

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

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

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C Name of organization</b> FRIENDS OF THE ISRAEL DEFENSE FORCES		<b>D Employer identification number</b> 13-3156445
	Doing business as		<b>E Telephone number</b> 212-244-3118
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	60 EAST 42ND STREET		<b>G Gross receipts \$</b> 96,588,094.
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10165-0015			
<b>F Name and address of principal officer:</b> RABBI STEVEN WEIL SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates? .....</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>J Website:</b> WWW.FIDF.ORG		If "No," attach a list. See instructions	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation Trust Association Other <input type="checkbox"/>		<b>H(c) Group exemption number</b> ▶	
<b>L Year of formation:</b> 1981		<b>M State of legal domicile:</b> NY	

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO OFFER EDUCATIONAL, CULTURAL, RECREATIONAL, SOCIAL SERVICES PROGRAMS, (CONTINUED ON SCHEDULE O)		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	75
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	75
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	161
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	820
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	59,306,597.	81,982,315.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,689,196.	5,165,407.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-735,015.	713,630.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,260,778.	87,861,352.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,270,263.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,720,529.	15,370,081.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		378,460.	30,000.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,733,142.			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,613,425.	7,918,173.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		77,982,677.	88,567,512.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-17,721,899.	-706,160.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 205,518,982.	<b>End of Year</b> 197,064,966.
	<b>21</b> Total liabilities (Part X, line 26)	35,287,566.	22,985,836.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	170,231,416.	174,079,130.

**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.

<b>Sign Here</b>	<i>Alan Srulowitz</i> Signature of officer	10/6/22 Date			
	ALAN SRULOWITZ, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name YING LI	Preparer's signature <i>Ying Li</i>	Date 10/06/2022	Check if self-employed <input type="checkbox"/>	PTIN P01343131
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	Phone no. 212-624-5242		
Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013					

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 \$ 29,913,764. including grants of \$ 28,488,928. ) (Revenue \$ 0. ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 22,006,323. including grants of \$ 20,615,679. ) (Revenue \$ 0. ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 17,228,328. including grants of \$ 16,144,651. ) (Revenue \$ 0. ) SEE SCHEDULE O

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

4e Total program service expenses 69,148,415.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, and various organizational activities.

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 Enter the number of voting members of the governing body at the end of the tax year (75); 1b Enter the number of voting members included on line 1a, above, who are independent (75); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

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. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
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 ALAN SRULOWITZ, CFO - 212-244-3118 60 EAST 42ND STREET SUITE 1820, NEW YORK, NY 10165

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN WEIL CHIEF EXECUTIVE OFFICER	40.00 0.00			X				584,378.	0.	48,152.
(2) NADAV PADAN NATIONAL DIRECTOR (AS OF 03/21)	40.00 0.00			X				419,895.	0.	32,742.
(3) GALIT BRICHTA VICE PRESIDENT, NORTHEAST REGION	40.00 0.00				X			265,301.	0.	45,402.
(4) ALAN SRULOWITZ CHIEF FINANCIAL OFFICER	40.00 0.00			X				229,766.	0.	42,457.
(5) ARI DALLAS CHIEF OPERATING OFF & SENIOR V.P	40.00 0.00			X				249,802.	0.	2,833.
(6) TAMIR OPPENHEIM VICE PRESIDENT, CENTRAL REGION	40.00 0.00				X			199,555.	0.	44,816.
(7) MEIR KLIFI-AMIR FORMER NATIONAL DIRECTOR & CEO	0.00 0.00						X	225,000.	0.	0.
(8) LILACH OHAD CHIEF OPERATING OFF (THRU 01/21)	40.00 0.00			X				211,441.	0.	2,385.
(9) LILACH ASOFSKY CHIEF MARKETING OFFICER	40.00 0.00				X			203,293.	0.	0.
(10) DINA BEN ARI VICE PRESIDENT, SOUTHERN REGION	40.00 0.00				X			178,422.	0.	15,503.
(11) ROBERT KATZ DIRECTOR (THRU 03/21)	40.00 0.00					X		187,973.	0.	906.
(12) AMARELLE GREEN EXECUTIVE DIRECTOR	40.00 0.00					X		183,389.	0.	1,332.
(13) SETH BARON EXECUTIVE DIRECTOR	40.00 0.00					X		136,266.	0.	48,089.
(14) JEFF KLEIN NATIONAL DIRECTOR	40.00 0.00					X		149,877.	0.	33,276.
(15) ASHLEY CLEMENTE CHIEF TECHNOLOGY OFFICER	40.00 0.00					X		149,933.	0.	29,528.
(16) JENNA GRIFFIN EXECUTIVE DIRECTOR	40.00 0.00				X			163,329.	0.	15,500.
(17) JEFFREY E. GOLDBERG CHIEF FINANCIAL OFFICER (THRU 02/21)	40.00 0.00			X				97,358.	0.	2,351.

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RABBI PETER WEINTRAUB NATIONAL CHAIRMAN	2.00 0.00	X		X				0.	0.	0.
(19) FRED GLUCKMAN PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(20) NILY FALIC CHAIRMAN EMERITUS	2.00 0.00	X		X				0.	0.	0.
(21) LARRY J. HOCHBERG CHAIRMAN EMERITUS	2.00 0.00	X		X				0.	0.	0.
(22) ARTHUR STARK CHAIRMAN EMERITUS	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) ROBIN SELATI TREASURER	2.00 0.00	X		X				0.	0.	0.
(25) STEPHEN RUBIN, ESQ. SECRETARY/ GENERAL COUNSEL	2.00 0.00	X		X				0.	0.	0.
(26) ALISA ABECASSIS DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,834,978.	0.	365,272.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,834,978.	0.	365,272.

**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 28

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> 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	
<b>5</b> 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	700,869.
BLACKBAUD, INC, 2000 DANIEL ISLAND DRIVE, CHARLSTON, SC 29492	CONSULTING	343,915.
IGNITE DIGITAL STRATEGY GROUP 10515 TULIP LANE, POTOMAC, MD 20854	MARKETING	208,069.
ALON EVEN 50 GALIL ST. REUT, MODIIN, ISRAEL	MANAGEMENT CONSULTING	181,370.
PUDER PUBLIC RELATIONS LLC, ARIK PUDER 444 EAST 82ND ST. APT 24G, NEW YORK, NY 10028	PUBLIC RELATION	180,000.

**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 13

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) RICKI ALON DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) HARVEY AXELROD DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) GARY BALTER 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 (THRU 12/21)	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	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) ROBERT (BOBBY) COHEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) FRED DISTENFELD DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) OSCAR FELDENKREIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) WILLIAM FOX DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) ALBERT FRANK DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) AARON GANZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) MITCHELL GOLD DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) GABRIEL GROISMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (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) HARRY GROSS DIRECTOR	1.00 0.00	X						0.	0.	0.
(48) BERNIE GROVEMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(49) IRWIN HABER DIRECTOR	1.00 0.00	X						0.	0.	0.
(50) DAVID HAGER DIRECTOR	1.00 0.00	X						0.	0.	0.
(51) DANIEL HYMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(52) MEIR IZAK DIRECTOR	1.00 0.00	X						0.	0.	0.
(53) MARC JASON DIRECTOR	1.00 0.00	X						0.	0.	0.
(54) MARVIN JOSEPHSON DIRECTOR (AS OF 10/21)	1.00 0.00	X						0.	0.	0.
(55) DR. MICHAEL KALISMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(56) AVI KANER DIRECTOR (THRU 10/21)	1.00 0.00	X						0.	0.	0.
(57) JERRY KAPLAN DIRECTOR (THRU 12/21)	1.00 0.00	X						0.	0.	0.
(58) MICHAEL KARLIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(59) DR. SHMUEL KATZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(60) ALAN KATZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(61) ALON KAUFMAN DIRECTOR (THRU 12/21)	1.00 0.00	X						0.	0.	0.
(62) ANDREW KLABER DIRECTOR	1.00 0.00	X						0.	0.	0.
(63) NETTA KORIN DIRECTOR (AS OF 10/21)	1.00 0.00	X						0.	0.	0.
(64) RICHARD KWAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(65) BARBARA LEFF DIRECTOR (AS OF 10/21)	1.00 0.00	X						0.	0.	0.
(66) AVI LERNER DIRECTOR (THRU 12/21)	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) MOREY LEVOVITZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(68) NATHAN LEWINGER DIRECTOR	1.00 0.00	X						0.	0.	0.
(69) MELINDA LOWELL PALTROW DIRECTOR	1.00 0.00	X						0.	0.	0.
(70) BRIAN MERMELSHEIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(71) SHARON MISKIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(72) JERRY MIZEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(73) SAM MOSHE DIRECTOR	1.00 0.00	X						0.	0.	0.
(74) WENDY MOSKOWITZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(75) JORDE NATHAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(76) SORAYA & YOUNES NAZARIAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(77) SPENCER PARTRICH DIRECTOR	1.00 0.00	X						0.	0.	0.
(78) ROBERT POLAK DIRECTOR	1.00 0.00	X						0.	0.	0.
(79) AMITAI RAZIEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(80) ISRAEL ROIZMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(81) ANTHONY RUBIN DIRECTOR (AS OF 10/21)	1.00 0.00	X						0.	0.	0.
(82) ARI RYAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(83) HAIM SABAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(84) MONICA SASSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(85) RON SEDLEY DIRECTOR (AS OF 10/21)	1.00 0.00	X						0.	0.	0.
(86) FELA SHAPELL DIRECTOR (THRU 02/21)	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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like DR. ROBERT SHILLMAN, MORRIS SILVERMAN, etc.

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	1,904,455.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	9,251,511.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,670,524.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	66,155,825.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,484,623.				
	<b>h Total.</b> Add lines 1a-1f .....			81,982,315.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			418,928.		418,928.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
				12,075,219.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	7,328,740.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	4,746,479.				
<b>d</b> Net gain or (loss) .....			4,746,479.		4,746,479.		
<b>8 a</b> Gross income from fundraising events (not including \$ 9,251,511. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
			1,684,779.				
			1,320,772.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			364,007.		364,007.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
			310,242.				
			77,230.				
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....			233,012.		233,012.		
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> REALIZED FOREIGN EXCHANGE	<b>Business Code</b>	900099	116,611.		116,611.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			116,611.			
<b>12 Total revenue.</b> See instructions .....			87,861,352.	0.	0.	5,879,037.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	65,249,258.	65,249,258.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,054,681.	553,794.	1,174,634.	1,326,253.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	225,000.	40,791.	86,521.	97,688.
<b>7</b> Other salaries and wages .....	10,200,534.	1,849,292.	3,922,471.	4,428,771.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	14,051.	2,547.	5,403.	6,101.
<b>9</b> Other employee benefits .....	1,165,311.	211,263.	448,104.	505,944.
<b>10</b> Payroll taxes .....	710,504.	128,811.	273,214.	308,479.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	37,756.		37,756.	
<b>c</b> Accounting .....	121,244.		121,244.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	30,000.			30,000.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	3,445,606.	679,492.	1,167,592.	1,598,522.
<b>12</b> Advertising and promotion .....	92,189.	35,764.	2,129.	54,296.
<b>13</b> Office expenses .....	1,565,697.	57,247.	882,573.	625,877.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,517,084.	134,871.	811,628.	570,585.
<b>17</b> Travel .....	591,841.	205,285.	209,066.	177,490.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	148,314.		148,314.	
<b>23</b> Insurance .....	348,993.		345,857.	3,136.
<b>24</b> 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.)				
<b>a</b> MISC. EXPENSES	49,449.		49,449.	
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	88,567,512.	69,148,415.	9,685,955.	9,733,142.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	64,417,833.	<b>2</b>	99,155,220.
	<b>3</b> Pledges and grants receivable, net .....	73,867,440.	<b>3</b>	61,566,012.
	<b>4</b> Accounts receivable, net .....	9,875.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	149,163.	<b>9</b>	820,905.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,044,066.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,333,623.	772,602.	<b>10c</b> 710,443.
	<b>11</b> Investments - publicly traded securities .....	12,882,211.	<b>11</b>	12,179,342.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	53,380,105.	<b>12</b>	22,603,112.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	39,753.	<b>15</b>	29,932.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	205,518,982.	<b>16</b>	197,064,966.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,096,672.	<b>17</b>	1,741,721.
	<b>18</b> Grants payable .....	20,213,078.	<b>18</b>	12,461,033.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	12,977,816.	<b>25</b>	8,783,082.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	35,287,566.	<b>26</b>	22,985,836.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	39,326,272.	<b>27</b>	51,697,549.
	<b>28</b> Net assets with donor restrictions .....	130,905,144.	<b>28</b>	122,381,581.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	170,231,416.	<b>32</b>	174,079,130.
<b>33</b> Total liabilities and net assets/fund balances .....	205,518,982.	<b>33</b>	197,064,966.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	87,861,352.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	88,567,512.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-706,160.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	170,231,416.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-947,039.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	5,500,913.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	174,079,130.

**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 on 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2021)



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> FRIENDS OF THE ISRAEL DEFENSE FORCES	<b>Employer identification number</b> 13-3156445
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	122,558,864.	132,924,268.	88,387,365.	59,306,597.	81,982,315.	485,159,409.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	122,558,864.	132,924,268.	88,387,365.	59,306,597.	81,982,315.	485,159,409.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						27,116,887.
<b>6 Public support.</b> Subtract line 5 from line 4.						458,042,522.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	122,558,864.	132,924,268.	88,387,365.	59,306,597.	81,982,315.	485,159,409.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,344,045.	1,124,617.	1,203,092.	715,926.	418,928.	4,806,608.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	5,107,624.	5,945,716.	4,340,458.	127,118.	2,111,632.	17,632,548.
<b>11 Total support.</b> Add lines 7 through 10						507,598,565.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	90.24 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	86.39 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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
<b>1</b> 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>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
<b>3a</b> 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>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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) 2021

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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

2017 AMOUNT: \$ 3,927,679.

2018 AMOUNT: \$ 4,830,252.

2019 AMOUNT: \$ 4,356,919.

2020 AMOUNT: \$ 269,190.

2021 AMOUNT: \$ 1,684,779.

GAMING GROSS RECEIPTS

2017 AMOUNT: \$ 1,196,985.

2018 AMOUNT: \$ 1,202,651.

2019 AMOUNT: \$ 90,610.

2020 AMOUNT: \$ 14,743.

2021 AMOUNT: \$ 310,242.

REALIZED FX GAIN/LOSS

2017 AMOUNT: \$ -17,040.

2018 AMOUNT: \$ -87,187.

2019 AMOUNT: \$ -107,071.

2020 AMOUNT: \$ -156,815.

2021 AMOUNT: \$ 116,611.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

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), 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), 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).

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

**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/>	\$ 4,670,524.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,491,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,682,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-7. Monitoring and enforcement details; 8-9. Section requirements and reporting.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

**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	12,878,837.	11,788,342.	8,913,007.	9,319,643.	7,425,663.
b Contributions	606,005.	163,331.	1,181,115.	117,000.	1,164,450.
c Net investment earnings, gains, and losses	1,721,549.	1,552,126.	1,818,220.	-243,804.	913,109.
d Grants or scholarships					
e Other expenditures for facilities and programs	428,380.	624,962.	124,000.	279,832.	183,579.
f Administrative expenses					
g End of year balance	14,778,011.	12,878,837.	11,788,342.	8,913,007.	9,319,643.

- 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  80.4400 %
  - c Term endowment  19.5600 %
- 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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.	371,152.	440,874.
d Equipment		68,360.	63,784.	4,576.
e Other		1,163,680.	898,687.	264,993.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				710,443.

**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.	7,049,697.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	5,254,199.	END-OF-YEAR MARKET VALUE
(C) COMMON TRUST FUNDS	10,115,874.	END-OF-YEAR MARKET VALUE
(D) STATE OF ISRAEL BONDS	183,342.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	22,603,112.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	8,783,082.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,783,082.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	87,970,992.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-947,039.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	689,750.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	366,929.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	109,640.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	87,861,352.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	87,861,352.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	84,123,278.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	689,750.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-5,133,984.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-4,444,234.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	88,567,512.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	88,567,512.

**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:

ACTUARIAL CHANGE IN ANNUITY OBLIGATION	471,901.
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UNREALIZED LOSS ON FOREIGN CURRENCY	-104,972.
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TOTAL TO SCHEDULE D, PART XI, LINE 2D	366,929.
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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE FROM UNCOLLECTIBLE PLEDGES	2,618,061.
---	------------

CHANGE IN GRANTS PAYABLE FOR CAPITAL PROJECTS	-7,752,045.
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TOTAL TO SCHEDULE D, PART XII, LINE 2D	-5,133,984.
--	-------------

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	1	11	PROGRAM SERVICES	FIDF PROJECTS	1,005,858.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		65,249,258.
<b>3 a</b> Subtotal .....	1	11			66,255,116.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	11			66,255,116.

**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	36,829,961.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	2,875,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	2,240,608.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	1,780,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	1,484,491.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	1,209,852.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	1,084,189.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	1,000,000.	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 ..... **22**

3 Enter total number of other organizations or entities ..... **0**

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	534,931.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	200,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	118,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	73,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	48,200.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	35,751.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	25,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	25,000.	WIRE TRANSFER	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	20,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	20,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	11,015.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	10,000.	WIRE TRANSFER	0.		
		MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	8,960.	WIRE TRANSFER	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
COLLEGE/UNIVERSITY SCHOLARSHIPS	MIDDLE EAST/NORTH AFRICA	4,257	15,515,456.	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)**

**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.

**2021**

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](http://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	0.	30,000.	0.
<b>Total</b>					30,000.	

**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))	
		BAY AREA GALA DINNER (event type)	BALTIMORE GALA (event type)	39 (total number)		
Revenue	1	Gross receipts	1,115,283.	874,293.	8,946,714.	10,936,290.
	2	Less: Contributions	1,086,033.	802,972.	7,362,506.	9,251,511.
	3	Gross income (line 1 minus line 2)	29,250.	71,321.	1,584,208.	1,684,779.
Direct Expenses	4	Cash prizes			3,000.	3,000.
	5	Noncash prizes			26,285.	26,285.
	6	Rent/facility costs			5,595.	5,595.
	7	Food and beverages	55,147.	51,323.	421,750.	528,220.
	8	Entertainment			31,957.	31,957.
	9	Other direct expenses	39,920.	10,313.	675,482.	725,715.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,320,772.
11	Net income summary. Subtract line 10 from line 3, column (d)				364,007.	

**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))
Revenue	1	Gross revenue		310,242.	310,242.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes		51,739.	51,739.
	4	Rent/facility costs		1,663.	1,663.
	5	Other direct expenses		23,828.	23,828.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				77,230.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				233,012.

9 Enter the state(s) in which the organization conducts gaming activities: OH, CA, FL, MD, MI, IL, NY

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	15.00 %
b An outside facility	13b	85.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ALAN SRULOWITZ

Address ▶ 60 EAST 42ND STREET - NEW YORK, NY 10017

- 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 ▶ ALAN SRULOWITZ

Gaming manager compensation ▶ \$ 0.  
\*\*

Description of services provided ▶ ALAN SRULOWITZ, CFO, PREPARES THE BOOKS AND RECORDS FOR THE ORGANIZATION'S GAMING/SPECIAL EVENTS AND OVERSEES MANAGEMENT OF THE GAMING OPERATION. THESE RESPONSIBILITIES ARE PART

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 III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:

ALAN SRULOWITZ, CFO, PREPARES THE BOOKS AND RECORDS FOR THE ORGANIZATION'S GAMING/SPECIAL EVENTS AND OVERSEES

**Part IV** Supplemental Information (continued)

MANAGEMENT OF THE GAMING OPERATION. THESE RESPONSIBILITIES ARE PART  
OF HIS ROLE AS CFO. HE DOES NOT RECEIVE SEPARATE COMPENSATION RELATED  
TO MANAGEMENT OF THE GAMING OPERATION.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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.

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

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

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

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

**Only 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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) STEVEN WEIL CHIEF EXECUTIVE OFFICER	(i)	560,268.	0.	24,110.	0.	48,152.	632,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NADAV PADAN NATIONAL DIRECTOR (AS OF 03/21)	(i)	350,996.	0.	68,899.	0.	32,742.	452,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GALIT BRICHTA VICE PRESIDENT, NORTHEAST REGION	(i)	265,191.	0.	110.	0.	45,402.	310,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALAN SRULOWITZ CHIEF FINANCIAL OFFICER	(i)	229,656.	0.	110.	0.	42,457.	272,223.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ARI DALLAS CHIEF OPERATING OFF & SENIOR V.P	(i)	249,692.	0.	110.	0.	2,833.	252,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TAMIR OPPENHEIM VICE PRESIDENT, CENTRAL REGION	(i)	199,445.	0.	110.	0.	44,816.	244,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MEIR KLIFI-AMIR FORMER NATIONAL DIRECTOR & CEO	(i)	0.	225,000.	0.	0.	0.	225,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LILACH OHAD CHIEF OPERATING OFF (THRU 01/21)	(i)	9,682.	0.	201,759.	0.	2,385.	213,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LILACH ASOFSKY CHIEF MARKETING OFFICER	(i)	203,183.	0.	110.	0.	0.	203,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DINA BEN ARI VICE PRESIDENT, SOUTHERN REGION	(i)	178,312.	0.	110.	0.	15,503.	193,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROBERT KATZ DIRECTOR (THRU 03/21)	(i)	164,786.	0.	23,187.	0.	906.	188,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) AMARELLE GREEN EXECUTIVE DIRECTOR	(i)	183,279.	0.	110.	0.	1,332.	184,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SETH BARON EXECUTIVE DIRECTOR	(i)	136,156.	0.	110.	0.	48,089.	184,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JEFF KLEIN NATIONAL DIRECTOR	(i)	149,767.	0.	110.	0.	33,276.	183,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ASHLEY CLEMENTE CHIEF TECHNOLOGY OFFICER	(i)	149,823.	0.	110.	0.	29,528.	179,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JENNA GRIFFIN EXECUTIVE DIRECTOR	(i)	163,219.	0.	110.	0.	15,500.	178,829.	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:

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

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

DIRECTOR IN RELATION TO THE TUITION 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 2021. THE SEPARATION PAYMENTS WERE PAID IN CALENDAR

YEAR 2021 AND DISCLOSED IN 2021 FORM 990, AS APPLICABLE.

JEFFREY E. GOLDBERG - 70,615

LILACH OHAD - 201,759

ROBERT KATZ - 23,077

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



**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.

PAYMENTS HAVE BEEN INCLUDED IN PART VII AND SCHEDULE J COMPENSATION

REPORTING.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://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	95	4,382,611.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	43	20,988.	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	136	81,024.	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** 0

	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) 2021

**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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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 2021,

FIDF PROVIDED APPROXIMATELY \$6.9 MILLION FOR SUCH ASSISTANCE TO ABOUT

18,848 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

2021, FIDF PROVIDED APPROXIMATELY \$4.5 MILLION TO ASSIST OVER 6,900

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) 2021

132211 11-11-21

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

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 2021, FIDF

PROVIDED APPROXIMATELY \$427 THOUSAND FOR SUCH ACTIVITIES, AIDING OVER

1,231 MEMBERS OF BEREAVED FAMILIES.

REJUVENATION WEEKS FOR COMBAT SOLDIERS STRENGTHEN UNITS COHESION AND

RESILIENCE BY CONNECTING THE SOLDIERS TO THEIR MILITARY MISSION,

RAISING THE MOTIVATION TO CARRY OUT THEIR DUTIES, PROVIDING A PLATFORM

FOR MEANINGFUL DIALOGUE BETWEEN COMMANDERS AND SOLDIERS, EXPRESSING

RECOGNITION AND APPRECIATION AND GIVING THE SOLDIERS TIME FOR RESPITE.

THE PRINCIPLE OF THE WEEK IS: "WIN FROM WITHIN" - THE PROGRAM STRIVES

TO UNITE BATTALIONS, FOR THE SOLDIERS TO FIND STRENGTH WITHIN

THEMSELVES AND WIN TOGETHER WITH THE HELP OF EACH OTHER, WHICH IS ALSO

THE PROFESSIONAL MILITARY REQUIREMENT. THE PROGRAM TAKES PLACE AT THE

RECREATION VILLAGE IN ASHKELON, WHICH IS FULLY EQUIPPED WITH LODGING

AND DINING FACILITIES, SWIMMING POOL, FITNESS ROOM, AND OTHER

AMENITIES. DURING 2021, FIDF PROVIDED APPROXIMATELY \$2.4 MILLION FOR

SUCH ACTIVITIES, SPONSORING 48 WEEKS OF SUCH PROGRAMS FOR A TOTAL OF

ABOUT 17,928 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 2021,

FIDF PROVIDED APPROXIMATELY \$2.4 MILLION TO SPONSOR THE GENERAL

WELLBEING NEEDS OF THE 16 BRIGADES ADOPTED BY FIDF (APPROXIMATELY

62,000 SOLDIERS).

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THE ADOPT A BATTALION PROGRAM PROVIDES YEAR-LONG RECREATIONAL ACTIVITIES FOR DESIGNATED BATTALIONS. DURING 2021, FIDF PROVIDED APPROXIMATELY \$1.7 MILLION TO SPONSOR CEREMONIES, TRIPS AND OTHER WELLBEING ACTIVITIES FOR THE 86 BATTALIONS ADOPTED BY FIDF (APPROXIMATELY 35,000 SOLDIERS).

THE WOUNDED VETERANS PROGRAM OFFERED A SECOND CHANCE AT A LIFE WITHOUT LIMITATIONS IN 2021 WITH APPROXIMATELY \$2.3 MILLION TO SPONSOR ACTIVITIES SUPPORTING OVER 1,200 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 2021, FIDF PROVIDED APPROXIMATELY \$3.1 MILLION TO SPONSOR SUCH ARTICLES AND ACTIVITIES AND TOUCHED THE LIVES OF OVER 11,400 SOLDIERS.

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

EDUCATIONAL AND SCHOLARSHIP PROGRAMS

THE FIDF IMPACT! SCHOLARSHIP PROGRAM GRANTS FULL FOUR-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

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SCHOLARSHIP. FIDF PARTNERS WITH 20 ORGANIZATIONS WHICH EMPOWER THE STUDENTS TO HELP THEIR COMMUNITIES AND IMPROVE THEIR ENVIRONMENT. IN THE 2021-2022 ACADEMIC YEAR, FIDF WAS ABLE TO FUND APPROXIMATELY 4,257 SCHOLARSHIPS OF COLLEGE OR UNIVERSITY STUDY. IN 2021, FIDF HAD GRANTED APPROXIMATELY \$15.5 MILLION OF SCHOLARSHIP ASSISTANCE.

DURING 2021, FIDF ALSO SPONSORED APPROXIMATELY \$6.5 MILLION OF EDUCATIONAL PROGRAMS WHICH PROVIDE FOR A SUCCESSFUL CONTINUUM FROM HIGH SCHOOL TO HIGHER EDUCATION, OR FOR SOLDIERS TO ENTER DIRECTLY INTO THE JOB MARKET. THESE PROGRAMS UTILIZE SEMINARS, WORKSHOPS, DISCUSSION GROUPS AND FIELD TRIPS TO ALSO ASSIST NEW IMMIGRANT SOLDIERS IN THEIR ASSIMILATION PROCESS, PROVIDE ENRICHMENT OPPORTUNITIES TO SOLDIERS WITH SPECIAL NEEDS, AND DEVELOP EDUCATIONAL RESOURCES. DURING 2021, ABOUT 32,000 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 2021 WAS AS FOLLOWS: 10 CONSTRUCTION PROJECTS WERE COMPLETED, WITH A TOTAL BUDGET OF APPROXIMATELY \$30 MILLION, 4 ADDITIONAL PROJECTS WERE UNDER CONSTRUCTION, WITH A TOTAL

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BUDGET OF APPROXIMATELY \$12 MILLION, AND 10 PROJECTS WERE IN THE DESIGN

AND BIDDING STAGE, WITH A TOTAL BUDGET OF APPROXIMATELY \$19 MILLION. IN

ADDITION, 75 SMALLER FACILITIES RENOVATION AND REFURBISHMENT PROJECTS

WERE COMPLETED, WITH A TOTAL BUDGET OF APPROXIMATELY \$2.3 MILLION.

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

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:



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## 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 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, MA, MD, MI, NJ, NC, NY, OH, PA, SC, 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:

ACTUARIAL CHANGE IN ANNUITY OBLIGATION	471,901.
UNREALIZED GAIN ON FOREIGN CURRENCY	-104,972.
BAD DEBT EXPENSE FROM UNCOLLECTIBLE PLEDGES	-2,618,061.
CHANGE IN GRANTS PAYABLE FOR CAPITAL PROJECTS	7,752,045.
TOTAL TO FORM 990, PART XI, LINE 9	5,500,913.

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## COVID-19 IMPACT

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

