

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning and ending		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FRIENDS OF THE ISRAEL DEFENSE FORCES Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 60 EAST 42ND STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10165-0015 F Name and address of principal officer: RABBI STEVEN WEIL SAME AS C ABOVE	D Employer identification number 13-3156445 E Telephone number 212-244-3118 G Gross receipts \$ 93,081,198. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FIDF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1981		
M State of legal domicile: NY		

Part I Summary

Part I	Summary	1 Briefly describe the organization's mission or most significant activities: TO OFFER EDUCATIONAL, CULTURAL, RECREATIONAL, SOCIAL SERVICES PROGRAMS, (CONTINUED ON SCHEDULE O)																										
Activities & Governance		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 72 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 72 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 141 6 Total number of volunteers (estimate if necessary) 6 907 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																										
Revenue			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Prior Year</th> <th style="width: 20%; text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">88,387,365.</td> <td style="text-align: right;">59,306,597.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">1,703,500.</td> <td style="text-align: right;">1,689,196.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-2,762,035.</td> <td style="text-align: right;">-735,015.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">87,328,830.</td> <td style="text-align: right;">60,260,778.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	88,387,365.	59,306,597.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,703,500.	1,689,196.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,762,035.	-735,015.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,328,830.	60,260,778.							
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Part II Signature Block

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

Sign Here	Signature of officer: <u>Alan Srulowitz</u> Type or print name and title: ALAN SRULOWITZ, CFO	Date: 9/20/2021
Paid Preparer Use Only	Print/Type preparer's name: DANIEL ROMANO Preparer's signature: <u>[Signature]</u> Date: 09/20/2021 Firm's name: GRANT THORNTON LLP Firm's address: 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013	Check if self-employed: <input type="checkbox"/> PTIN: P00504182 Firm's EIN: 36-6055558 Phone no.: 212-599-0100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO OFFER EDUCATIONAL, CULTURAL, RECREATIONAL, SOCIAL SERVICES PROGRAMS, AND FACILITIES THAT PROVIDE HOPE, PURPOSE, AND LIFE-CHANGING SUPPORT FOR THE SOLDIERS WHO PROTECT ISRAEL AND JEWS WORLDWIDE.

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 26,971,319. including grants of \$ 26,194,593.) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 24,796,072. including grants of \$ 23,524,660.) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ 7,295,822. including grants of \$ 6,551,011.) (Revenue \$) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 59,063,213.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

Part VI 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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (72), 1b (72), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) MEIR KLIFI-AMIR NATIONAL DIRECTOR & CEO (THRU 08/20)	40.00 0.00			X				667,687.	0.	29,970.
(2) JOSHUA FOGELSON FORMER DEPUTY NATIONAL DIRECTOR	40.00 0.00				X			322,108.	0.	20,399.
(3) GALIT BRICHTA EXECUTIVE DIRECTOR	40.00 0.00				X			270,197.	0.	47,461.
(4) STEVEN WEIL NATIONAL DIRECTOR & CEO (AS OF 09/20)	40.00 0.00			X				222,600.	0.	14,367.
(5) JEFFREY E. GOLDBERG CHIEF FINANCIAL OFFICER	40.00 0.00			X				220,555.	0.	14,595.
(6) LILACH OHAD CHIEF OPERATING OFFICER	40.00 0.00			X				206,147.	0.	22,775.
(7) AVISHAG GOLDWERGER V.P OF MARKETING	40.00 0.00					X		172,010.	0.	52,849.
(8) TAMIR OPPENHEIM EXECUTIVE DIRECTOR	40.00 0.00				X			168,571.	0.	47,987.
(9) SHELLY KAIDAR FORMER V.P PROJECTS & PROGRAMS	40.00 0.00				X			168,109.	0.	37,243.
(10) DINA BEN ARI EXECUTIVE DIRECTOR	40.00 0.00				X			187,336.	0.	16,560.
(11) ASHLEY CLEMENTE V.P OF INFORMATION TECHNOLOGY	40.00 0.00					X		164,365.	0.	32,454.
(12) SUSAN LEVIN-ABIR EXECUTIVE DIRECTOR	40.00 0.00					X		150,403.	0.	44,932.
(13) LIOR ZOMMER DIRECTOR OF SPECIAL EVENTS	40.00 0.00					X		140,383.	0.	44,853.
(14) JENNA GRIFFIN EXECUTIVE DIRECTOR	40.00 0.00				X			159,939.	0.	16,256.
(15) ARI DALLAS SENIOR V.P, NATIONAL AFFAIRS	40.00 0.00				X			157,467.	0.	1,850.
(16) GUY RONEN EXECUTIVE DIRECTOR	40.00 0.00					X		143,430.	0.	15,658.
(17) RABBI PETER WEINTRAUB NATIONAL CHAIRMAN	2.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) ROBERT COHEN PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(19) NILY FALIC CHAIRMAN EMERITUS	2.00 0.00	X		X				0.	0.	0.
(20) LARRY J. HOCHBERG CHAIRMAN EMERITUS	2.00 0.00	X		X				0.	0.	0.
(21) ARTHUR STARK CHAIRMAN EMERITUS	2.00 0.00	X		X				0.	0.	0.
(22) JOEL GREENBERG NATIONAL VICE PRESIDENT (THRU 12/20)	2.00 0.00	X		X				0.	0.	0.
(23) MARC PERLMAN NATIONAL VICE PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(24) TONY RUBIN NATIONAL VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(25) ROBIN SELATI TREASURER	2.00 0.00	X		X				0.	0.	0.
(26) STEPHEN RUBIN, ESQ. SECRETARY/GENERAL COUNSEL	2.00 0.00	X		X				0.	0.	0.
1b Subtotal								3,521,307.	0.	460,209.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,521,307.	0.	460,209.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 31

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MOSAIC TOURS & TRAVEL 6345 COLLINS AVENUE, MIAMI BEACH, FL 33141	TRAVEL SERVICES	380,063.
THE MESSINA GROUP, INC., 1155 CONNECTICUT AVENUE NW, WASHINGTON, DC 20036	ONLINE OUTREACH	378,460.
PUDER PUBLIC RELATIONS LLC, ARIK PUDER 444 EAST 82ND ST. APT 24G, NEW YORK, NY 10028	PUBLIC RELATION	180,215.
EFFI IDAN, 33 HAPALMACH, ZICHRON YA'AKOV, ISRAEL 3094633	MANAGEMENT CONSULTING	159,863.
GRANT THORNTON 757 THIRD AVE, NEW YORK, NY 10017	AUDIT SERVICES	127,538.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) ALISA ABECASSIS DIRECTOR (AS OF 09/20)	1.00 0.00	X						0.	0.	0.
(28) RICKI ALON DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) HARVEY AXELROD DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) SAMMY BAR-OR DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) DR. ROS BARRON DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) RONNY BEN JOSEF DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) DANIEL BENEDICT DIRECTOR (AS OF 09/20)	1.00 0.00	X						0.	0.	0.
(34) SCOTT BLACK DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) MAX BLANKFELD DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) ALAN BRODY DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) DOUG BUNIM DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) ROBERT BURMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) FRED DISTENFELD DIRECTOR (AS OF 09/20)	1.00 0.00	X						0.	0.	0.
(40) OSCAR FELDENKREIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) WILLIAM FOX DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) ALBERT FRANK DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) FRED GLUCKMAN DIRECTOR (AS OF 09/20)	1.00 0.00	X						0.	0.	0.
(44) MITCHELL GOLD DIRECTOR (AS OF 09/20)	1.00 0.00	X						0.	0.	0.
(45) GABRIEL GROISMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) HARRY GROSS DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(47) BERNIE GROVEMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(48) IRWIN HABER DIRECTOR	1.00 0.00	X						0.	0.	0.
(49) DAVID HAGER DIRECTOR	1.00 0.00	X						0.	0.	0.
(50) DANIEL HYMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(51) MEIR IZAK DIRECTOR	1.00 0.00	X						0.	0.	0.
(52) MARC JASON DIRECTOR	1.00 0.00	X						0.	0.	0.
(53) DR. MICHAEL KALISMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(54) JERRY KAPLAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(55) MICHAEL KARLIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(56) DR. SHMUEL KATZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(57) ALAN KATZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(58) ALON KAUFMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(59) ANDREW KLABER DIRECTOR	1.00 0.00	X						0.	0.	0.
(60) RICHARD KWAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(61) AVI LERNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(62) MOREY LEVOVITZ DIRECTOR (AS OF 09/20)	1.00 0.00	X						0.	0.	0.
(63) NATHAN LEWINGER DIRECTOR	1.00 0.00	X						0.	0.	0.
(64) MELINDA LOWELL PALTROW DIRECTOR	1.00 0.00	X						0.	0.	0.
(65) BRIAN MERMELSHTEIN DIRECTOR (AS OF 09/20)	1.00 0.00	X						0.	0.	0.
(66) SHARON MISHKIN DIRECTOR (THRU 12/20)	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(67) JERRY MIZEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(68) SAM MOSHE DIRECTOR	1.00 0.00	X						0.	0.	0.
(69) WENDY MOSKOWITZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(70) JORDE NATHAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(71) SORAYA & YOUNES NAZARIAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(72) SPENCER PARTRICH DIRECTOR	1.00 0.00	X						0.	0.	0.
(73) ROBERT POLAK DIRECTOR	1.00 0.00	X						0.	0.	0.
(74) AMITAI RAZIEL DIRECTOR (AS OF 09/20)	1.00 0.00	X						0.	0.	0.
(75) ISRAEL ROIZMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(76) ARI RYAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(77) HAIM SABAN DIRECTOR (AS OF 09/20)	1.00 0.00	X						0.	0.	0.
(78) MONICA SASSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(79) FELA SHAPELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(80) DR. ROBERT SHILLMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(81) MORRIS SILVERMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(82) NORMAN SMITH DIRECTOR	1.00 0.00	X						0.	0.	0.
(83) GARRY SOBEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(84) LLOYD SOKOLOFF DIRECTOR	1.00 0.00	X						0.	0.	0.
(85) ELIE WEISS DIRECTOR	1.00 0.00	X						0.	0.	0.
(86) MICHAEL WERNER DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 1,700,022.					
	b	Membership dues	1b					
	c	Fundraising events	1c 5,816,879.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 51,789,696.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 2,354,875.					
	h	Total. Add lines 1a-1f						59,306,597.
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		715,926.			715,926.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b 31,958,287.					
	c	Gain or (loss)	7c 973,270.					
	d	Net gain or (loss)		973,270.			973,270.	
8 a	Gross income from fundraising events (not including \$ 5,816,879. of contributions reported on line 1c). See Part IV, line 18	8a						
			269,190.					
b	Less: direct expenses	8b 849,741.						
c	Net income or (loss) from fundraising events		-580,551.			-580,551.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
			14,743.					
b	Less: direct expenses	9b 12,392.						
c	Net income or (loss) from gaming activities		2,351.			2,351.		
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	REALIZED FOREIGN EXCHA	900099		-156,815.		-156,815.	
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d				-156,815.		
12	Total revenue. See instructions			60,260,778.	0.	0.	954,181.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	56,270,263.	56,270,263.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,020,176.	420,656.	1,365,159.	1,234,361.
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	9,515,749.	1,325,371.	4,301,242.	3,889,136.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,024.	11,703.	37,980.	34,341.
9 Other employee benefits	1,254,238.	174,693.	566,932.	512,613.
10 Payroll taxes	846,342.	117,880.	382,558.	345,904.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,082.		9,082.	
c Accounting	59,341.		59,341.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	378,460.			378,460.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,313,479.	317,113.	700,993.	1,295,373.
12 Advertising and promotion	166,797.	36,813.	15,211.	114,773.
13 Office expenses	1,440,353.	135,780.	802,825.	501,748.
14 Information technology				
15 Royalties				
16 Occupancy	1,651,000.	103,164.	928,702.	619,134.
17 Travel	482,895.	149,777.	175,951.	157,167.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	152,360.		152,360.	
23 Insurance	268,335.		268,173.	162.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISC. EXPENSES	69,783.		69,783.	
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	77,982,677.	59,063,213.	9,836,292.	9,083,172.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	57,770,800.	2	64,417,833.
	3 Pledges and grants receivable, net	110,366,839.	3	73,867,440.
	4 Accounts receivable, net	10,739.	4	9,875.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	430,641.	9	149,163.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,957,911.		
	b Less: accumulated depreciation	10b 1,185,309.	855,227.	10c 772,602.
	11 Investments - publicly traded securities	10,680,245.	11	12,882,211.
	12 Investments - other securities. See Part IV, line 11	38,651,652.	12	53,380,105.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	66,353.	15	39,753.
16 Total assets. Add lines 1 through 15 (must equal line 33)	218,832,496.	16	205,518,982.	
Liabilities	17 Accounts payable and accrued expenses	2,207,166.	17	2,096,672.
	18 Grants payable	6,358,311.	18	20,213,078.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,335,034.	25	12,977,816.
	26 Total liabilities. Add lines 17 through 25	17,900,511.	26	35,287,566.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	36,108,270.	27	39,326,272.
	28 Net assets with donor restrictions	164,823,715.	28	130,905,144.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	200,931,985.	32	170,231,416.
33 Total liabilities and net assets/fund balances	218,832,496.	33	205,518,982.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	60,260,778.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,982,677.
3	Revenue less expenses. Subtract line 2 from line 1	3	-17,721,899.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	200,931,985.
5	Net unrealized gains (losses) on investments	5	2,352,171.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-15,330,841.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	170,231,416.

Part XII Financial Statements and Reporting

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

- 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 on Schedule O.
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2020)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	111,260,651.	122,558,864.	132,924,268.	88,387,365.	59,306,597.	514,437,745.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	111,260,651.	122,558,864.	132,924,268.	88,387,365.	59,306,597.	514,437,745.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						47,794,671.
6 Public support. Subtract line 5 from line 4.						466,643,074.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	111,260,651.	122,558,864.	132,924,268.	88,387,365.	59,306,597.	514,437,745.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,128,840.	1,344,045.	1,124,617.	1,203,092.	715,926.	5,516,520.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,692,860.	5,107,624.	5,945,716.	4,340,458.	127,118.	20,213,776.
11 Total support. Add lines 7 through 10						540,168,041.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	86.39 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	86.57 %

16a 33 1/3% support test - 2020. 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 ►

b 33 1/3% support test - 2019. 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 ►

17a 10% -facts-and-circumstances test - 2020. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ►

b 10% -facts-and-circumstances test - 2019. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING GROSS RECEIPTS

2016 AMOUNT: \$ 3,364,525.

2017 AMOUNT: \$ 3,927,679.

2018 AMOUNT: \$ 4,830,252.

2019 AMOUNT: \$ 4,356,919.

2020 AMOUNT: \$ 269,190.

GAMING GROSS RECEIPTS

2016 AMOUNT: \$ 1,316,206.

2017 AMOUNT: \$ 1,196,985.

2018 AMOUNT: \$ 1,202,651.

2019 AMOUNT: \$ 90,610.

2020 AMOUNT: \$ 14,743.

REALIZED FX GAIN/LOSS

2016 AMOUNT: \$ 12,129.

2017 AMOUNT: \$ -17,040.

2018 AMOUNT: \$ -87,187.

2019 AMOUNT: \$ -107,071.

2020 AMOUNT: \$ -156,815.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

FRIENDS OF THE ISRAEL DEFENSE FORCES

Employer identification number

13-3156445

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FRIENDS OF THE ISRAEL DEFENSE FORCES	Employer identification number 13-3156445
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,730,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,509,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,376,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,318,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRIENDS OF THE ISRAEL DEFENSE FORCES	Employer identification number 13-3156445
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization FRIENDS OF THE ISRAEL DEFENSE FORCES	Employer identification number 13-3156445
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization FRIENDS OF THE ISRAEL DEFENSE FORCES **Employer identification number** 13-3156445

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a 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 7/25/06, and not on a historic structure listed in the National Register	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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,788,342.	8,913,007.	9,319,643.	7,425,663.	3,479,963.
b Contributions	163,331.	1,181,115.	117,000.	1,164,450.	3,392,000.
c Net investment earnings, gains, and losses	-1,552,126.	1,818,220.	-243,804.	913,109.	48,637.
d Grants or scholarships					
e Other expenditures for facilities and programs	624,962.	124,000.	279,832.	183,579.	48,637.
f Administrative expenses					
g End of year balance	9,774,585.	11,788,342.	8,913,007.	9,319,643.	6,871,963.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 89.0900 %
 - c Term endowment 10.9100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		812,026.	323,094.	488,932.
d Equipment		67,732.	57,144.	10,588.
e Other		1,078,153.	805,071.	273,082.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				772,602.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) GOVT. GUARANTEED OBLIG.	28,228,719.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	5,254,948.	END-OF-YEAR MARKET VALUE
(C) COMMON TRUST FUNDS	13,609,474.	END-OF-YEAR MARKET VALUE
(D) STATE OF ISRAEL BONDS	6,286,964.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	53,380,105.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	10,307,292.
(3) PAYCHECK PROTECTION PLAN LOAN	2,670,524.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,977,816.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	62,555,970.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,352,171.
b	Donated services and use of facilities	2b	1,256,760.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,313,739.
e	Add lines 2a through 2d	2e	2,295,192.
3	Subtract line 2e from line 1	3	60,260,778.
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 XIII.)	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	60,260,778.

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

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

1	Total expenses and losses per audited financial statements	1	93,256,539.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,256,760.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	14,017,102.
e	Add lines 2a through 2d	2e	15,273,862.
3	Subtract line 2e from line 1	3	77,982,677.
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 XIII.)	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	77,982,677.

Part XIII Supplemental Information.

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

PART V, LINE 4:

INTENDED USES OF THE ENDOWMENT FUNDS

TO HELP SUPPORT FRIENDS OF THE ISRAEL DEFENSE FORCES PROGRAM SERVICES.

PART X, LINE 2:

FIN 48 DISCLOSURE

FIDF FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES

RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE

PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE

RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS

"MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE

Part XIII Supplemental Information (continued)

CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS

BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO

THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

FIDF IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH

IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS

THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. FIDF HAS PROCESSES

PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO

IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND

TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS A NEXUS; AND TO IDENTIFY

AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. FIDF HAS

DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. IN ADDITION, FIDF

HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO MATERIAL TAX

LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENTS	-1,319,380.
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UNREALIZED LOSS ON FOREIGN CURRENCY	5,641.
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TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,313,739.
---------------------------------------	-------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE FROM UNCOLLECTIBLE PLEDGES	162,335.
---	----------

CHANGE IN GRANTS PAYABLE FOR CAPITAL PROJECTS	13,854,767.
---	-------------

TOTAL TO SCHEDULE D, PART XII, LINE 2D	14,017,102.
--	-------------

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	20,907,861.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	3,980,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	3,912,500.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	2,096,900.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	1,770,801.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	1,746,080.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	1,396,680.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	1,197,545.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 23

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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	GENERAL SUPPORT	911,453.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	300,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	272,671.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	200,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	120,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	80,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	35,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	34,943.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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	GENERAL SUPPORT	25,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	25,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	21,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	20,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	14,180.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	10,000.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROCEDURE FOR MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE:

GRANTS FOR PROJECTS AND PROGRAMS ARE MADE PURSUANT TO A CONTRACT OR

MEMORANDUM WHICH DELINEATES THE INTENDED USE OF THE FUNDS BY THE GRANTEE

AND THE TIMETABLE OF GRANT PAYMENTS. FUNDS ARE DISBURSED ON A VERY

DISCIPLINED AND CONTROLLED BASIS AND ONLY UPON RECEIPT OF A TRANSFER

REQUISITION FROM THE GRANTEE ACCOMPANIED BY SUPPORTING DOCUMENTATION OF

THE EXPENSES TO BE PAID, WHERE APPLICABLE. SUCH DOCUMENTATION INCLUDES

INVOICES, CONSTRUCTION PROGRESS REPORTS, PHOTOS AND/OR VIDEOS, REPORTS OF

PROGRAM SERVICES RENDERED AND SIMILAR EVIDENCE, DEPENDING ON THE MATTER

ON HAND. FIDF STAFF REVIEWS THE DOCUMENTATION PROVIDED AND, WHEN

SATISFIED WITH ITS COMPLETENESS, AUTHORIZES RELEASE OF THE FUNDS. FUNDS

SO RELEASED MUST BE USED BY THE GRANTEE ONLY FOR THE SPECIFIC PURPOSE AND

NOT FOR ANY OTHER PURPOSE. FIDF MAINTAINS DETAILED RECORDS OF WHAT IT HAS

PAID FOR AND THE BALANCE OF ITS COMMITMENT REMAINING TO BE PAID AT ANY

POINT IN TIME. IN ADDITION, FIDF PERSONNEL AND ITS ISRAEL BASED

REPRESENTATIVES PERIODICALLY VISIT PROJECTS AND PROGRAMS IN PROGRESS FOR

A FIRST HAND ASSESSMENT THAT THE FUNDS ARE BEING USED AS INTENDED.

FIDF IMPACT! SCHOLARSHIP PROGRAM GRANTS FULL 4-YEAR SCHOLARSHIPS TO

ISRAELI SOLDIERS WHO HAVE COMPLETED THEIR MILITARY SERVICE. TO BE

ELIGIBLE, VETERANS MUST, AMONG OTHER CRITERIA, COME FROM A COMBAT OR

COMBAT-SUPPORT UNIT AND A DISADVANTAGED SOCIOECONOMIC BACKGROUND THAT

MIGHT OTHERWISE PREVENT THEM FROM PURSUING HIGHER EDUCATION. APPLICANTS'

ELIGIBILITY IS DETERMINED BY FIDF IMPACT! STAFF THROUGH REVIEW OF

RELEVANT DOCUMENTATION AND PERSONAL INTERVIEWS. TO MAINTAIN ELIGIBILITY,

EACH SCHOLARSHIP RECIPIENT IS FURTHER REQUIRED TO COMPLETE 130 HOURS OF

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

COMMUNITY SERVICE EVERY YEAR DURING THE FULL TERM OF THE SCHOLARSHIP AND

MAINTAIN APPROPRIATE ACADEMIC STANDARDS. THIS IS MONITORED BY THE FIDF

IMPACT! STAFF THROUGH COMMUNICATION WITH THE VARIOUS ACADEMIC INSTITUTES

AND THE COMMUNITY ORGANIZATIONS WHERE THE STUDENTS VOLUNTEER. TRANSFERS

TO SCHOLARSHIP RECIPIENTS ARE MADE 3-TIMES A YEAR AFTER VERIFICATION OF

CONTINUED ELIGIBILITY.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization: **FRIENDS OF THE ISRAEL DEFENSE FORCES**
Employer identification number: **13-3156445**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE MESSINA GROUP, INC. - 1155 CONNECTICUT AVE NW, 4TH FLR,	FUNDRAISING STRATEGY		X	1,008,773.	378,460.	630,313.
Total				1,008,773.	378,460.	630,313.

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

AZ, CA, CT, FL, GA, IL, MA, MD, MI, NJ, NY, NV, OH, PA, TX, VA, WA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MIAMI DINNER (event type)	BOCA DINNER (event type)	13 (total number)	
Revenue	1 Gross receipts	2,002,833.	840,887.	3,242,349.	6,086,069.
	2 Less: Contributions	1,849,293.	775,632.	3,191,954.	5,816,879.
	3 Gross income (line 1 minus line 2)	153,540.	65,255.	50,395.	269,190.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			2,600.	2,600.
	6 Rent/facility costs	25,000.	16,500.	183,947.	225,447.
	7 Food and beverages	158,323.	81,590.	158,766.	398,679.
	8 Entertainment		18,056.	33,067.	51,123.
	9 Other direct expenses	48,363.	1,032.	122,497.	171,892.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				849,741.
11 Net income summary. Subtract line 10 from line 3, column (d)				-580,551.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		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. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE MESSINA GROUP, INC.

(I) ADDRESS OF FUNDRAISER:

1155 CONNECTICUT AVE NW, 4TH FLR, WASHINGTON, DC 20036

SCHEDULE G, PART IV

IN MARCH 2020, THE WORLD HEALTH ORGANIZATION CLASSIFIED THE OUTBREAK AND THE SPREAD OF COVID-19 ("COVID") AS A GLOBAL PANDEMIC. THEREFORE,

Part IV Supplemental Information (continued)

IN ORDER TO COMPLY WITH CENTERS FOR DISEASE CONTROL COVID GUIDELINES TO

ENSURE THE SAFETY OF DONORS AND FIDF EMPLOYEES, IN-PERSON FUNDRAISING

EVENTS WERE CURTAILED FOR MOST OF 2020. THIS RESULTED IN SIGNIFICANTLY

LOWER CONTRIBUTIONS FOR THE MONTHS AFFECTED. FIDF RAN A NUMBER OF

VIRTUAL EVENTS DURING THIS TIME TO RAISE CONTRIBUTION REVENUE AND

MAINTAIN CONNECTIVITY TO DONORS. CONTRIBUTIONS ARE EXPECTED TO

CONTINUOUSLY INCREASE AS THE PANDEMIC RESTRICTIONS ARE LIFTED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **FRIENDS OF THE ISRAEL DEFENSE FORCES**
 Employer identification number: **13-3156445**

Part I Questions Regarding Compensation

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

- First-class or charter travel
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (such as maid, chauffeur, chef)

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

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

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MEIR KLIFI-AMIR NATIONAL DIRECTOR & CEO (THRU 08/20)	(i)	305,601.	175,000.	187,086.	5,676.	24,294.	697,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSHUA FOGELSON FORMER DEPUTY NATIONAL DIRECTOR	(i)	240,846.	5,200.	76,062.	0.	20,399.	342,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GALIT BRICHTA EXECUTIVE DIRECTOR	(i)	263,498.	4,900.	1,799.	3,282.	44,179.	317,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEVEN WEIL NATIONAL DIRECTOR & CEO (AS OF 09/20)	(i)	212,318.	0.	10,282.	0.	14,367.	236,967.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEFFREY E. GOLDBERG CHIEF FINANCIAL OFFICER	(i)	215,558.	4,550.	447.	2,582.	12,013.	235,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LILACH OHAD CHIEF OPERATING OFFICER	(i)	200,150.	5,550.	447.	2,476.	20,299.	228,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AVISHAG GOLDWERGER V.P OF MARKETING	(i)	165,661.	4,550.	1,799.	2,251.	50,598.	224,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TAMIR OPPENHEIM EXECUTIVE DIRECTOR	(i)	161,872.	4,900.	1,799.	1,423.	46,564.	216,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHELLY KAIDAR FORMER V.P PROJECTS & PROGRAMS	(i)	120,439.	4,550.	43,120.	1,841.	35,402.	205,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DINA BEN ARI EXECUTIVE DIRECTOR	(i)	179,389.	7,500.	447.	2,116.	14,444.	203,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ASHLEY CLEMENTE V.P OF INFORMATION TECHNOLOGY	(i)	158,753.	4,550.	1,062.	1,961.	30,493.	196,819.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SUSAN LEVIN-ABIR EXECUTIVE DIRECTOR	(i)	143,404.	5,200.	1,799.	1,809.	43,123.	195,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LIOR ZOMMER DIRECTOR OF SPECIAL EVENTS	(i)	134,034.	4,550.	1,799.	1,730.	43,123.	185,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JENNA GRIFFIN EXECUTIVE DIRECTOR	(i)	153,292.	6,200.	447.	1,812.	14,444.	176,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ARI DALLAS SENIOR V.P, NATIONAL AFFAIRS	(i)	153,107.	4,250.	110.	1,511.	339.	159,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) GUY RONEN EXECUTIVE DIRECTOR	(i)	135,483.	7,500.	447.	1,696.	13,962.	159,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

HOUSING ALLOWANCE

FOR MORE THAN THE LAST TEN YEARS, FIDF'S NATIONAL DIRECTORS HAVE BEEN IDF

MAJOR GENERALS WHO HAVE RECENTLY RETIRED FROM ACTIVE SERVICE AFTER LONG AND

DISTINGUISHED CAREERS. BECAUSE IT IS CUSTOMARY FOR SENIOR IDF OFFICERS

SERVING IN THE UNITED STATES TO RECEIVE A HOUSING ALLOWANCE, THE

COMPENSATION COMMITTEE DETERMINED THAT IT WAS ESSENTIAL TO PROVIDE THIS

ALLOWANCE IN ORDER TO SECURE THE SERVICES OF A SENIOR (RESERVE) MAJOR

GENERAL. THE COST OF THIS TAXABLE ALLOWANCE IS INCLUDED IN THE TOTAL

COMPENSATION REPORTED.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

TAX INDEMNIFICATION AND GROSS UP OF PAYMENTS ARE PROVIDED TO THE NATIONAL

DIRECTOR IN RELATION TO THE HOUSING ALLOWANCE. THIS WAS TREATED AS A

TAXABLE BENEFIT.

PART I, LINE 4A:

THE FOLLOWING INDIVIDUALS DISCLOSED ON FIDF FORM 990 RECEIVED A SEPARATION

PAYMENT DURING TAX YEAR 2020. THE SEPARATION PAYMENTS WERE PAID IN CALENDAR

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

YEAR 2020 AND DISCLOSED IN 2020 FORM 990, AS APPLICABLE.

JOSHUA FOGELSON - 75,000

SHELLY KAIDAR - 41,321

PART I, LINE 5:

BONUS CONTINGENT ON REVENUE

FIDF'S NATIONAL DIRECTOR'S BONUS IS CONTINGENT ON THE AMOUNT OF REVENUE FOR THE YEAR.

PART I, LINE 7:

NON-FIXED PAYMENTS

BONUSES ARE PAID BASED ON SUCCESSFUL COMPLETION OF INDIVIDUAL/REGIONAL/ORGANIZATIONAL WIDE STRATEGIC AND OPERATIONAL GOALS OR BASED ON TAKING ON ADDITIONAL RESPONSIBILITIES OR ROLES. ALL NON-FIXED PAYMENTS HAVE BEEN INCLUDED IN PART VII AND SCHEDULE J COMPENSATION REPORTING.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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

Name of the organization: **FRIENDS OF THE ISRAEL DEFENSE FORCES**
Employer identification number: **13-3156445**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	86	2,209,537.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	29	137,832.	FAIR MARKET VALUE
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 (AUCTION ITEMS)	X	29	7,506.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS IS REPORTED ON COLUMN B.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

FRIENDS OF THE ISRAEL DEFENSE FORCES

Employer identification number

13-3156445

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

AND FACILITIES THAT PROVIDE HOPE, PURPOSE, AND LIFE-CHANGING SUPPORT

FOR THE SOLDIERS WHO PROTECT ISRAEL AND JEWS WORLDWIDE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WELLBEING AND RECREATIONAL PROGRAMS

THE DIGNITY PROGRAM EASES THE BURDEN BY PROVIDING ECONOMIC RELIEF FOR

SOLDIERS WHO ARE IN FINANCIAL DISTRESS THROUGH THE PROVISION OF CASH

SUBSIDIES, BASIC FURNITURE AND HOME APPLIANCES, HOLIDAY GIFT PACKAGES,

FOOD VOUCHERS, AND OTHER ASSISTANCE TO THEIR FAMILIES. DURING 2020,

FIDF PROVIDED APPROXIMATELY \$5.4 MILLION FOR SUCH ASSISTANCE TO ABOUT

11,507 SOLDIERS.

THE LONE SOLDIERS PROGRAM ENSURES LONE SOLDIERS NEVER FEEL TRULY ALONE

BY ENABLING FIDF TO ACT AS A SECOND FAMILY FOR SOLDIERS WHO HAVE NO

IMMEDIATE FAMILY IN ISRAEL DURING THEIR MILITARY SERVICE. FIDF ALSO

SPONSORS FLIGHTS FOR LONE COMBAT SOLDIERS, ENABLING THEM TO VISIT THEIR

FAMILIES IN THEIR HOME COUNTRIES DURING THEIR PERIOD OF SERVICE. DURING

2020, FIDF PROVIDED APPROXIMATELY \$4.5 MILLION TO ASSIST OVER 6,730

LONE SOLDIERS THROUGH THESE PROGRAMS.

THE LEGACY PROGRAM PROVIDES COMFORT AND CARE BY HELPING THOSE FAMILIES

WHO HAVE SUFFERED A DEVASTATING LOSS OF A LOVED ONE FALLEN DURING

MILITARY SERVICE. THROUGH RECREATIONAL VACATIONS IN ISRAEL WITH

ACTIVITIES SUCH AS WORKSHOPS, SHOWS, EXCURSIONS, ENTERTAINMENT BY

POPULAR ISRAELI ARTISTS, SPORTS ACTIVITIES, AND MORE, FIDF STANDS

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization FRIENDS OF THE ISRAEL DEFENSE FORCES	Employer identification number 13-3156445
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UNITED BY THE SIDE OF THESE BELOVED FAMILIES THROUGH THEIR LIVES. THE

PROGRAM ALSO SPONSORS TRIPS TO THE UNITED STATES FOR CHILDREN AND

SIBLINGS OF FALLEN SOLDIERS WHO SHARE THE EXPERIENCE OF SUMMER CAMP IN

THE U.S. WITH AMERICAN CHILDREN OF SIMILAR AGE. DURING 2020, FIDF

PROVIDED APPROXIMATELY \$900 THOUSAND FOR SUCH ACTIVITIES, AIDING OVER

2,435 MEMBERS OF BEREAVED FAMILIES.

THE SPIRIT/REST AND RECREATION PROGRAM SPONSORS VARIOUS UNITS WITH

WELLBEING NEEDS SUCH AS FUN DAYS, TRIPS AND SPORTS EVENTS AND WELLBEING

EQUIPMENT, AND PROVIDES A WEEK OF REST AND RECUPERATION FOR ACTIVE-DUTY

COMBAT UNITS. SOLDIERS ENJOY A WEEK OF R&R AT RECREATION CENTERS WHICH

ARE FULLY EQUIPPED WITH LODGING AND DINING FACILITIES, SWIMMING POOLS,

FITNESS ROOMS, AND OTHER AMENITIES. DURING 2020, FIDF PROVIDED

APPROXIMATELY \$800 THOUSAND FOR SUCH ACTIVITIES, SPONSORING 57 WEEKS OF

SUCH PROGRAMS FOR A TOTAL OF ABOUT 5,530 SOLDIERS.

THE ADOPT A BRIGADE PROGRAM PROVIDES SUPPORT FOR THE DIGNITY PROGRAM,

SPIRIT/REST AND RECREATION PROGRAM, THE LONE SOLDIERS PROGRAM AND

GENERAL WELLBEING ACTIVITIES OF THE DESIGNATED BRIGADES. DURING 2020,

FIDF PROVIDED APPROXIMATELY \$1.8 MILLION TO SPONSOR THE GENERAL

WELLBEING NEEDS OF THE 10 BRIGADES ADOPTED BY FIDF (APPROXIMATELY

37,500 SOLDIERS).

THE ADOPT A BATTALION PROGRAM PROVIDES YEAR-LONG RECREATIONAL

ACTIVITIES FOR DESIGNATED BATTALIONS. DURING 2020, FIDF PROVIDED

APPROXIMATELY \$1.9 MILLION TO SPONSOR CEREMONIES, TRIPS AND OTHER

WELLBEING ACTIVITIES FOR THE 81 BATTALIONS ADOPTED BY FIDF

(APPROXIMATELY 30,000 SOLDIERS).

Name of the organization FRIENDS OF THE ISRAEL DEFENSE FORCES	Employer identification number 13-3156445
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THE WOUNDED VETERANS PROGRAM OFFERED A SECOND CHANCE AT A LIFE WITHOUT LIMITATIONS IN 2020 WITH APPROXIMATELY \$2.2 MILLION TO SPONSOR ACTIVITIES SUPPORTING OVER 1,050 WOUNDED VETERANS.

THE SPIRITUAL NEEDS PROGRAM, IN COOPERATION WITH THE IDF RABBINATE, PROVIDES FOR JUDAICA AND RITUAL ARTICLES, HOLIDAY CELEBRATIONS AND ACTIVITIES AND OTHER EDUCATIONAL AND SOCIAL ACTIVITIES. DURING 2020, FIDF PROVIDED APPROXIMATELY \$3.5 MILLION TO SPONSOR SUCH ARTICLES AND ACTIVITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATIONAL AND SCHOLARSHIP PROGRAMS

THE FIDF IMPACT! SCHOLARSHIP PROGRAM GRANTS FULL 4-YEAR SCHOLARSHIPS TO ISRAELI SOLDIERS WHO HAVE COMPLETED THEIR MILITARY SERVICE. THE PERSONAL NATURE OF THE PROGRAM ENABLES SPONSORS TO DIRECTLY SEE THE "IMPACT" OF THEIR DONATIONS ON VETERANS' LIVES, AND OFFERS THE OPPORTUNITY TO BUILD RELATIONSHIPS WHICH LAST WAY BEYOND THE COMPLETION OF THE RECIPIENT'S STUDIES. TO BE ELIGIBLE, VETERANS MUST COME FROM A COMBAT OR COMBAT-SUPPORT UNIT AND A DISADVANTAGED SOCIOECONOMIC BACKGROUND. EACH SCHOLARSHIP RECIPIENT IS REQUIRED TO COMPLETE 130 HOURS OF COMMUNITY SERVICE EVERY YEAR DURING THE FULL TERM OF THE SCHOLARSHIP. FIDF PARTNERS WITH 20 ORGANIZATIONS WHICH EMPOWER THE STUDENTS TO HELP THEIR COMMUNITIES AND IMPROVE THEIR ENVIRONMENT. IN THE 2020-2021 ACADEMIC YEAR, FIDF WAS ABLE TO FUND APPROXIMATELY 4,225 SCHOLARSHIPS OF COLLEGE OR UNIVERSITY STUDY. IN 2020, FIDF HAD GRANTED APPROXIMATELY \$17.1 MILLION OF SCHOLARSHIP ASSISTANCE.

DURING 2020, FIDF ALSO SPONSORED APPROXIMATELY \$6.4 MILLION OF

Name of the organization FRIENDS OF THE ISRAEL DEFENSE FORCES	Employer identification number 13-3156445
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EDUCATIONAL PROGRAMS WHICH PROVIDE FOR A SUCCESSFUL CONTINUUM FROM HIGH SCHOOL TO HIGHER EDUCATION, OR FOR SOLDIERS TO ENTER DIRECTLY INTO THE JOB MARKET. THESE PROGRAMS UTILIZE SEMINARS, WORKSHOPS, DISCUSSION GROUPS AND FIELD TRIPS TO ALSO ASSIST NEW IMMIGRANT SOLDIERS IN THEIR ASSIMILATION PROCESS, PROVIDE ENRICHMENT OPPORTUNITIES TO SOLDIERS WITH SPECIAL NEEDS, AND DEVELOP EDUCATIONAL RESOURCES. DURING 2020, ABOUT 28,863 SOLDIERS PARTICIPATED IN SUCH ACTIVITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CONSTRUCTION PROGRAMS

FIDF HELPS PROVIDE A 'HOME AWAY FROM HOME' BY SPONSORING THE CONSTRUCTION, REFURBISHMENT AND MAINTENANCE OF RECREATION AND SPORTS CENTERS, CULTURAL AND EDUCATIONAL FACILITIES, SYNAGOGUES, MEMORIAL ROOMS, AUDITORIUMS, AND SOLDIER RECREATIONAL HOMES FOR SOLDIERS THROUGHOUT ISRAEL. THESE FACILITIES RANGE FROM INDIVIDUAL STRUCTURES TO LARGE WELLBEING COMPLEXES. FIDF ALSO SPONSORS THE CONSTRUCTION AND RENOVATION OF SMALLER PROJECTS AND SEMI-PERMANENT FACILITIES, SUCH AS SOCIAL CLUBS, AND SYNAGOGUES THAT SOLDIERS CAN USE EVERYWHERE. CONSTRUCTION ACTIVITY DURING 2020 WAS AS FOLLOWS: 3 CONSTRUCTION PROJECTS WERE COMPLETED, WITH A TOTAL BUDGET OF APPROXIMATELY \$4.4 MILLION, 14 ADDITIONAL PROJECTS WERE UNDER CONSTRUCTION, WITH A TOTAL BUDGET OF APPROXIMATELY \$32 MILLION, AND 9 PROJECTS WERE IN THE DESIGN AND BIDDING STAGE, WITH A TOTAL BUDGET OF APPROXIMATELY \$19.4 MILLION. IN ADDITION, 100 SMALLER FACILITIES RENOVATION AND REFURBISHMENT PROJECTS WERE COMPLETED, WITH A TOTAL BUDGET OF APPROXIMATELY \$1.7 MILLION.

FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization FRIENDS OF THE ISRAEL DEFENSE FORCES	Employer identification number 13-3156445
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FORM 990 REVIEW PROCESS

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

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

ANNUAL CONFLICT OF INTEREST FORMS ARE REQUIRED FROM ALL MEMBERS OF THE BOARD AND ALL EMPLOYEES. THE FORMS ARE RECEIVED BY FIDF'S CHIEF FINANCIAL OFFICER, WHO PREPARES A SPREADSHEET LISTING CONFLICTS DISCLOSED, IF ANY. THE SPREADSHEET IS SHARED WITH FIDF'S NATIONAL DIRECTOR AND LEGAL COUNSEL FOR THEIR REVIEW. ANY CONFLICTS ARE DISCLOSED TO AND DISCUSSED AT A MEETING OF THE EXECUTIVE COMMITTEE OF THE BOARD. IN THE EVENT OF A DISCLOSURE OF A CONFLICT, THE INTERESTED PERSON LEAVES THE MEETING WHERE THE CONFLICT IS DISCUSSED AND VOTED UPON. IN CASES OF FAILURE TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTIONS ARE TAKEN, IF NEEDED, FOLLOWING DUE PROCESS.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION

THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES COMPENSATION FOR ALL OFFICERS, EXECUTIVE DIRECTORS, HEADS OF DEPARTMENT AND ANY OTHER HIGHLY COMPENSATED EMPLOYEES. THE COMMITTEE TYPICALLY MEETS IN MARCH TO DETERMINE COMPENSATION FOR THE UPCOMING YEAR, AS WELL AS BONUSES, IF ANY, FOR PERFORMANCE IN THE PREVIOUS YEAR. COMPENSATION SURVEYS AS WELL AS FORM 990

Name of the organization FRIENDS OF THE ISRAEL DEFENSE FORCES	Employer identification number 13-3156445
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OF OTHER ORGANIZATIONS, SIMILAR IN SIZE AND CHARACTER, ARE USED.

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

CA, CT, FL, GA, IL, MD, MA, MI, NJ, NY, OH, PA, TX, WA

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

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. THE ORGANIZATION'S FINANCIAL

STATEMENTS, FORM 990, DOCUMENT RETENTION AND DESTRUCTION POLICY AND

WHISTLE-BLOWER POLICY ARE AVAILABLE ON ITS WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENTS	-1,319,380.
UNREALIZED GAIN ON FOREIGN CURRENCY	5,641.
BAD DEBT EXPENSE FROM UNCOLLECTIBLE PLEDGES	-162,335.
CHANGE IN GRANTS PAYABLE FOR CAPITAL PROJECTS	-13,854,767.
TOTAL TO FORM 990, PART XI, LINE 9	-15,330,841.

SCH O

COVID-19 IMPACT

ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION OFFICIALLY DECLARED

COVID-19, THE DISEASE CAUSED BY A NOVEL CORONAVIRUS, A PANDEMIC.

MANAGEMENT HAS TAKEN STEPS TO REDUCE ITS EXPENDITURES AND INCREASE

LIQUIDITY. MANAGEMENT WILL CONTINUE TO CLOSELY MONITOR THE FINANCIAL

IMPLICATIONS THAT MAY IMPACT FIDF.