

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2009

Prepared for	INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. 30 NORTH LASALLE STREET NO. 2600 CHICAGO, IL 60602-3356
Prepared by	RSM MCGLADREY INC ONE SOUTH WACKER DRIVE, SUITE 800 CHICAGO, IL 60606-3392
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	MAY 17, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.  TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN, WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2009**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the **2009** calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type.  
See Specific Instructions.

**C** Name of organization  
INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.  
Doing Business As  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
30 NORTH LASALLE STREET 2600  
City or town, state or country, and ZIP + 4  
CHICAGO, IL 60602-3356

**D** Employer identification number  
36-3256096

**E** Telephone number  
(312) 641-7200

**F** Name and address of principal officer: RABBI YECHIEL ECKSTEIN  
SAME AS C ABOVE

**G** Gross receipts \$ 96,504,471.

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number

**I** Tax-exempt status:  501(c) (3) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.IFCJ.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

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

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: BUILDING BRIDGES OF UNDERSTANDING & COOPERATION BETWEEN JEWS & CHRISTIANS & SUPPORT FOR ISRAEL.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of employees (Part V, line 2a)	5	88
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-187.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-187.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 84,181,691.	Current Year 94,702,694.
	9	Program service revenue (Part VIII, line 2g)	40,689.	36,858.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	287,857.	-81,574.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-228,739.	-23,520.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,281,498.	94,634,458.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,351,786.
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,520,199.	8,065,653.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	2,183,276.	3,287,237.
		b Total fundraising expenses (Part IX, column (D), line 25)	11,539,551.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	27,164,397.	28,531,635.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	87,219,658.	96,184,525.	
19	Revenue less expenses. Subtract line 18 from line 12	-2,938,160.	-1,550,067.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year 16,818,490.	End of Year 16,063,824.
	21	Total liabilities (Part X, line 26)	4,150,031.	4,609,630.
	22	Net assets or fund balances. Subtract line 21 from line 20	12,668,459.	11,454,194.

**Part III Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Edward Lasky*  
 Date: 1/5/10  
 EDWARD LASKY, TREASURER  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: *Zachary Fichter*  
 Date: 5-14-10  
 Check if self-employed:   
 Preparer's identifying number (see instructions): EIN  
 Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY INC, ONE SOUTH WACKER DRIVE, SUITE 800, CHICAGO, IL 60606-3392  
 Phone no.: 312-634-3400

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
THE FELLOWSHIP'S MISSION IS TO FOSTER BETTER RELATIONS AND  
UNDERSTANDING BETWEEN CHRISTIANS AND JEWS, ENCOURAGE GREATER  
COOPERATION ON ISSUES OF SHARED BIBLICAL CONCERN AND HELP BUILD  
SUPPORT FOR ISRAEL AND JEWS IN NEED.

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 exempt purpose achievements for each of the organization's three largest program services by expenses.  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and  
allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 25,785,369. including grants of \$ 21,165,112. ) (Revenue \$ )  
ON WINGS OF EAGLES. ON WINGS OF EAGLES HELPS JEWS FROM ALL OVER THE  
WORLD MAKE ALIYAH (IMMIGRATE TO ISRAEL) TO ESCAPE POVERTY AND  
ANTI-SEMITISM AND REALIZE THE DREAM OF LIVING IN THEIR BIBLICAL  
HOMELAND. WHEN THEY ARRIVE IN ISRAEL, WINGS PROVIDES THEM WITH KLITAH  
(RESETTLEMENT) ASSISTANCE, INCLUDING FOOD, CLOTHING, HOUSING, JOB  
TRAINING, AND HEBREW LANGUAGE TRAINING TO HELP THEM BECOME FULL AND  
PRODUCTIVE CITIZENS IN THEIR NEW HOME.

4b (Code: ) (Expenses \$ 21,210,395. including grants of \$ 16,712,676. ) (Revenue \$ )  
ISAIAH 58. ISAIAH 58 PROVIDES IMPOVERISHED CHILDREN AND ELDERLY JEWS  
IN THE FORMER SOVIET UNION (FSU) AND OTHER PARTS OF THE WORLD WITH  
FOOD, CLOTHING, HEATING, AND OTHER NECESSITIES. WE RESCUE ORPHANED AND  
ABANDONED JEWISH CHILDREN FROM A LIFE ON THE STREETS BY FUNDING JEWISH  
CHILDREN'S HOMES. WORKING WITH THE AMERICAN JEWISH JOINT DISTRIBUTION  
COMMITTEE AND LOCAL JEWISH COMMUNITIES, ISAIAH 58 HELPS IMPROVE THE  
LIVING CONDITIONS OF THESE ELDERLY JEWS, HOLOCAUST SURVIVORS AND  
ORPHANS IN NEED.

4c (Code: ) (Expenses \$ 20,848,421. including grants of \$ 17,751,074. ) (Revenue \$ )  
GUARDIANS OF ISRAEL. GUARDIANS OF ISRAEL EASES THE SUFFERING OF NEEDY  
ISRAELIS BY PROVIDING THEM WITH FOOD, HOUSING, MEDICAL CARE, CLOTHING,  
AND OTHER ESSENTIALS. AT THE SAME TIME, IT COMFORTS AND PROVIDES FOR  
THE FUTURE OF THOSE WHOSE LIVES HAVE BEEN DEVASTATED BY TERROR, FUNDS  
WAR RELIEF AND REBUILDING EFFORTS, AND ADDRESSES A HOST OF OTHER  
EMERGENCY NEEDS FOR PEOPLE WHO HAVE NOWHERE ELSE TO TURN.

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 9,284,540. including grants of \$ 671,138. ) (Revenue \$ 36,858. )

4e Total program service expenses \$ 77,128,725.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

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

**Part VII** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1a</b>			26
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1b</b>			0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>1c</b>			
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>			88
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <u>ISRAEL</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VII Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, LA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MR. DENNIS R. JAMES - (312)641-8660**  
**30 NORTH LASALLE STREET #2600, CHICAGO, IL 60602-3356**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RABBI YECHIEL ECKSTEIN PRESIDENT / FOUNDER	40.00	X		X				324,472.	0.	372,265.
JEFFREY ROYER CHAIRMAN	5.00	X		X				0.	0.	0.
EDWARD LASKY TREASURER	5.00	X		X				0.	0.	0.
BARBARA MANUEL SECRETARY	2.00	X		X				0.	0.	0.
JR DUPELL DIRECTOR	1.00	X						0.	0.	0.
STEVEN HEFTER DIRECTOR	1.00	X						0.	0.	0.
ANDREW LAPPIN DIRECTOR	1.00	X						0.	0.	0.
JOHN P. FRENCH DIRECTOR	1.00	X						0.	0.	0.
ROBERT R. MAZER DIRECTOR	1.00	X						0.	0.	0.
MELVIN MYLAND DIRECTOR	1.00	X						0.	0.	0.
SHIRLEY MYLAND DIRECTOR	1.00	X						0.	0.	0.
SUZANNE PEYSER DIRECTOR	1.00	X						0.	0.	0.
NATHAN SHAPIRO DIRECTOR	1.00	X						0.	0.	0.
BARBARA WALKER DIRECTOR	1.00	X						0.	0.	0.
JOSEPH WEIN DIRECTOR	1.00	X						0.	0.	0.
GEORGE MAMO SENIOR VICE PRESIDENT	40.00			X	X			220,469.	0.	24,646.
CHRISTOPHER CLEGHORN SENIOR VICE PRESIDENT	40.00			X	X			129,209.	0.	16,555.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID C. WOLFARD COO	40.00					X		155,647.	0.	16,728.
DENNIS JAMES VICE PRESIDENT FINANCE	40.00					X		145,975.	0.	37,954.
MARGARET BARRY SR. DIR. OF DEVELOPMENT	40.00					X		142,312.	0.	12,579.
CHRISTINE ALLEN SR. MAJOR GIFT OFFICER	40.00					X		118,414.	0.	21,652.
<b>1b Total</b>								1,236,498.	0.	502,379.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **9**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
KREIGER ASSOCIATES-INCLUDES PASSTHROUGH 1800 E. LANCASTER AVENUE, PAOLI, PA 19301	MEDIA MANAGEMENT	10,943,270.
BIGHAM AGENCY-INCLUDES PASSTHROUGH 2301 OHIO, SUITE 150, PLANO, TX 75093	DIRECT MAIL SERVICES	7,851,940.
PARADYSZ MATERA CO, INC. 5 HANOVER SQ., 6TH FL, NEW YORK, NY 10004	DIRECT MAIL SERVICES	1,060,085.
STRATMARK 855 EAST COLLINS BLVD, RICHARDSON, TX 75081	DIRECT MAIL SERVICES	875,551.
MERKLE RESPONSE SERVICE, INC. 100 JAMISON COURT, HAGERSTOWN, MD 21740	DIRECT MAIL SERVICES	690,484.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **21**

**Part VIII Statement of Revenue**

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	86,962.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	94,615,732.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		178,925.				
	<b>h Total.</b> Add lines 1a-1f			94,702,694.			
<b>Program Service Revenue</b>	<b>2 a</b> TOURS & CONFERENCES	Business Code 900099		36,858.	36,858.		
	<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			36,858.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			286,494.			286,494.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</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>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	1,363,100.			
		<b>b</b> Less: cost or other basis and sales expenses		1,731,168.			
		<b>c</b> Gain or (loss)		-368,068.			
		<b>d</b> Net gain or (loss)			-368,068.		
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
		<b>c</b> Net income or (loss) from fundraising events					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	115,325.					
	<b>b</b> Less: cost of goods sold	138,845.					
	<b>c</b> Net income or (loss) from sales of inventory			-23,520.	-23,333.	-187.	
<b>11 a</b> Miscellaneous Revenue			Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.				94,634,458.	13,525.	-187.	-81,574.

**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) but are not required to complete columns (B), (C), and (D).

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	17,637,003.	17,637,003.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	38,662,997.	38,662,997.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	815,543.	413,539.	312,193.	89,811.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,225,489.	2,649,702.	2,000,338.	575,449.
8 Pension plan contributions (Include section 401(k) and section 403(b) employer contributions)	612,447.	380,048.	129,112.	103,287.
9 Other employee benefits	951,037.	508,113.	361,786.	81,138.
10 Payroll taxes	461,137.	228,011.	175,693.	57,433.
11 Fees for services (non-employees):				
a Management	989,392.	376,845.	456,324.	156,223.
b Legal	98,050.	95,297.	2,753.	
c Accounting	99,044.	51,989.	47,055.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,287,237.			3,287,237.
f Investment management fees				
g Other				
12 Advertising and promotion	325,531.	116,206.	30,021.	179,304.
13 Office expenses	146,397.	38,812.	103,681.	3,904.
14 Information technology	767,838.	496,422.	164,822.	106,594.
15 Royalties				
16 Occupancy	594,090.	227,111.	282,979.	84,000.
17 Travel	376,870.	209,933.	166,937.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,484.	19,469.	5,863.	152.
20 Interest				
21 Payments to affiliates	10,000.		10,000.	
22 Depreciation, depletion, and amortization	355,056.	140,000.	162,056.	53,000.
23 Insurance	22,665.	9,257.	10,033.	3,375.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TELEVISION AIRTIME	11,019,919.	8,676,822.	242,131.	2,100,966.
b PRINTING & PUBLICATIONS	9,537,396.	4,546,190.	886,618.	4,104,588.
c POSTAGE & SHIPPING	2,893,878.	1,183,552.	1,177,476.	532,850.
d PUBLIC EDUCATION	215,478.	191,394.	3,844.	20,240.
e EQUIPMENT RENTAL & MAINTENANCE	191,415.	62,784.	128,631.	
f All other expenses	863,132.	207,229.	655,903.	
25 Total functional expenses. Add lines 1 through 24f	96,184,525.	77,128,725.	7,516,249.	11,539,551.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...	39,667,530.	20,684,201.	7,443,778.	11,539,551.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....		1	
	2 Savings and temporary cash investments .....	9,866,712.	2	8,441,591.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	10,546.	4	8,644.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	81,470.	8	60,079.
	9 Prepaid expenses and deferred charges .....	1,272,739.	9	1,148,345.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 2,213,584.		
	b Less: accumulated depreciation .....	10b 1,261,425.	10c 846,105.	952,159.
	11 Investments - publicly traded securities .....	3,235,750.	11	3,490,723.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	1,505,168.	15	1,962,283.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	16,818,490.	16	16,063,824.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	2,949,456.	17	3,202,743.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	1,200,575.	25	1,406,887.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	4,150,031.	26	4,609,630.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	6,270,839.	27	11,454,194.
	28 Temporarily restricted net assets .....	6,397,620.	28	0.
	29 Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 <b>Total net assets or fund balances</b> .....	12,668,459.	33	11,454,194.	
34 <b>Total liabilities and net assets/fund balances</b> .....	16,818,490.	34	16,063,824.	

**Part XI** Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....
- b** Were the organization's financial statements audited by an independent accountant? .....
- c** 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2009)



**Part III 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,119,429.	72,103,303.	75,836,369.	84,237,191.	94,702,694.	374,998,986.
<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	48,119,429.	72,103,303.	75,836,369.	84,237,191.	94,702,694.	374,998,986.
<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.						374,998,986.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	48,119,429.	72,103,303.	75,836,369.	84,237,191.	94,702,694.	374,998,986.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	466,268.	1,338,635.	2,173,702.	871,172.	286,494.	5,136,271.
<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 IV.)						
<b>11 Total support.</b> Add lines 7 through 10						380,135,257.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	2,782,413.
<b>13 First five 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 stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.65 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	98.48 %
<b>16a 33 1/3% support test - 2009.</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 stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</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 stop here. Explain in Part IV 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 - 2008.</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 stop here. Explain in Part IV 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 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** 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 stop here

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.	Employer identification number 36-3256096
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**Part I A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I B** Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

**Part III** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  If the filing organization belongs to an affiliated group.  
 B Check  If the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	600.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
c	Total lobbying expenditures (add lines 1a and 1b) .....	600.													
d	Other exempt purpose expenditures .....	96,323,370.													
e	Total exempt purpose expenditures (add lines 1c and 1d) .....	96,323,970.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount		1,000,000.	1,000,000.	2,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))				3,000,000.
c	Total lobbying expenditures		600.	600.	1,200.
d	Grassroots nontaxable amount		250,000.	250,000.	500,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))				750,000.
f	Grassroots lobbying expenditures		600.	600.	1,200.

Schedule C (Form 990 or 990-EZ) 2009

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

Employer identification number  
**36-3256096**

**Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part III Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part IV Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**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 XIV.
- 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 organization answered "Yes" to 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 XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,465,075.	10,124,716.			
b Contributions	478,153.				
c Net investment earnings, gains, and losses	64,997.	-1,659,641.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,008,225.	8,465,075.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  100.00 %
  - b Permanent endowment  %
  - c Term endowment  %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  | x  |
| (ii) related organizations  | 3a(ii) | x  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		392,689.	258,663.	134,026.
d Equipment		1,820,895.	1,002,762.	818,133.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				952,159.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	94,634,458.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	96,184,525.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,550,067.
4	Net unrealized gains (losses) on investments	4	335,802.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	335,802.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-1,214,265.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	95,109,115.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	335,802.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	138,855.
e	Add lines 2a through 2d	2e	474,657.
3	Subtract line 2e from line 1	3	94,634,458.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	94,634,458.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	96,326,134.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	141,609.
e	Add lines 2a through 2d	2e	141,609.
3	Subtract line 2e from line 1	3	96,184,525.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	96,184,525.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: \$7 MILLION SET UP FOR EMERGENCY OPERATIONS RESERVE IN

THE EVENT OF A CATASTROPHIC EVENT OR SUDDEN DROP IN PUBLIC SUPPORT.

AN ADDITIONAL \$2 MILLION HAS BEEN SET ASIDE AS AN EMERGENCY PROJECT

RESERVE TO ALLOW THE FELLOWSHIP TO IMMEDIATELY RESPOND TO LIFE-THREATENING

CRISES WHILE DONOR SUPPORT IS MOBILIZED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: 138845.

**Part XIV** Supplemental Information (continued)

IFCJ FOUNDATION INTEREST: 10.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: 138845.

IFCJ FOUNDATION EXPENSES: 2764.

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.

OMB No. 1545-0047  
**2009**  
Open to Public Inspection

**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" to Form 990, Part IV, line 14b.

**1 For grantmakers.** 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 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	1	20	GRANTS TO RECIPIENTS AND PROGRAM SERVICES	MAKES FUNDING RECOMMENDATIONS, SUPERVISES THE IMPLEMENTATION OF FUNDED	34,702,756.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO RECIPIENTS		300,000.
RUSSIA AND NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS		4,500,000.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS		1,576,500.
<b>Totals</b> .....	1	20			41,079,256.

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

Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	ASSIST NEEDY JEWS	25,000.	WIRE TRANSFER OR CHECK	0.		
		RUSSIA & NEWLY INDEPENDENT STATES	ASSIST NEEDY JEWS	150,000.	WIRE TRANSFER OR CHECK	0.		
		RUSSIA & NEWLY INDEPENDENT STATES	ASSIST NEEDY JEWS	50,000.	WIRE TRANSFER OR CHECK	0.		
		RUSSIA & NEWLY INDEPENDENT STATES	ASSIST NEEDY JEWS	4,300,000.	WIRE TRANSFER OR CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ASSIST NEEDY JEWS	300,000.	WIRE TRANSFER OR CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	ASSIST NEEDY JEWS	28,141,017.	WIRE TRANSFER OR CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	ASSIST NEEDY JEWS	25,000.	WIRE TRANSFER OR CHECK	0.		
		NORTH AMERICA	ASSIST NEEDY JEWS	1,576,500.	WIRE TRANSFER OR CHECK	0.		

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 **10**

3 Enter total number of other organizations or entities **10**





**Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: ALL GRANTS ARE DISBURSED FOR SPECIFIC

PROGRAMS THAT CONFORM WITH IFCJ'S CHARITABLE PURPOSES. GRANTS ARE

DISBURSED USING A FORMAL AGREEMENT TO CONTRIBUTE WITH SPECIFIC OBJECTIVES

AND DELIVERABLES. SUCCESS IS DOCUMENTED BY RECEIPT OF A FORMAL REPORT

THAT INCLUDES FINANCIAL, PROGRAMATIC AND IMPACT DETAILS.

PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: MAKES FUNDING RECOMMENDATIONS,

SUPERVISES THE IMPLEMENTATION OF FUNDED PROJECTS, AND FURTHERS THE BRIDGE

BUILDING WORK.

INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.

36-3256096

Schedule F-1 (Form 990) 2009

Part I Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	ASSIST NEEDY JEWS	4,072,980.00	WIRE TRANSFER OR CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	ASSIST NEEDY JEWS	22,500.00	WIRE TRANSFER OR CHECK	0.		

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2009**

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to 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.** ▶ **See separate instructions.**

Name of the organization **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number **36-3256096**

**Part II Fundraising Activities.** Complete if the organization answered "Yes" to 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

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten 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 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			
BIGHAM AGENCY, INC	CONSULTING & DIRECT MAIL		X	38,046,273.	216,840.	37,829,433.
KRIEGER ASSOCIATES, INC	DIRECT RESPONSE TV		X	8,286,519.	1,094,327.	7,192,192.
RUSS REID CO., INC.	CONSULTING & DIRECT MAIL		X	1,332,327.	124,590.	1,207,737.
INFOCISION MANAGEMENT CORP	TELEMARKETING		X	550,269.	332,696.	217,573.
COMMONWEALTH MAILING SERVICE	CONSULTING		X	463,184.	162,000.	301,184.
STRATMARK GROUP, INC	CONSULTING		X	252,366.	89,250.	163,116.
PARADYSZ MATERA CO., INC	CONSULTING - MAILING LISTS		X	0.	816,267.	-816,267.
LDTV, INC	DIRECT RESPONSE TV		X	0.	439,467.	-439,467.
CHRISTOPHER CLEGHORN	CONSULTANT		X	0.	11,800.	-11,800.
<b>Total</b>				<b>48,930,938.</b>	<b>3,287,237.</b>	<b>45,643,701.</b>

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

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

**Part III Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))
Revenue	1	Gross receipts .....			
	2	Less: Charitable contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			( )
	11	Net income summary. Combine line 3, column (d), and line 10 .....			( )

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	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
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8	Net gaming income summary. Combine line 1, column (d), and line 7 .....				( )

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? .....	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? .....	11	
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? .....	12	

13 Indicate the percentage of gaming activity operated 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? ..... 15a

- 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? ..... 17a

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

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

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.

3 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN VALUES FOR PRO-ISRAEL WORK - 2800 SHIRLINGTON RD., STE 610 - ARLINGTON, VA 22206	52-1762320	501(C)(3)	5,000.	0.			BRIDGE BUILDING BETWEEN CHRISTIANS AND JEWS
CHAWAH 27 WILLIAM ST., STE 613 NEW YORK, NY 10005	23-7365688	501(C)(3)	930,000.	0.			ASSIST NEEDY JEWS
COLEL CHABAD 806 EASTERN PARKWAY BROOKLYN, NY 11213	11-3254483	501(C)(3)	200,000.	0.			ASSIST NEEDY JEWS
JAFI 633 THIRD AVENUE, 21ST FLOOR NEW YORK, NY 10017	23-0053483	501(C)(3)	4,000,000.	0.			ASSIST NEEDY JEWS
THE AMERICAN JEWISH JOINT DISTRIBUTION CMTE - 711 THIRD AVE., 10TH FLOOR - NEW YORK, NY 10017	13-1656634	501(C)(3)	9,543,000.	0.			ASSIST NEEDY JEWS
TURKISH FRIENDS OF CHABAD 1140 ALTON ROAD MIAMI BEACH, FL 33139	20-3169719	501(C)(3)	54,010.	0.			ASSIST NEEDY JEWS

2 Enter total number of section 501(c)(3) and government organizations: 12.

3 Enter total number of other organizations: 1.

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

INTERNATIONAL FELLOWSHIP OF

Schedule I (Form 990) 2009

CHRISTIANS & JEWS, INC.

36-3256096

Page 2

**Part IV** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part V** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ALL GRANTS ARE DISBURSED FOR SPECIFIC PROGRAMS THAT CONFORM WITH IFCJ'S CHARITABLE PURPOSES. GRANTS ARE DISBURSED USING A FORMAL AGREEMENT TO CONTRIBUTE WITH SPECIFIC OBJECTIVES AND DELIVERABLES. SUCCESS IS DOCUMENTED BY RECEIPT OF A FORMAL REPORT THAT INCLUDES FINANCIAL, PROGRAMATIC AND IMPACT DETAILS.

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047  
**2009**  
Open to Public Inspection

Name of the organization: **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number: **36-3256096**

<b>Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)</b>							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THIS WORLD: THE JEWISH VALUES NETWORK - PO BOX 61 - ENGLEWOOD, NY 07631	11-3483906	501(C)(3)	5,000.	0.			BRIDGE BUILDING BETWEEN CHRISTIANS AND JEWS
FRIENDS OF THE ISRAEL DEFENSE FORCES - 350 FIFTH AVENUE, SUITE 2011 - NEW YORK, NY 10118	13-3156445	501(C)(3)	2,000,000.	0.			ASSIST NEEDY JEWS
AMERICAN COMMITTEE FOR SHAARE ZEDOK HOSPITAL IN JERUSALEM, INC. - 49 WEST 45TH STREET - NEW YORK, NY 10036	13-5645878	501(C)(3)	1,000,000.	0.			TRAUMA CENTER
ORT AMERICA 75 MAIDEN LANE, 10TH FLOOR NEW YORK, NY 10038	13-5562424	501(C)(3)	5,000.	0.			EDUCATION SUPPORT
GLORIAE DEI ARTES FOUNDATION 34 ANCHOR DRIVE ORLEANS, MA 02653	23-7089992	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ATZUM PO BOX 252 YOUNGSVILLE, NY 12791	01-0697869	501(C)(3)	10,000.	0.			ASSIST NEEDY JEWS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number **36-3256096**

**Part III Questions Regarding Compensation**

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

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <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 in 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in 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" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2009

**Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RABBI YECHIEL ECKSTEIN	(i) 319,096.		5,376.	221,030.	9,842.	555,344.	
	(ii) 94,413.		46,980.			141,393.	
GEORGE MAMO	(i) 202,169.		18,300.	10,370.	14,276.	245,115.	
	(ii)						
DAVID C. WOLFARD	(i) 152,242.		3,405.	7,765.	8,963.	172,375.	
	(ii)						
DENNIS JAMES	(i) 143,395.		2,580.	7,738.	32,029.	185,742.	
	(ii)						
MARGARET BARRY	(i) 136,943.		5,369.	6,933.	5,646.	154,891.	
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**Part II** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: GROSS-UP PAYMENTS ONLY: CERTAIN PAYMENTS WERE MADE TO HCE'S

FOR LIFE INSURANCE PREMIUMS. EMPLOYEE REFERRAL BONUSES ARE ALSO AVAILABLE

TO CERTAIN HCE'S AND WOULD BE GROSSED-UP, IF MADE.

PART I, LINE 4B: YECHIEL ECKSTEIN - 215,530

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number **36-3256096**

**Part II Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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 III Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$ \_\_\_\_\_

**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 and type 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
Yael Eckstein - Farkas	EMPLOYEE, PRESIDENT	32,661.	W-2 EQUIV.		X
AMIACHI FARKAS	EMPLOYEE, PRESIDENT	16,580.	W-2 EQUIV.		X
TALIA POLLACK	EMPLOYEE, PRESIDENT	35,942.	W-2 EARNING		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	22	63,572.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( COINS )	X	16	113,133.	SELLING PRICE
26 Other ▶ ( JEWELRY )	X	13	2,220.	SELLING PRICE
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 Acknowledgment **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.

Employer identification number

36-3256096

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN ADDITION, THE FELLOWSHIP SEEKS TO HELP CHRISTIANS UNDERSTAND THE

JEWISH ROOTS OF THEIR FAITH, SPONSOR PROGRAMS THAT SEEK TO BUILD

BRIDGES OF UNDERSTANDING BETWEEN CHRISTIANS AND JEWS AND EDUCATE THE

PUBLIC ON ISSUES OF PREJUDICE AND ANTI-SEMITISM.

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

FELLOWSHIP FUND - UNRESTRICTED DONATIONS TO WHERE NEEDED MOST ALLOW THE

FELLOWSHIP TO APPLY GIFTS TO THE PROGRAM WHERE THERE IS THE GREATEST

NEED.

EXPENSES \$ 8678223. INCLUDING GRANTS OF \$ 671138. REVENUE \$ 36858.

STAND FOR ISRAEL HELPS INFORM, EQUIP, AND MOBILIZE INDIVIDUALS AND

CHURCHES TO SUPPORT THE STATE OF ISRAEL THROUGH PRAYER AND GRASSROOTS

ADVOCACY INITIATIVES.

EXPENSES \$ 606317. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: IN 2009, IFCJ HAD THE FOLLOWING

BOARD DIRECTORS RELATED BY MARRIAGE:

- MELVIN AND SHIRLEY MYLAND

FORM 990, PART VI, SECTION B, LINE 11: THE ACCOUNTING FIRM FORWARDS A

DRAFT OF THE COMPLETED FORM 990 TO THE VP OF FINANCE WHO DOES A

COMPREHENSIVE REVIEW OF THE RETURN WITH THE SVP. ONCE IFCJ EXECUTIVE

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.

Employer identification number  
36-3256096

MANAGEMENT IS SATISFIED THAT THE RETURN IS CORRECT, IT IS SENT (VIA PDF  
FILE) TO MEMBERS OF THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. WHEN THE  
AUDIT COMMITTEE APPROVES THE RETURN IT IS SENT TO THE BOARD OF DIRECTORS,  
THE TREASURER SIGNS THE NECESSARY DOCUMENTS AND SENDS VIA CERTIFIED MAIL TO  
THE APPROPRIATE TAX AUTHORITIES.

FORM 990, PART VI, SECTION B, LINE 12C: THE IFCJ CONFLICT OF INTEREST  
POLICY IS PRESENTED TO THE BOARD OF DIRECTORS ANNUALLY, AND SIGNED. IT WAS  
RECENTLY REVIEWED BY OUR LEGAL COUNSEL TO ENSURE IT WAS COMPLETE IN FORM  
AND COMPLIED WITH ANY NEW IRS REGULATIONS. THE OFFICE MANAGER AND VP OF  
FINANCE FOLLOW UP TO MAKE SURE ALL CURRENT BOARD MEMBERS RETURNED THE  
SIGNED COPY. THE DIRECTOR OF ACCOUNTING AND VP OF FINANCE TRACK ALL VENDOR  
RELATIONSHIPS TO MONITOR NEW VENDOR RELATIONSHIPS TO MONITOR NEW VENDOR  
ADDITIONS, AND ON-GOING COMPLIANCE, AS WELL AS, FOLLOW UP ON ANY STATED  
CONFLICTS LISTED BY DIRECTORS, IF ANY. THERE ARE NO CONFLICTS OF INTEREST  
AT THIS TIME.

FORM 990, PART VI, SECTION B, LINE 15: IFCJ USES AN INDEPENDENT THIRD  
PARTY CONSULTANT TO CONDUCT A COMPREHENSIVE COMPENSATION REVIEW CONSISTENT  
WITH SECTION 4958 OF THE IRC. COMPENSATION DECISIONS ARE APPROVED BY THE  
INDEPENDENT COMPENSATION COMMITTEE WHO RELY UPON COMPARABLE THIRD PARTY  
DATA COMPILED BY THE CONSULTANT. A FULL COMPENSATION REVIEW IS COMPLETED  
FOR THE PRESIDENT AND THE EXECUTIVE MANAGEMENT TEAM (SVP'S, VP'S AND OTHER  
DISQUALIFIED PERSONS).

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

INTERNATIONAL FELLOWSHIP OF  
CHRISTIANS & JEWS, INC.

Employer identification number

36-3256096

AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, LA, MD, MI, MA, MN, MS, NH, NY, NC, ND, OH, OK, OR, PA

RI, SC, TN, UT, VA, WA, WV, WI, CO, DE, NM

FORM 990, PART VI, SECTION C, LINE 18: THE 990 IS AVAILABLE FOR PUBLIC

INSPECTION VIA OUR WEBSITE, OTHER WEBSITES, AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE FELLOWSHIP MAKES AVAILABLE TO

THE PUBLIC, THROUGH THE ORGANIZATION'S WEBSITE, THE ANNUAL AUDITED

FINANCIAL STATEMENTS FOR THE PREVIOUS YEAR, AND OTHER WEBSITES SUCH AS

GUIDESTAR AND THE BETTER BUSINESS BUREAU. OTHER GOVERNING DOCUMENTS NOT

POSTED ON THE IFCJ WEBSITE, INCLUDING THE CONFLICT OF INTEREST AND OTHER

POLICY DOCUMENTS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE G, PART I, LINE 2B, COLUMN (V): AMOUNT PAID TO FUNDRAISER, THIS

REPRESENTS THE AMOUNT PER THE CONTRACT THAT IS SPECIFICALLY PAID TO

SOLICIT CONTRIBUTIONS FOR CHARITABLE PURPOSES. AT NO TIME, HOWEVER, ARE

DONATIONS HELD BY THESE PROFESSIONAL FUNDRAISERS.

INFOCISION MANAGEMENT CORP. - THE FELLOWSHIP HAS A WRITTEN CONTRACT WITH

INFOCISION AS A PROFESSIONAL FUNDRAISER TO MAKE RENEWAL CALLS TO BOTH

SOLICIT CONTRIBUTIONS AND ENGAGE THEM FOR OUR CHARITABLE PURPOSES.

BIGHAM AGENCY, INC. - THE FELLOWSHIP HAS A WRITTEN CONTRACT WITH THE

BIGHAM AGENCY TO PROVIDE PRINTING AND RELATED SERVICES. THE AGENCY'S

EFFORTS PRODUCED A MAJORITY OF OUR CONTRIBUTION INCOME.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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CHRISTIANS & JEWS, INC.

Employer identification number  
36-3256096

STRATMARK GROUP, INC. - THE FELLOWSHIP HAS A WRITTEN CONTRACT WITH

STRATMARK TO PROVIDE PRINTING AND RELATED SERVICES.

RUSS REID CO. - THE FELLOWSHIP HAS A WRITTEN CONTRACT WITH RRC TO PROVIDE

PRINTING AND RELATED SERVICES.

KREIGER ASSOCIATES, INC. - THE FELLOWSHIP HAS A WRITTEN CONTRACT WITH

KREIGER ASSOCIATES TO PROVIDE STRATEGIC CONSULTING FOR OUR DIRECT

RESPONSE TELEVISION PROGRAM AND TO PLACE OUR PROGRAMS ON VARIOUS STATIONS

AND NETWORKS ACROSS THE UNITED STATES.

LDTV, INC. - THE FELLOWSHIP HAS AN AGREEMENT WITH LDTV TO PROVIDE

PRODUCTION AND RELATED SERVICES FOR TELEVISION PROGRAMS ON THE WORK OF

IFCJ.

COMMONWEALTH MAILING SERVICE - THE FELLOWSHIP HAS AN AGREEMENT WITH

COMMONWEALTH TO PROVIDE PRINTING AND RELATED SERVICES.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: YAEL ECKSTEIN - FARKAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE, PRESIDENT'S DAUGHTER

(C) AMOUNT OF TRANSACTION \$ 32661.

(D) DESCRIPTION OF TRANSACTION: W-2 EQUIV. EARNINGS

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.	Employer identification number	36-3256096
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(A) NAME OF PERSON: AMIACHI FARKAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE, PRESIDENT'S SON-IN-LAW

(C) AMOUNT OF TRANSACTION \$ 16580.

(D) DESCRIPTION OF TRANSACTION: W-2 EQUIV. EARNINGS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TALIA POLLACK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE, PRESIDENT'S DAUGHTER

(C) AMOUNT OF TRANSACTION \$ 35942.

(D) DESCRIPTION OF TRANSACTION: W-2 EARNINGS

(E) SHARING OF ORGANIZATION REVENUES? = NO





**Part III Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses	X	
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		
<b>r</b> Other transfer of cash or property from other organization(s)		

**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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

