the organisms (b	anızatıon an) Relatıonshıp erested perso	swered ' betweer on and the	erested Person 'Yes" on Form 9 (c) Amount of	ns. 990, Part IV,	1			Yes	No			

(c) Amount of

(d) Description of transaction

(b) Relationship

(a) Name of interested person

· ·	between interested person and the organization	transaction		organız reven	
				Yes	No
(1) Amıchaı Farkas	Employee, President	24,806	Wages & Other Benefits		No
(2) Talia Eckstein - Pollack	Employee, President	111,753	Wages & Other Benefits		No
(3) Yael Eckstein-Farkas	Employee, President	496,547	Wages & Other Benefits		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference **Explanation**

SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS THE ABOVE BUSINESS TRANSACTIONS INVOLVING AN INTERESTED PERSON ARE PROVIDED TO THE FELLOWSHIP AT OR BELOW FAIR VALUE AND

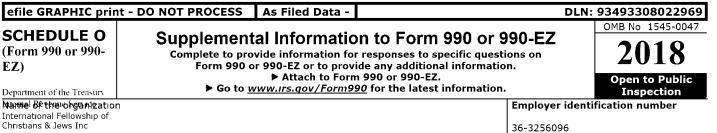
ARE IN THE NORMAL COURSE OF BUSINESS ALL DECISIONS TO ENTER INTO THIS TRANSACTION WERE

REVIEWED IN ACCORDANCE WITH OUR CONFLICT OF INTEREST POLICY AND THE INTERESTED PERSON WAS EXCLUDED FROM THE DECISION MAKING PROCESS

(e) Sharing

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349330	8022	969
	EDULE M			loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)		ľ	ionicasii Contin	butions		20	10	
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	10	
		► Attach to Form							
•	iment of the Treasury al Revenue Service	▶Go to <u>www.irs.q</u>	ov/Form9	90 for the latest informat	ion.		Open to		
	of the organizat ational Fellowship of					Employer identif	ication n	umbe	r
	ational reliowship of lans & Jews Inc					36-3256096			
Pa	rt I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method o noncash con	(d) of determine tribution a		ts
1	Art—Works of art				1g				
2	Art—Historical tre								
3	Art—Fractional in								
4	Books and public	ations							
5	Clothing and hou	sehold							
_	_								
6 7	Cars and other versions and planes								
8	Intellectual prope								
9	Securities—Public		X	40,146	1.902.987	SELLING PRICE			
10	Securities—Close		X	200,000		Prospectus			
11	Securities—Partr or trust interest				·				
12	Securities—Misce	ellaneous							
13	Qualified conserve contribution—Hi structures	storic							
	Qualified conserve contribution—Of	ther							
	Real estate—Res								
16	Real estate—Con								
17 18	Real estate—Oth Collectibles .								
19	Food inventory								
20	Drugs and medic								
21	Taxidermy								
22	Historical artifact	ts							
23	Scientific specim	ens							
	Archeological art								
	Other ▶ (
	Other ▶ (
27	Other ► (•							
	Other • (ho organica	ation during the tax year for	contributions	+ + + + + + + + + + + + + + + + + + + +			
29		,	_	ition during the tax year for B, Part IV, Donee Acknowled		29			
	_	·						Yes	No
30a				contribution any property r					
				e of the initial contribution, a		be used for exemp	ot 30a		No
b	If "Yes," describ	e the arrangement (n Part II				300		
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	of any nonstandard contri	butions?	31	Yes	Щ.
32a		zation hire or use th		or related organizations to so	olicit, process, or sell nonca	sh · · ·	32a		No_
b	If "Yes," describ	e ın Part II							
33	If the organizati	·	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
		nn Act Notice, see the	Inctruction	us for Form 990	Cat No. 512271	Cahad	le M (Form	000)	(2018)

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation SCHEDULE M, PART I, COLUMN (B) THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED. Schedule M (Form 990) (2018)



990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	NEW SIGNIFICANT PROGRAM SERVICE BLESS THE PERSECUTED - BROUGHT CARE AND AID TO CHRISTIANS AND OTHER MINORITIES IN THE MIDDLE EAST WHO HAVE BEEN VICTIMS OF TERROR AND OTHER FORMS OF RELIGIOUS PERSECUTION THE FELLOWSHIP ASSISTED 3,960 PEOPLE BY PROVIDING THEM WITH FINANC IAL AND MEDICAL AID, PSYCHOLOGICAL COUNSELING AND PROGRAMS FOR FAMILIES AND CHILDREN FORM 990, PART III, LINE 3 Program Service Changes My Israel Tour was discontinued in 2017. The program was designed to provide tour focused on bringing a small group to Israel to furt her their appreciation of Israel and its religious significance, as well as to further the ir connection to the fellowship by bringing them to some of the projects that we fund. FOR M 990, PART III, LINES 4A - 4D PROGRAM ACCOMPLISHMENTS IN 2018, THE FELLOWSHIP ASSISTED A TOTAL OF 1,586,125 PEOPLE IN NEED THROUGH PROJECTS THAT PROVIDE SECURITY, HELP ALLEVIATE P OVERTY, AND SUPPORT ALIYAH (IMMIGRATION TO ISRAEL.) THIS INCLUDES SUPPLYING BASIC AID IN THE FORM OF FOOD, MEDICATION, HOME VISITS, HELP WITH WINTER HEATING, AND MORE TO 103,150 EL DERLY AND HOLOCAUST SURVIVORS IN ISRAEL, EMERGENCY FUNDS, FOOD ASSISTANCE, AND OTHER SUPPORT TO 104,352 PEOPLE LIVING IN IMPOVERISHED FAMILIES, SUPPORTING 4,281 ISRAELIS LIVING OUT SIDE POPULATION CENTERS, FUNDING MEALS, SHELTERS AND BOARDING SCHOOLS, AND ORPHANAGES AND SUMMER CAMPS FOR 43,217 CHILDREN AND YOUTH AT RISK IN ISRAEL, ASSISTING 63,559 ISRAELIS LIVING OUT RICE AND PROVIDING FOOD CARDS, ACADEMIC SCHOLARSHIPS, PRE-MILITARY TR AINING, AND OTHER AID TO 108,079 MEMBERS OF ISRAEL'S ARAB, CHRISTIAN, BEDOUIN, AND DRUZE M INORITIES OUR SECURITY PROGRAMS BENEFITED 143,758 NEEDY ISRAELIS SICLIDERS WITH EMERGENCY F UNDS, VOUCHERS FOR THE PURCHASE OF NECESSITIES, AND OTHER AID, AND BENEFITED 77,118 NEEDY PEOPLE THROUGH PROGRAMS THAT PROVIDE REHABILITATION TO WOUNDED SOLDIERS, HELP FORTIFY AND EQUIP HOSPITALS TARGETED BY TERRORIST ATTACKS, AND MORE THE FELLOWSHIP PROVIDED ALIYAH (I MMIGRATION). PELLATED ASSISTANCE OF NECESSITIES, AND OTHER MIDDLE ASC

Return

Reference	
FORM 990,	HIP - THROUGH PROGRAMS OF CARE AND COMPASSION, THE FELLOWSHIP FULFILLS ITS MISSION OF ASSI STING
PART III,	POOR AND NEEDY JEWS IN ISRAEL AND AROUND THE WORLD INFORMATION ON THE CURRENT PROJE CTS
LINE 2	SUPPORTED BY FELLOWSHIP DONATIONS ARE OUTLINED ON OUR WEBSITE THESE INCLUDE EDUCATION AND
	ADVOCACY PROJECTS CREATING GLOBAL OUTREACH STAND FOR ISRAEL - HELPS INFORM, EQUIP, A ND MOBILIZE
	NDIVIDUALS AND CHURCHES TO SUPPORT THE STATE OF ISRAEL THROUGH PRAYER AND GRA SSROOTS
	ADVOCACY FORM 990, PART VI, SECTION A, LINE 2 FAMILY OR BUSINESS RELATIONSHIPS RA BBI YECHIEL ECKSTEIN
	AND YAEL ECKSTEIN - FARKAS HAVE A FAMILY RELATIONSHIP ED FRANKEL AND KEITH FRANKEL HAVE A FAMILY
	RELATIONSHIP FAMILY OR BUSINESS RELATIONSHIPS

Return

Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE ACCOUNTING FIRM FORWARDS A DRAFT OF THE COMPLETED FORM 990 TO THE CONTROLLER WHO DOES A COMPREHENSIVE REVIEW OF THE RETURN THE CHIEF OPERATING OFFICER THEN REVIEWS THE FORM ONCE THE FELLOWSHIP'S EXECUTIVE MANAGEMENT IS SATISFIED THAT THE RETURN IS CORRECT, IT IS SENT (VIA PDF FILE) TO MEMBERS OF THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL ANY ISSUES OF CONCERN ARE DISCUSSED IN THE AUDIT COMMITTEE MEETING WITH THE ACCOUNTING FIRM WHEN THE AUDIT COMMITTEE APPROVES THE RETURN, IT IS SENT TO THE BOARD OF DIRECTORS (VIA PDF FILE) FOR REVIEW AND APPROVAL AFTER APPROVAL BY THE BOARD, THE TREASURER SIGNS THE NECESSARY DOCUMENTS AND FILES THE RETURNS WITH THE APPROPRIATE TAX AUTHORITIES

Return

Pafaranca

Reference	
FORM 990,	MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY THE FELLOWSHIP'S CONFLICT OF INTEREST
PART VI,	POLICY IS PRESENTED TO THE BOARD OF DIRECTORS ANNUALLY AND SIGNED IT IS REVIEWED TO ENSURE IT WAS
SECTION B,	COMPLETE IN FORM AND COMPLIES WITH ANY NEW IRS REGULATIONS THE CHIEF OPERATING OFFICER FOLLOWS
LINE 12C	UP TO MAKE SURE ALL CURRENT BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES RETURNED THE SIGNED
	COPY THE CONTROLLER AND CHIEF OPERATING OFFICER TRACK ALL VENDOR RELATIONSHIPS TO MONITOR NEW
	VENDOR ADDITIONS AND ON-GOING COMPLIANCE AS WELL AS FOLLOWING UP ON ANY STATED CONFLICTS LISTED.

BY DIRECTORS THERE ARE NO CONFLICTS OF INTEREST AT THIS TIME

Return Explanation

PROCESS FOR DETERMINING COMPENSATION THE FELLOWSHIP USES AN INDEPENDENT THIRD PARTY
CONSULTANT TO CONDUCT A COMPREHENSIVE COMPENSATION REVIEW CONSISTENT WITH SECTION 4958 OF THE
SECTION B,
IRC COMPENSATION DECISIONS ARE APPROVED IN ADVANCE BY INDEPENDENT MEMBERS OF THE BOARD WHO

RELY UPON COMPARABLE THIRD PARTY DATA COMPILED BY THE CONSULTANT A FULL COMPENSATION REVIEW IS
COMPLETED FOR THE PRESIDENT AND OTHER DISQUALIFIED PERSONS CONTEMPORANEOUS SUBSTANTIATION OF
DELIBERATION AND DECISION IS MAINTAINED THROUGHOUT THE PROCESS

SET FORTH IN IRC SECTION 6104(D)

Return

Reference	'
FORM 990,	DOCUMENTS MADE AVAILABLE TO THE PUBLIC THE FELLOWSHIP MAKES AVAILABLE TO THE PUBLIC, THROUGH THE
PART VI,	ORGANIZATION'S WEBSITE, THE AUDITED FINANCIAL STATEMENTS FOR THE CURRENT YEAR OTHER GOVERNING
SECTION C,	DOCUMENTS NOT POSTED ON THE FELLOWSHIP WEBSITE, INCLUDING THE CONFLICT OF INTEREST AND OTHER
LINE 19	POLICY DOCUMENTS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2018

DLN: 93493308022969OMB No 1545-0047

Open to Public Inspection

Employer identification number

nternational Fellowship of Christians & Jews Inc				36-3256096			
Part I Identification of Disregarded Entities Complete of	the organization answ	(c)	(d)	(e)	(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity		tate Total income	End-of-year assets	(f) Direct controlling entity	1	
(1) Foundation Korea IFCJ Namgang Business Center Mugyo-Ro 1 JungGu Seoul, Republic of Korea KS 98-1204495	Fellowship	KS	238,852	454,414	IFCJ		-
							-
							-
							-
							-
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete if the org	anızatıon answered	"Yes" on Form 990	, Part IV, line 34 l	Decause it had one or	more	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) coi enti	512(b ntrolle
(1)IFCJ Foundation	Support Org	IL	501(c)(3)	12-I	IFCJ	Yes Yes	No
30 N LaSalle Street Suite 4300 Chicago, IL 60602							
20-2231168 (2)Hakeren L'Yedidut 10 Yad Harutzim St Jerusalem 9342148 IS	See Part VII	IS	N/A		IFCJ	Yes	
(3)Uniao International de Cristaos E Judeus Rua Doutor Brasilio Machado 415 Sao Paulo 01230-010 BR	See Part VII	BR	N/A		IFCJ	Yes	
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 5013	35Y		Schedule R (Form	990) 20	18

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded fron tax under sections 512- 514)	total income		(I Disprop alloca		(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging mer?	(k Percer owner	ntag
					314)			Yes	No		Yes	No		
														_
Identification of Related Organiza because it had one or more related o	ations Taxable as a C	Corporation s a corporation	or Trus	t Complete st during th	ıf the organ ne tax year.	ızatıon ansı	wered "Yes	" on Fo	orm 9!	90, Part IV	, line	34		
Identification of Related Organization because it had one or more related of Name, address, and EIN of related organization	ations Taxable as a C rganizations treated as (b) Primary activity	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e)	wered "Yes (f) Share of total Income	Share	(g) of end- year assets	-of- Perce	, line h) entage	s (:	(i) ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	tro y?

Schedule R (Form 990) 2018		Pa	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	. 1c	:	No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g	\top	No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	_	No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	a	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	1 Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1 r	Yes	
s Other transfer of cash or property from related organization(s)	. 1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) (b) (c)	(d)		

k Lease of facilities, equipment, or other assets from related organization(s)				IK NO
l Performance of services or membership or fundraising solicitations for related organization(s) \ldots				1l No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Yes
o Sharing of paid employees with related organization(s)				1o Yes
p Reimbursement paid to related organization(s) for expenses				1p Yes
q Reimbursement paid by related organization(s) for expenses				1q No
r Other transfer of cash or property to related organization(s)				1r Yes
${f s}$ Other transfer of cash or property from related organization(s)				1s No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	, including covered r	elationships and tra	nsaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount involved
(1)Hakeren L'Yedıdut	В	42,858,975	Book Value	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Disproprtionate		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
													_		
													_		
	•								•	Schedul	e R (Form	1 99	0) 2018		

Schedule R (Form 990) 2018 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation SCHEDULE R, PART I, COLUMN A ADDRESS OF DISREGARDED ENTITY FOUNDATION KOREA INTERNATIONAL FELLOWSHIP OF CHRISTIANS AND JEWS #1407, NAMGANG BUSINESS CENTER, MUGYO-RO 15, JUNG-GU SEOUL, REPUBLIC OF KOREA, SOUTH KOREA

Return Reference	Explanation
COLUMN B	PRIMARY ACTIVITY OF RELATED TAX-EXEMPT ORGANIZATION LINE 2 - HAKEREN L'YEDIDUT MAKES FUNDING RECOMMENDATIONS AND PROVIDES PROJECT SUPERVISION LINE 3 - UNIAO INTERNATIONAL DE CRISTAOS E JUDEUS PROMOTION OF HUMAN RIGHTS, DEFENSE OF HUMANITARIAN CAUSES, IN PARTICULAR, ASSISTING JEWS IN NEED AROUND THE WORLD, AND THE PROMOTION OF SOCIAL ASSISTANCE AND EDUCATION

Schedule R (Form 990) 2018