

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS INC. Doing business as: IFCJ THE FELLOWSHIP. Address: 303 E WACKER 2300, CHICAGO, IL 60601.

D Employer identification number: 36-3256096. E Telephone number: (312) 641-7200. G Gross receipts \$ 256,141,176.

F Name and address of principal officer: JR DUPELL, 303 E WACKER 2300, CHICAGO, IL 60601.

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number.

I Tax-exempt status: 501(c)(3)

J Website: WWW.IFCJ.ORG

K Form of organization: Corporation

L Year of formation: 1983. M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission... 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-19: Contributions, program service revenue, investment income, other revenue, total revenue, grants paid, benefits paid, salaries, fundraising fees, other expenses, total expenses, revenue less expenses.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer: ROBIN VAN ETTEN GLOBAL COO. Date: 2023-11-09.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROMOTE UNDERSTANDING AND COOPERATION BETWEEN JEWS AND CHRISTIANS THROUGH SUPPORT OF ISRAEL AND THE JEWISH PEOPLE AROUND THE WORLD WITH HUMANITARIAN CARE AND LIFE-SAVING AID.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 107,522,553 including grants of \$ 102,328,443 ) (Revenue \$ ) MEETING THE NEEDS OF ISRAEL'S POOREST CITIZENS REMAINS A HIGH PRIORITY FOR THE FELLOWSHIP. THROUGH ITS GUARDIANS OF ISRAEL PROGRAM, THE FELLOWSHIP ASSISTS MILLIONS OF IMPOVERISHED PEOPLE IN ISRAEL WITH BASIC NEEDS AS THEY STRUGGLE TO OVERCOME EXTREME ECONOMIC HARDSHIP, FIND JOBS AND PROVIDE FOR THEIR FAMILIES. THE FELLOWSHIP FOCUSES HEAVILY ON THE ELDERLY POPULATION. THE DIGNITY IN FELLOWSHIP PROGRAM REACHES NEARLY HALF OF THE ELDERLY EIGHTY YEARS OR OLDER LIVING IN POVERTY IN ISRAEL, AND GUARANTEES THEIR FOOD SECURITY FOR THE REST OF THEIR LIVES. THE FELLOWSHIP IS ACTIVELY INVOLVED IN CITIES THROUGHOUT ISRAEL PROVIDING FOOD, CLOTHING, SHELTER, MEDICAL CARE, EMERGENCY FUNDS AND OTHER RESOURCES TO THOSE IN DESPERATE NEED, INCLUDING FAMILIES AND CHILDREN. WITH MORE THAN 21% OF ISRAEL'S TOTAL POPULATION LIVING (SEE SCHEDULE O) BELOW THE POVERTY LINE, AND THE ISRAELI GOVERNMENT UNABLE TO FULLY PROVIDE FOR MANY OF ITS POOREST CITIZENS, THIS ASSISTANCE IS ABSOLUTELY ESSENTIAL. THROUGH GUARDIANS OF ISRAEL, IN 2022 PROVIDED ASSISTANCE TO MORE THAN 849,000 ISRAELIS LIVING IN POVERTY.

4b (Code: ) (Expenses \$ 40,341,404 including grants of \$ 29,299,633 ) (Revenue \$ ) ISAIAH 58: THROUGHOUT THE FORMER SOVIET UNION, TENS OF THOUSANDS OF ELDERLY JEWS, ORPHANS AND OTHER DESPERATELY POOR PEOPLE STRUGGLE TO SURVIVE. SURVIVORS OF BOTH THE HOLOCAUST AND YEARS OF COMMUNIST RULE TODAY STILL BATTLE HUNGER, ILLNESS AND BRUTAL COLD. IN WAR-TORN UKRAINE, THE PROBLEM IS COMPOUNDED BY THE ONGOING FIGHTING. MANY INNOCENT CIVILIANS HAVE BEEN DISPLACED AND HAVE LOST EVERYTHING THEY HAD. WORKING WITH PARTNER ORGANIZATIONS AND LOCAL JEWISH COMMUNITIES, THE FELLOWSHIP'S ISAIAH 58 PROGRAM PROVIDES THESE SUFFERING PEOPLE WITH ESSENTIALS LIKE HEATING FUEL, FOOD, MEDICINE, SHELTER AND COMPANIONSHIP, AND HELPS IMPROVE THEIR LIVING CONDITIONS. ISAIAH 58 ALSO RESCUES ORPHANED AND ABANDONED JEWISH CHILDREN FROM THE STREETS AND PROVIDES THEM WITH HOMES WHERE THEY RECEIVE (SEE SCHEDULE O) THE SUPPORT AND LOVE THEY NEED TO SUCCEED. IN 2022 PROVIDED SUPPORT FOR 191,000 NEEDY JEWS IN THE FORMER SOVIET UNION (FSU) AND OTHER LOCATIONS AROUND THE WORLD.

4c (Code: ) (Expenses \$ 20,228,359 including grants of \$ 375,000 ) (Revenue \$ ) FELLOWSHIP: THROUGH OUR PROGRAMS OF BRIDGE BUILDING BETWEEN CHRISTIANS AND JEWS, THE FELLOWSHIP'S MINISTRY PROVIDES EDUCATION RESOURCES TO CHRISTIANS TO LEARN ABOUT THE JEWISH ROOTS OF THEIR CHRISTIAN FAITH, AS WELL AS THE HISTORY OF ISRAEL AND HER PEOPLE. THE FELLOWSHIP PROVIDES PRAYER SUPPORT TO OUR DONORS THROUGH PRAYER CALLS WITH THOUSANDS OF SUPPORTERS, REQUESTS FOR PRAYERS TO BE SENT TO THE WESTERN WALL, AND A DEDICATE STAFF THAT PRAY WITH OUR DONORS DAILY. THE FELLOWSHIP CONTINUES TO ENGAGE BOTH CHRISTIAN AND JEWS LEADERS IN INTERFAITH DIALOG, CONTINUING TO STRENGTHEN THE BRIDGE OF UNDERSTANDING AND RESPECT.

(Code: ) (Expenses \$ 3,657,425 including grants of \$ 634,447 ) (Revenue \$ ) ON WINGS OF EAGLES: EXPENSES: \$3,132,440 GRANTS: \$632,155 THE FELLOWSHIP ASSISTS NEEDY JEWS IN MAKING ALIYAH (IMMIGRATING) FROM 30 COUNTRIES IN THE FORMER SOVIET UNION, SOUTH AMERICA, EUROPE, AND ELSEWHERE TO ESCAPE RISING ANTI-SEMITISM, VIOLENT CONFLICT AND EXTREME POVERTY, AND TO REALIZE THE DREAM OF LIVING IN THEIR HISTORIC HOMELAND. WHEN THEY ARRIVE IN ISRAEL, ON WINGS OF EAGLES PROVIDES THEM WITH KLITAH (RESETTLEMENT) ASSISTANCE IN THE FORM OF TEMPORARY HOUSING, JOB TRAINING AND FINANCIAL ASSISTANCE, TO HELP THEM BECOME FULL, PRODUCTIVE CITIZENS OF THEIR NEW HOME. IN 2022 PROVIDED ASSISTANCE TO MORE THAN 9,000 PEOPLE IN MAKING ALIYAH AND SUPPORTING THEIR ABSORPTION INTO ISRAEL. BLESS THE PERSECUTED: EXPENSES: \$138,705 GRANTS: \$2,292 THE FELLOWSHIP'S BLESS THE PERSECUTED INITIATIVE BRINGS CARE AND AID TO CHRISTIANS AND OTHER MINORITIES IN THE MIDDLE EAST WHO HAVE BEEN TARGETED BY RADICAL ISLAMIST TERRORISM. THE FELLOWSHIP HELPS THESE OPPRESSED PEOPLE BY PROVIDING THEM WITH FINANCIAL AND MEDICAL AID, AND PROGRAMS FOR FAMILIES AND CHILDREN WHO HAVE BEEN VICTIMS OF TERROR AND OTHER FORMS OF RELIGIOUS PERSECUTION. THE FELLOWSHIP ASSISTED 37,800 PEOPLE BY PROVIDING THEM WITH FOOD, MEDICINE, AND MEDICAL AID. STAND FOR ISRAEL: EXPENSES: \$386,280 THROUGH THE STAND FOR ISRAEL SOCIAL MEDIA PRESENCE, STAND FOR ISRAEL KEEPS PEOPLE INFORMED ABOUT EVENTS AFFECTING ISRAEL, THE MIDDLE EAST AND THE U.S.-ISRAEL RELATIONSHIP, AND TRAINS THEM TO BECOME INFORMED, ENGAGED SUPPORTERS OF ISRAEL AND THE JEWISH PEOPLE. THE GOALS OF STAND FOR ISRAEL ARE TO: EDUCATE THE CHRISTIAN COMMUNITY ON THE BIBLICAL, POLITICAL AND STRATEGIC IMPORTANCE OF ISRAEL; STRENGTHEN THE TIES BETWEEN ISRAEL AND THE UNITED STATES, PARTICULARLY IN THE U.S. EVANGELICAL CHRISTIAN COMMUNITY; COORDINATE THE EFFORTS OF PRO-ISRAEL CHRISTIANS IN THE UNITED STATES TO GIVE TANGIBLE EXPRESSION TO CHRISTIAN SOLIDARITY WITH ISRAEL.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,657,425 including grants of \$ 634,447 ) (Revenue \$ )

4e Total program service expenses 171,749,741

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 14a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Main form area containing questions 2a through 17, including sub-questions a-e for various sections, and input fields for amounts and dates.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint... 7b Are any governance decisions reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year... 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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?

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) BISHOP PAUL LANIER CHAIRMAN	1.00 0.50	X		X				0	0	0
(2) JR DUPELL SECRETARY & TREASURER	5.00 0.00	X		X				0	0	0
(3) KEITH FRANKEL DIRECTOR (THRU 12/22)	1.00 0.00	X						0	0	0
(4) DAVID CLARK DIRECTOR	1.00 0.00	X						0	0	0
(5) STEVEN HEFTER DIRECTOR	1.00 0.00	X						0	0	0
(6) JOHNNIE MOORE DIRECTOR	1.00 0.00	X						0	0	0
(7) SUZANNE PEYSER DIRECTOR	1.00 0.00	X						0	0	0
(8) JACOB SCHIMMEL DIRECTOR	1.00 0.00	X						0	0	0
(9) Yael ECKSTEIN-FARKAS PRESIDENT & CEO	40.00 0.50			X				665,567	0	131,980
(10) ROBIN VAN ETTEN GLOBAL CHIEF OPERATING OFFICER	40.00 0.50			X				332,845	0	105,757
(11) LAUREL SIMKOVICH VP OF FINANCE	40.00 0.00			X				252,329	0	72,705
(12) ERIC FRANS VP OF PHILANTHROPY	40.00 0.00			X				276,250	0	0
(13) LUCAS PUZAN CHIEF INFORMATION OFFICER (BEG 01/22)	40.00 0.00			X				209,506	0	48,244
(14) GERALDINE TOLBERT ASSOC. VP OF HR (THRU 02/22)	40.00 0.00				X			167,311	0	15,203
(15) KRISTIN HENNING SENIOR DIRECTOR OF FINANCE	40.00 0.00					X		159,947	0	51,934
(16) ERICA PRESCOTT SR DR INTEGR FR & DONOR RETENTION	40.00 0.00					X		146,045	0	58,276
(17) TEWAHEDO SEYOUM DIRECTOR OF INFORMATION SERVICES	40.00 0.00					X		160,882	0	39,533



**Part VIII Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
<b>1a</b> Federated campaigns . . . . .			38,113	
<b>b</b> Membership dues . . . . .				
<b>c</b> Fundraising events . . . . .				
<b>d</b> Related organizations . . . . .				
<b>e</b> Government grants (contributions) . . . . .				
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .			228,362,189	
<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .			591,197	
<b>h Total.</b> Add lines 1a-1f . . . . .				228,400,302

Program Service Revenue		Business Code			
<b>2a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other program service revenue . . . . .				
<b>g Total.</b>	Add lines 2a-2f. . . . .				

<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,226,367			1,226,367
<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b>	Royalties . . . . .					
<b>6a</b>	Gross rents . . . . .	(i) Real		(ii) Personal		
<b>b</b>	Less: rental expenses . . . . .					
<b>c</b>	Rental income or (loss) . . . . .					
<b>d</b>	Net rental income or (loss) . . . . .					
<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	26,205,624	(ii) Other		
<b>b</b>	Less: cost or other basis and sales expenses . . . . .		28,508,160			
<b>c</b>	Gain or (loss) . . . . .		-2,302,536			
<b>d</b>	Net gain or (loss) . . . . .		-2,302,536			-2,302,536
<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
<b>b</b>	Less: direct expenses . . . . .					
<b>c</b>	Net income or (loss) from fundraising events . . . . .					
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
<b>b</b>	Less: direct expenses . . . . .					
<b>c</b>	Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		14,712			
<b>b</b>	Less: cost of goods sold . . . . .		26,595			
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		-11,883		-11,883	

Other Revenue		Business Code				
<b>11a</b>	TOURS AND CONFERENCES	900099	294,171			294,171
<b>b</b>						
<b>c</b>						
<b>d</b>	All other revenue . . . . .					
<b>e Total.</b>	Add lines 11a-11d . . . . .		294,171			
<b>12 Total revenue.</b>	See instructions . . . . .		227,606,421	-11,883	0	-781,998

OtherRevenueMiscAmt

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	38,418,425	38,418,425		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	94,219,098	94,219,098		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,417,837	498,605	1,281,727	637,505
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	9,672,165	2,013,010	5,079,751	2,579,404
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	706,321	152,009	355,445	198,867
<b>9</b> Other employee benefits	2,296,588	387,470	1,452,668	456,450
<b>10</b> Payroll taxes	860,339	181,503	442,712	236,124
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	2,356,288	365,876	1,894,181	96,231
<b>b</b> Legal	191,341		190,637	704
<b>c</b> Accounting	157,878	4,606	153,272	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	7,079,959			7,079,959
<b>f</b> Investment management fees	286,656		286,656	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion	13,625,113	9,864,417	858,051	2,902,645
<b>13</b> Office expenses	3,788,237	283,529	3,499,837	4,871
<b>14</b> Information technology	1,726,375	210,782	1,514,113	1,480
<b>15</b> Royalties				
<b>16</b> Occupancy	796,876	58,868	679,691	58,317
<b>17</b> Travel	836,254	206,956	514,005	115,293
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	411,125	41	411,023	61
<b>23</b> Insurance	181,203		181,203	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PRINTING	27,709,163	9,503,230	5,241,413	12,964,520
<b>b</b> TV AND RADIO AIRTIME	19,070,519	13,262,774	240,678	5,567,067
<b>c</b> PROGRAM IMPLEMENTATION	1,649,346	1,649,346		
<b>d</b> TELEMARKETING	615,603	469,196	146,055	352
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	229,072,709	171,749,741	24,423,118	32,899,850
<b>26</b> 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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	71,586,744	32,588,158	8,180,140	30,818,446

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	500	<b>1</b>	500
	<b>2</b> Savings and temporary cash investments	43,856,898	<b>2</b>	26,386,711
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	2,117,827	<b>4</b>	838,098
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	119,846	<b>5</b>	71,846
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	310,624	<b>8</b>	593,777
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,012,526	<b>9</b>	2,486,710
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,231,347		
	<b>b</b> Less: accumulated depreciation	671,981		
	<b>11</b> Investments—publicly traded securities . . . . .	1,506,610	<b>10c</b>	5,559,366
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	70,619,857	<b>11</b>	75,306,409
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	4,316,127	<b>12</b>	4,707,307
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11	0	<b>14</b>	
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	124,860,815	<b>15</b>	5,816,144	
		<b>16</b>	121,766,868	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,890,817	<b>17</b>	5,553,305
	<b>18</b> Grants payable . . . . .	4,940,646	<b>18</b>	4,245,255
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	5,904,099	<b>25</b>	16,110,455
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	18,735,562	<b>26</b>	25,909,015
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	76,796,261	<b>27</b>	51,129,474
	<b>28</b> Net assets with donor restrictions	29,328,992	<b>28</b>	44,728,379
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	106,125,253	<b>32</b>	95,857,853
	<b>33</b> Total liabilities and net assets/fund balances	124,860,815	<b>33</b>	121,766,868

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	227,606,421
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	229,072,709
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,466,288
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	106,125,253
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-9,246,026
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	444,914
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	95,857,853

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
<b>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**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Employer identification number**  
36-3256096

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

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- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	118,046,859	115,073,908	156,294,559	216,741,280	228,400,302	834,556,908
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>4 Total.</b> Add lines 1 through 3	118,046,859	115,073,908	156,294,559	216,741,280	228,400,302	834,556,908
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						834,556,908

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4. . . . .	118,046,859	115,073,908	156,294,559	216,741,280	228,400,302	834,556,908
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,101,694	752,705	981,849	1,863,935	1,226,367	5,926,550
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	105,754					105,754
<b>11 Total support.</b> Add lines 7 through 10						840,589,212
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	3,277,182
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.280 %
<b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.220 %
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022; Row 16: Public support percentage from 2021 Schedule A.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022; Row 18: Investment income percentage from 2021 Schedule A; Row 19a: 33 1/3% support tests-2022; Row 19b: 33 1/3% support tests-2021; Row 20: Private foundation.

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

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

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

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

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          | (A) Prior Year | (B) Current Year<br>(optional) |
|---|----------|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |                |                                |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |                |                                |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |                |                                |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |                |                                |
| <b>5</b> Depreciation and depletion   | <b>5</b> |                |                                |
| <b>6</b> 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) | <b>6</b> |                |                                |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |                |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |                |                                |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section C - Distributable Amount**

Current Year

- |  |          | Current Year |
|--|----------|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |              |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |              |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |              |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |              |

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017. . . . .			
<b>b</b> From 2018. . . . .			
<b>c</b> From 2019. . . . .			
<b>d</b> From 2020. . . . .			
<b>e</b> From 2021. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018. . . . .			
<b>b</b> Excess from 2019. . . . .			
<b>c</b> Excess from 2020. . . . .			
<b>d</b> Excess from 2021. . . . .			
<b>e</b> Excess from 2022. . . . .			

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

### Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	FUNDRAISING INCOME - 2018 AMOUNT: \$ 105,754. 2019 AMOUNT: \$ 0. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 0.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Supplemental Financial Statements

2022

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS INC

Employer identification number

36-3256096

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, number of easements, and monitoring details.

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.

Table with 2 columns: Description, Amount. Rows include reporting requirements for art and historical treasures and amounts received or held.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	682,308	627,018	605,112	506,800	549,074
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	-92,450	77,905	44,025	98,312	-21,366
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	24,256	22,615	22,119		20,908
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	565,602	682,308	627,018	605,112	506,800

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶ 100.000 %
  - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> Unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> Related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		4,281,879	201,697	4,080,182
<b>d</b> Equipment . . . . .		450,862	151,737	299,125
<b>e</b> Other . . . . .		1,498,606	318,547	1,180,059
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				5,559,366

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	<b>16,110,455</b>

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4:	USES OF ENDOWMENT FUNDS THE DONOR-RESTRICTED ENDOWMENT FUNDS ARE RESTRICTED TO BENEFIT THE "ON THE WINGS OF EAGLES" PROGRAM ACTIVITIES.
PART X, LINE 2:	LIABILITY FOR UNCERTAIN TAX POSITIONS - FIN 48 (ASC 740) THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, ENTITIES MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF AN ENTITY AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THE FELLOWSHIP AND THE FOUNDATION FILE FORM 990 IN THE U.S. FEDERAL JURISDICTION AND A RELATED RETURN IN THE STATE OF ILLINOIS. FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, MANAGEMENT HAS REVIEWED THE FELLOWSHIP'S TAX POSITIONS FOR THE OPEN TAX YEARS (CURRENT AND PRIOR THREE TAX YEARS) AND CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS. SUCH OPEN TAX YEARS REMAIN SUBJECT TO EXAMINATION BY TAX AUTHORITIES. THE AMUTAH FILES FORM 5471 IN THE U.S. FEDERAL JURISDICTION AND RELATED APPROPRIATE TAX FILINGS IN THEIR RESPECTIVE COUNTRIES. FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR THE OPEN TAX YEARS (CURRENT AND PRIOR THREE TAX YEARS) AND CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS. SUCH OPEN TAX YEARS REMAIN SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

2022

Open to Public Inspection

# Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

## SCHEDULE F (Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS INC

Employer identification number

36-3256096

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	0		GRANTMAKING	SEE SCHEDULE F, PART V	1,750,000
(2) MIDDLE EAST AND NORTH AFRICA	0		GRANTMAKING	SEE SCHEDULE F, PART V	91,996,598
(3) EUROPE (INCLUDING ICELAND & GREENLAND)	0		GRANTMAKING	SEE SCHEDULE F, PART V	472,500
(4) NORTH AMERICA	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	1,997,952
(5) MIDDLE EAST AND NORTH AFRICA	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	705,778
(6) EUROPE (INCLUDING ICELAND & GREENLAND)	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	117,634
(7) EAST ASIA AND THE PACIFIC	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	1,705,389
(8) SOUTH AMERICA	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	160,376
(9) RUSSIA AND NEIGHBORING STATES	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	1,241,181
(10) SOUTH ASIA	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	14,450
(11) SUB-SAHARAN AFRICA	0		PROGRAM SERVICES	SEE SCHEDULE F, PART V	6,418
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	0	0			98,906,227
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			1,262,049
<b>c Totals</b> (add lines 3a and 3b)	0	0			100,168,276

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		NORTH AMERICA	SEE SCHEDULE F, PART V	1,450,000	WIRE	0		
(2)		EUROPE (INCLUDING ICELAND & GREENLAND)	SEE SCHEDULE F, PART V	172,500	WIRE	0		
(3)		EUROPE (INCLUDING ICELAND & GREENLAND)	SEE SCHEDULE F, PART V	300,000	WIRE	0		
(4)		MIDDLE EAST AND NORTH AFRICA	SEE SCHEDULE F, PART V	91,501,887	WIRE	0		
(5)		MIDDLE EAST AND NORTH AFRICA	SEE SCHEDULE F, PART V	52,500	WIRE	0		
(6)		MIDDLE EAST AND NORTH AFRICA	SEE SCHEDULE F, PART V	367,211	WIRE	0		
(7)		MIDDLE EAST AND NORTH AFRICA	SEE SCHEDULE F, PART V	75,000	WIRE	0		
(8)		NORTH AMERICA	SEE SCHEDULE F, PART V	300,000	WIRE	0		
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

3 Enter total number of other organizations or entities ▶

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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



## Additional Data

**Software ID:**

**Software Version:**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS INC

Employer identification number  
36-3256096

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 PRODUCTION SOLUTIONS 1953 GALLOWS RD STE 500  VIENNA, VA 22182	CONSULTING AND DIRECT MAIL		No	68,858,181	529,045	68,329,136
2 RKD DIRECT POINT GROUP 3400 WATERVIEW PARKWAY STE 250  RICHARDSON, TX 75080	CONSULTING AND DIRECT MAIL		No	30,228,685	127,658	30,101,027
3 LAMARK MEDIA GROUP 5901 BROKEN SOUND PARKWAY NW STE 4  BOCA RATON, FL 33487	ELECTRONIC MEDIA		No	26,309,932	174,903	26,135,030
4 CANNELA RSPONSE TELE 848 LIBERTY DRIVE  BURLINGTON, MA 53105	DIRECT RESPONSE TV MEDIA MANAGEMENT		No	13,105,604	528,193	12,577,411
5 SYNERGY DIRECT MKT SLN 480 W TUSCARAWAS AV STE 307  BARBERTON, OH 44203	TELEMARKETING INBOUND AND MANAGEMENT		No	5,081,522	862,335	4,219,187
6 CAUSEWORX 2 MCNAMARA CT AJAX  ONTARIO, CA 91764	TELEMARKETING - CALL CENTER		No	5,013,082	1,625,952	3,387,130
7 FORWARD PMX 5 HANOVER SQUARE  NEW YORK, NY 10004	MAILING LIST		No	3,555,998	913,663	2,642,335
8 WESTAR MEDIA GROUP INC 414-D PETTIGRU STREET  GREENVILLE, SC 29601	RADIO INFOMERCIALS AND EDUCATIONAL MATERIAL		No	2,049,724	145,431	1,904,293
9 MDS COMMUNICATIONS 545 WEST JAUNITA AVE  MESA, AZ 85210	TELEMARKETING		No	1,156,236	2,014,789	-858,553
10 INTELEMEDIA COMMUNICATIONS INC 500 NORTH CENTRAL EXPRESSWAY  SUITE PLANO, TX 75074	TELEMARKETING		No	115,943	157,990	-42,047
<b>Total</b>				<b>155,474,907</b>	<b>7,079,959</b>	<b>148,394,949</b>

**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.

AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, TN, UT, VA, WA, WI, WV

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

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

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

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

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

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

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

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

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

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  
Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:  
Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V):	AMOUNT PAID TO FUNDRAISER THIS IS THE AMOUNT PAID (PER THE CONTRACT) FOR THE PROFESSIONAL FUNDRAISING SERVICES. AT NO TIME ARE DONATIONS RECEIVED OR HELD BY FUND RAISERS.

**Schedule I (Form 990)**

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS INC

Employer identification number

36-3256096

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHAMAH 27 WILLIAMS ST SUITE 613 NEW YORK, NY 10005	23-7365688	501 (C) (3)	1,246,500	0			MEALS, TRANSPORTAION MED. CARE- CHILDREN
(2) COLEL CHABAD 806 EASTERN PARKWAY BROOKLYN, NY 11213	11-3254483	501 (C) (3)	7,096,961	0			FOOD AND HUMANITARIAN SUPPORT
(3) FRIENDS OF THE IDF 1430 BROADWAY SUITE 1301 NEW YORK, NY 10018	13-3156445	501 (C) (3)	3,727,000	0			HUMANITARIAN SUPPORT ISRAELI SOLDIERS AND THEIR FAMILIES
(4) JEWISH AGENCY FOR ISRAEL NORTH AMERICAN COUNCIL 633 3RD AVE 21ST FLOOR NEW YORK, NY 10017	23-0053483	501 (C) (3)	515,000	0			IMMIGRATION TO ISRAEL SUPPORT
(5) THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 711 THIRD AVE 10TH FLOOR NEW YORK, NY 10017	13-1656634	501 (C) (3)	9,754,649	0			FOOD AND HUMANITARIAN SUPPORT
(6) THE FEDERATION OF JEWISH COMMUNITIES OF THE CIS 445 PARK AVE 9TH FLOOR NEW YORK, NY 10022	13-3970940	501 (C) (3)	15,123,315	0			FOOD AND HUMANITARIAN SUPPORT
(7) TIKVA CORPORATION 501 10TH AVE 7TH FLOOR NEW YORK, NY 10018	22-3779212	501 (C) (3)	955,000	0			FOOD AND HUMANITARIAN SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7
- 3** Enter total number of other organizations listed in the line 1 table ▶

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	PROCEDURES FOR MONITORING USE OF GRANTS IN THE U.S. ALL GRANTS ARE DISBURSED FOR SPECIFIC PROGRAMS TO ADVANCE OUR CHARITABLE PURPOSE. GRANTS ARE DISBURSED USING A FORMAL AGREEMENT TO CONTRIBUTE WITH SPECIFIC OBJECTIVES AND DELIVERABLES. SUCCESS IS DOCUMENTED BY FIELD VISITS AS WELL AS FORMAL PROGRAMMATIC AND FINANCIAL REPORTS.

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS INC

Employer identification number

36-3256096

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Yael Eckstein-Farkas President & CEO	(i)	540,309	293	124,965	120,656	11,324	797,547	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> Robin Van Etten Global Chief Operating Officer	(i)	329,855	350	2,640	67,543	38,214	438,602	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Laurel Simkovich VP of Finance	(i)	244,312	450	7,567	38,267	34,438	325,034	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> Eric Frans VP of Philanthropy	(i)	276,000	250	0	0	0	276,250	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Lucas Puzan Chief Information Officer (BEG 01/22)	(i)	208,335	250	921	10,286	37,958	257,750	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> Kristin Henning Senior Director of Finance	(i)	156,412	850	2,685	24,674	27,260	211,881	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> Erica Prescott SR DR Integr FR & Donor Retention	(i)	143,989	900	1,156	22,493	35,783	204,321	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> Tawahedo Seyoum Director of Information Services	(i)	158,068	250	2,564	24,274	15,259	200,415	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> Travis Deramcy SR DR Integr FR & Marketing	(i)	158,881	550	4,945	8,029	18,884	191,289	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> Christine Jespersen Philanthropy Adviser	(i)	154,326	850	3,356	16,518	15,609	190,659	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> Geraldine Tolbert Assoc. VP of HR (Thru 02/22)	(i)	20,785	0	146,526	1,780	13,423	182,514	0
	(ii)	0	0	0	0	0	0	0

**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
PART I, LINE 1A	DURING THE TAX YEAR, CERTAIN OFFICERS RECIEVED BENEFITS REPORTABLE ON LINE 1A OF SCHEDULE J. THESE BENEFITS ARE REPORTED AS TAXABLE COMPENSATION AND ARE REPORTED ON SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION. PER IFCJ'S TRAVEL POLICY, YAEL ECKSTEIN-FARKAS TRAVELS IN BUSINESS CLASS WHEN TRAVELING AS PART OF HER ROLE AS PRESIDENT AND CEO OF IFCJ. ON CERTAIN DOMESTIC FLIGHTS, BUSINESS CLASS TRAVEL IS NOT AVAILABLE SO THE PRESIDENT AND CEO WILL TRAVEL IN FIRST CLASS. YAEL ECKSTEIN-FARKAS DID NOT TRAVEL ON ANY FIRST CLASS FLIGHTS DURING THE TAX YEAR. YAEL ECKSTEIN-FARKAS RECEIVED AN ALLOWANCE FOR THE TRAVEL OF COMPANIONS. THE ALLOWANCE DID NOT EXCEED \$6,000 DURING THE TAX YEAR. TAX GROSS-UP PAYMENTS WERE PAID TO ALL EMPLOYEES, EXCLUDING YAEL ECKSTEIN-FARKAS, TO PROVIDE A DE MINIMUS ANNIVERSARY BONUS TO EMPLOYEES. YAEL ECKSTEIN RECEIVES TAX GROSS UP ON SOME OF HER ISRELI BENEFITS AS IS CUSTOMARY IN ISRAEL DURING THE TAX YEAR, TAX GROSS-UP PAYMENTS DID NOT EXCEED \$150 FOR ANY EMPLOYEE, EXCEPT FOR YAEL ECKSTEIN-FARKAS'S GROSS-UP PAYMENT WHICH DID NOT EXCEED \$35,000
PART I, LINE 4A:	SEVERANCE OR CHANGE-OF-CONTROL PAYMENTS AN INDIVIDUAL LEFT THE ORGANIZATION DURING 2022. 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.
PART I, LINE 7:	NON-FIXED SPOT BONUSES ARE PAID BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AND ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS IS REVIEWED AND APPROVED BY HUMAN RESOURCES AND THE GLOBAL CHIEF OPERATING OFFICER. NO INDIVIDUAL RECEIVED A SPOT BONUS IN EXCESS OF \$500 DURING THE TAX YEAR.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule L**  
**(Form 990)**

**Transactions with Interested Persons**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS INC

**Employer identification number**  
36-3256096

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

**2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \_\_\_\_\_  
**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$ . ▶ \_\_\_\_\_  
 \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) ERIC FRANS	OFFICER	TAX WITHOLDING TIMING DIFFERENCE		X	119,846	71,846		No		No	Yes	
<b>Total</b>						▶ \$	71,846					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

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

Return Reference	Explanation

## **Additional Data**

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**Software ID:**  
**Software Version:**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS INC

**Employer identification number**

36-3256096

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	19	583,405	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
Other ( CRYPTOCURRENCY ▶ ) . . . . .	X	10	7,692	FMV
25				
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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

**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
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.
PART I, LINE 32B:	A THIRD PARTY SELLER WAS INVOLVED IN SELLING THE CRYPTOCURRENCY. ONCE THE CRYPTOCURRENCY WAS SOLD, THE CASH VALUE WAS PROVIDED TO IFCJ.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE O**  
**(Form 990)****Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**2022****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS INC

Employer identification number

36-3256096

Return Reference	Explanation
FORM 990, PART III, LINES 4A - 4D:	<p>THE FELLOWSHIP HAS PROVIDED HUNDREDS OF MILLIONS OF DOLLARS TO HELP JEWS IN ISRAEL AND AROUND THE WORLD LIVING IN POVERTY WITH BASIC NEEDS. THE FELLOWSHIP ASSISTS THOUSANDS OF JEWS FLEE ANTI-SEMITISM BY MAKING ALIYAH (IMMIGRATING TO ISRAEL). EVERY DAY, THE FELLOWSHIP SUPPORTS IMPOVERISHED ELDERLY JEWISH PEOPLE IN ISRAEL AND THE FORMER SOVIET UNION WITH FOOD THROUGH THE DISTRIBUTION OF FOOD BOXES, HOT MEALS, FOOD CARDS AND SOUP KITCHENS. THE FELLOWSHIP SUPPORTS ORPHANAGES, ELDERLY CENTERS, AND OTHER PROGRAMS OF HUMANITARIAN AID WITH THE FOCUS ON PROVIDING BASIC NEEDS TO MILLIONS OF IMPOVERISHED AND DISADVANTAGED JEWS IN ISRAEL AND THE FORMER SOVIET UNION. THE FELLOWSHIP FUNDS EMERGENCY NEEDS DURING CRISIS PRIMARILY IN ISRAEL AND UKRAINE THROUGH THE FELLOWSHIP'S SUPPORT, AND SECURITY FOR JEWISH INSTITUTIONS EXTENDS AROUND THE WORLD. THE FELLOWSHIP HELPS PROTECT THE JEWISH STATE AND THE JEWISH PEOPLE FROM THE SCOURGES OF ANTI-SEMITISM, TERRORISM AND WAR PROVIDING MOBILE BOMB SHELTERS FOR CITIZENS AND SUPPORTING FIRST RESPONDERS WITH HIGH PRIORITY NEEDS. THE FELLOWSHIP PROVIDES PRAYER TO OUR DONORS AND SUPPORTERS THROUGH REGULAR PRAYER CALLS, AND PRAYER REQUESTS. THE FELLOWSHIP ALSO CREATES AND DISTRIBUTES EDUCATIONAL MATERIAL THAT HELPS CHRISTIANS LEARN ABOUT THE JEWISH ROOTS OF THEIR FAITH AND DEEPEN THEIR TIES WITH ISRAEL AND HER PEOPLE. IFCJ HAS AN AFFILIATED ORGANIZATION IN ISRAEL, HAKEREN LYEDIDUT (THE AMUTAH) THAT OPERATES AS ITS ISRAELI REPRESENTATIVE. THE ACTIVITIES INCLUDE THE DIRECT OPERATION OF PROJECTS RELATING TO ALIYAH AND ABSORPTION, POVERTY ALLEVIATION, WELFARE, AND SECURITY. THE AMUTAH ALSO PROVIDES RECOMMENDATIONS TO FUND ORGANIZATIONS THAT SUPPORT IMPOVERISHED JEWS IN THE FORMER SOVIET UNION AND ISRAEL. THE AMUTAH RECEIVES SUBSTANTIAL FUNDING FROM IFCJ. AS A LEADING NOT FOR PROFIT IN ISRAEL, THE AMUTAH ALSO RECEIVED SUBSTANTIAL FUNDING THROUGH A PARTNERSHIP WITH THE MINISTRY OF WELFARE IN ISRAEL. IN 2022, THE AMUTAH SIGNED AN AGREEMENT WITH THE MINISTRY OF WELFARE TO PROVIDE UP TO 35 MILLION SHEKEL FOR THE JOINT FUNDING OF A PROJECT TO PROVIDE MATERIAL ASSISTANCE TO TENS OF THOUSANDS OF HOUSEHOLDS IN ISRAEL. THE AMUTAH ALSO RECEIVED FUNDING FROM A RELATED ORGANIZATION IN CANADA, INSTITUTIONAL PARTNERS AND INDIVIDUAL DONATIONS FROM DONORS IN ISRAEL, WHICH ENABLES IFCJ THROUGH THE AMUTAH TO INCREASE THE SCOPE OF ITS SERVICES. COMBINED WITH THESE AFFILIATED ORGANIZATIONS, IFCJ WAS ABLE TO PROVIDE DIRECT PROGRAM AND GRANTS THAT ASSISTED MORE THAN 2 MILLION PEOPLE IN NEED THROUGH PROJECTS THAT PROVIDE SECURITY, HELP ALLEVIATE POVERTY, AND SUPPORT ALIYAH (IMMIGRATION TO ISRAEL). COMBINED FUNDING FOR THESE DIRECT PROGRAMS AND GRANTS WAS IN EXCESS OF \$107 MILLION, WHICH IS A 50% INCREASE OVER 2020. THE PROGRAMS AND GRANTS INCLUDE SUPPLYING BASIC AID IN THE FORM OF FOOD, MEDICATION, HOME VISITS, HELP WITH WINTER HEATING, AND MORE TO MORE THAN 78,000 ELDERLY AND HOLOCAUST SURVIVORS IN ISRAEL; EMERGENCY FUNDS, FOOD ASSISTANCE, AND OTHER SUPPORT TO MORE THAN 587,000 PEOPLE LIVING IN IMPOVERISHED FAMILIES IN ISRAEL; FUNDING FOOD, CLOTHING, BASIC NEEDS, SHELTERS, AND BOARDING SCHOOLS AND ORPHANAGES FOR MORE THAN 88,000 CHILDREN AND YOUTH AT RISK IN ISRAEL; AND PROVIDING FOOD CARDS, ACADEMIC SCHOLARSHIPS, PRE-MILITARY TRAINING, AND OTHER AID TO MORE THAN 1,000 MEMBERS OF ISRAEL'S ARAB, BEDOUIN, CHRISTIAN, AND DRUZE MINORITIES. OUR SECURITY PROGRAMS PROVIDED 72,000 ISRAELI SOLDIERS WITH EMERGENCY FUNDS, VOUCHERS FOR THE PURCHASE OF NECESSITIES, AND OTHER AID INCLUDING THE 368 PEOPLE SUPPORTED THROUGH PROGRAMS THAT PROVIDE REHABILITATION TO FORMER AND WOUNDED SOLDIERS. DURING THE SUMMER, AS GAZA-BASED TERROR GROUPS FIRED MORE THAN A THOUSAND ROCKETS AT ISRAELI TOWNS, IFCJ DONATED A NEW MOBILE EMERGENCY CONTROL UNIT TO THE CITY OF ASHKELON, WHICH LIES JUST 8 MILES NORTH OF THE GAZA STRIP AND IS A FREQUENT TERRORIST TARGET. THE UNIT IS DESIGNED TO ENABLE ASHKELON CITY OFFICIALS TO MANAGE EMERGENCY OPERATIONS FROM VARIOUS POINTS THROUGHOUT THE CITY AS NEEDS ARISE. IFCJ PROVIDED ALIYAH (IMMIGRATION)-RELATED ASSISTANCE TO MORE THAN 9,000 PEOPLE AND GAVE KLITAH (RESETTLEMENT) ASSISTANCE IN THE FORM OF PRE-MILITARY TRAINING, EDUCATION AND CAREER COUNSELING, HEBREW LANGUAGE LESSONS, AND MORE TO MORE THAN 11,000 OLIM (IMMIGRANTS). OUTSIDE OF ISRAEL, IN THE FORMER SOVIET UNION AND MOROCCO, IFCJ PROVIDED AID TO MORE THAN 102,000 IMPOVERISHED ELDERLY JEWS AND HOLOCAUST SURVIVORS AND MORE THAN 82,000 CHILDREN AND FAMILIES. IFCJ ALSO PROVIDED ADDED SECURITY FOR JEWISH SCHOOLS, SYNAGOGUES, AND COMMUNITY CENTERS THROUGHOUT THE WORLD THAT BENEFITTED ABOUT 800,000 PEOPLE. IN ADDITION, IFCJ PROVIDED FOOD, MEDICINE, AND OTHER BASIC NEEDS FOR 6,800 CHRISTIAN AND DRUZE VICTIMS OF TERROR IN JORDAN. WAR IN THE UKRAINE WHEN WAR ERUPTED IN UKRAINE IN FEBRUARY 2022, THE FELLOWSHIP WAS IN A UNIQUE POSITION TO PROVIDE FOR PEOPLE IMPACTED BY THE CRISIS. HAVING WORKED IN THE FORMER SOVIET UNION FOR MORE THAN 30 YEARS, THE FELLOWSHIP HAD THE PARTNERSHIPS AND KNOW-HOW TO RESPOND IMMEDIATELY AND EFFECTIVELY. AS THE WAR CONTINUES TO THREATEN HUNDREDS OF THOUSANDS OF JEWISH PEOPLE, THE FELLOWSHIP CONTINUES TO DELIVER THE DAY-TO-DAY AID THAT THOUSANDS HAVE COME TO COUNT ON, AS WELL AS FILL EMERGENCY NEEDS. TO DATE, THE FELLOWSHIP HAS PROVIDED OVER \$28 MILLION IN EMERGENCY HUMANITARIAN AID TO UKRAINE AND OTHER COUNTRIES IN THE REGION AFFECTED BY THE WAR, INCLUDING FOOD, WATER, MEDICINE, WARM CLOTHING, HOUSING, AND OTHER BASIC NEEDS AND SERVICES. WE HAVE ALSO HELPED MORE THAN 4,600 UKRAINIANS MAKE ALIYAH SINCE THE WAR STARTED, AND GIVEN BASIC NEEDS SUCH AS FOOD, MEDICINE, AND TEMPORARY HOUSING IN UKRAINE AND IN NEIGHBORING COUNTRIES TO APPROXIMATELY 80,000 DISPLACED PERSONS AND REFUGEES.</p>
FORM 990, PART VI, SECTION A, LINE 4	<p>THE BYLAWS OF THE INTERNATIONAL FELLOWSHIP OF CHRISTIANS AND JEWS, INC. WERE AMENDED ON MARCH 29, 2022. THE EXCERPTS ON OFFICERS WERE AMENDED TO INCLUDE A NEW POSITION, CHIEF INFORMATION OFFICER. THE CHIEF INFORMATION OFFICER SHALL BE THE PRINCIPAL OFFICER OVERSEEING THE TECHNOLOGY ECOSYSTEM AND GLOBAL NETWORK INFRASTRUCTURE OF THE CORPORATION AND AS SUCH SHALL IN GENERAL SUPERVISE AND CONTROL ALL THE RELATED TECHNOLOGY AND GLOBAL NETWORK INFRASTRUCTURE AND SYSTEMS.</p>
FORM 990, PART VI, SECTION B, LINE 11B	<p>FORM 990 REVIEW PROCESS THE VICE PRESIDENT OF FINANCE AND GLOBAL CHIEF OPERATING OFFICER REVIEW A DRAFT OF THE FORM 990 THAT IS PREPARED BY A THIRD-PARTY TAX PREPARER, GRANT THORNTON, BASED UPON INFORMATION IFCJ PROVIDES THE PREPARER. SUBSEQUENT TO THEIR REVIEW, MANAGEMENT AND THE FULL VOTING BOARD RECEIVE A COPY OF THE DRAFT RETURN ELECTRONICALLY. THE BOARD PROVIDES ANY QUESTIONS OR COMMENTS TO THE VICE</p>

Return Reference	Explanation
	PRESIDENT OF FINANCE AND THE FORM 990 IS REVISED, AS NECESSARY. THE FULL VOTING BOARD OF DIRECTORS RECEIVE A COPY OF THE FORM 990 PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY THE FELLOWSHIP'S CONFLICT OF INTEREST POLICY IS PRESENTED TO THE BOARD OF DIRECTORS ANNUALLY AND SIGNED. IT IS REVIEWED TO ENSURE IT WAS COMPLETE IN FORM AND COMPLIES WITH ANY NEW IRS REGULATIONS. THE GLOBAL CHIEF OPERATING OFFICER FOLLOWS UP TO MAKE SURE ALL CURRENT BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES RETURNED THE SIGNED COPY. THE VP OF FINANCE 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. DURING THE TAX YEAR, A CONFLICT OF INTEREST AROSE, THE ORGANIZATION REVIEWED THAT CONFLICT AND TOOK APPROPRIATE ACTIONS.
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION AS IN PRIOR YEARS, THE FELLOWSHIP ESTABLISHES A REBUTTABLE PRESUMPTION THAT THE COMPENSATION PAID TO THE CEO AND OTHER EXECUTIVES IS REASONABLE. THE FELLOWSHIP USES A NATIONAL INDEPENDENT THIRD-PARTY CONSULTING FIRM TO CONDUCT A COMPREHENSIVE COMPENSATION REVIEW CONSISTENT WITH SECTION 4958 OF THE IRC TO ENSURE THAT NO SUCH PERSON IS RECEIVING EXCESSIVE COMPENSATION (INCLUDING SALARY, OR ANY BONUS AND BENEFITS). EACH YEAR THE BOARD EVALUATES THE CEO'S PERFORMANCE THROUGH AN ASSESSMENT PROCESS AND USES THIS DATA TO DETERMINE COMPENSATION. THE SENIOR STAFF HAS A COMPREHENSIVE PERFORMANCE EVALUATION AND COMPENSATION REVIEW EACH YEAR. SALARY IS BENCHMARKED REGULARLY AGAINST OTHER SIMILAR ORGANIZATIONS BY AN COMPENSATION DECISIONS ARE APPROVED IN ADVANCE BY INDEPENDENT MEMBERS ON THE BOARD WHO RELY UPON COMPARABLE THIRD-PARTY DATA COMPILED BY THE CONSULTING FIRM. CONTEMPORANEOUS SUBSTANTIATION OF DELIBERATION AND DECISION IS MAINTAINED THROUGHOUT THE PROCESS.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AVAILABLE TO PUBLIC THE FOLLOWING DOCUMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE AND AVAILABLE UPON REQUEST: AUDITED FINANCIAL STATEMENTS; THE FOLLOWING DOCUMENTS ARE AVAILABLE UPON REQUEST: ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY.
FORM 990, PART XI, LINE 9:	KOREA ELIMINATION 444,914.

## **Additional Data**

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS INC

**Employer identification number**  
36-3256096

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FOUNDATION KOREA IFCJ NAMGANG BUSINESS CENTER MUGYO JUNGGU SEOUL KS 98-1204495	FELLOWSHIP	KS	3,002,491	1,095,363	IFCJ

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) IFCJ FOUNDATION 303 E WACKER SUITE 2300 CHICAGO, IL 60601 20-2231168	SUPPORT ORGANIZATION	IL	501(C)(3)	LINE 12A, I	IFCJ	Yes	
(2) HAKEREN L'YEDIDUT DAM HA-MACCABIM 28 MODIIN IS	SEE PART VII	IS	N/A		IFCJ	Yes	

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

(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 from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>	Yes	
<b>1s</b>		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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> HAKEREN L'YEDIDUT	B	91,501,887	FMV



**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.
SCHEDULE R, PART II, COLUMN B	PRIMARY ACTIVITY OF RELATED TAX-EXEMPT ORGANIZATION LINE 2 - HAKEREN L'YEDIDUT: MAKES FUNDING RECOMMENDATIONS AND PROVIDES PROJECT SUPERVISION

Schedule R (Form 990) 2021

**Additional Data**[Return to Form](#)

**Software ID:**  
**Software Version:**