Form	990
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## Return of Organization Exempt From Income Tax

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

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

公**し**てう Open to Public

OMB No. 1545-0047

		enue Serv			in 990 and its	instructions	is at www.ii	s.gov/	10111990.		Inspection
A F	or th	ne 202	3 calendar year, or tax year begir	nning	07/01/202	23	and endin	g			/30/2024
в.			C Name of organization						D Employer id	entifi	cation number
Вс	heck if a	pplicable:	UNITED ISRAEL APPEAL	, INC.							
	Addre		Doing Business As						13	-17	60102
	Name	e change	Number and street (or P.O. box if mail is	not delivere	d to street address	5)	Room/suite		E Telephone n	umbe	r
	Initia	l return	25 BROADWAY,					1700	(2	12)	284-6500
	Term	inated	City or town, state or province, country, a	and ZIP or fo	oreign postal code						
	Amer returi		NEW YORK, NY 10004						G Gross receip	ots \$	464,952,120.
		cation	F Name and address of principal officer:	PAM	ELA ZALTSN	MAN			H(a) Is this a gro subordinates	up retu	
	_ pond		25 BROADWAY,1700, NEW	W YORK	, NY 10004	4			H(b) Are all subord		included? Yes No
I	Tax-ex	empt st			(insert no.)	4947(a)(1) o	or 527	7	If "No," atta	ch a lis	st. (see instructions)
J	Websi	ite: 🕨	N/A	/ 1					H(c) Group exem	ption r	number
				Association	n Other ▶		L Year of	format		·	of legal domicile: NY
_	art I	-	mmary						1900		
	1		y describe the organization's mission o	r most sia	nificant activities		S RESPON	JSTB	LE FOR TH	FΔ	LLOCATION AND
e	-		RSIGHT OF FUNDS RAISED E	-							
anc			ENDED IN ISRAEL BY THE J							S	
Governance	2		$\leftarrow$ this box $\blacktriangleright$ if the organization d								
Š	3		er of voting members of the governing		•	•				3	13
	4		er of independent voting members of t							4	13
ies	5		number of individuals employed in cale							5	NONE
ctivities &	6		number of volunteers (estimate if necess							6	80
Act	-		unrelated business revenue from Part V		(C) line 12					0 7a	6,087.
			nrelated business taxable income from I							7a 7b	
	U D	ivet u	Inelated business taxable income from	F0III 990-	1, 11110 34				Prior Year	10	<u>4,478.</u> Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)					1	.56,646,22	22	463,309,330.
anc	9					COPY	( FOR		238,60		224,703.
Revenue			am service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line			PUBLIC IN	SPECTION		511,93		
Re	10 11		revenue (Part VIII, column (A), lines 5,								1,229,558.
	12		revenue - add lines 8 through 11 (must					1	216,5 57,613,3		<u>3,529</u> . 464,767,120.
	12		s and similar amounts paid (Part IX, colu						61,432,69		463,903,441.
	14		its paid to or for members (Part IX, colu							ONE	
	4 5		es, other compensation, employee bene							ONE	NONE
Expenses	162		ssional fundraising fees (Part IX, column							ONE	NONE
ben	h		fundraising expenses (Part IX, column (I						IN		INOINE
ň	17		expenses (Part IX, column (A), lines 11						4,972,4	77	4,760,293.
			expenses. Add lines 13-17 (must equal				• • • • • •	1			468,663,734.
	19		nue less expenses. Subtract line 18 from						-8,791,80		-3,896,614.
r se		Rever	ide less expenses. Subtract line 18 from		<u></u>	<u></u>		Begin	ning of Current		End of Year
ets (	20	Total	assets (Part X, line 16)					•	28,062,43		171,957,533.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					L	1,303,60		49,095,380.
und /	22		ssets or fund balances. Subtract line 21					1	26,758,76		122,862,153.
	rt II		gnature Block		20				20,750,70	57.	122,002,133.
			of perjury, I declare that I have examined this	is return, ir		anvina schedu	les and statem	nents, a	and to the best o	fmv	knowledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	n officer) is	based on all inform	mation of which	ch preparer has	s any kr	nowledge.	,	
Sig	n		Signature of officer						Date		
He											
			Type or print name and title								
			Type preparer's name	Preparer's	signature		Date		Check	if	PTIN
Paic	ł	PAU	L HAMMERSCHMIDT	PAUL	HAMMERSCH	IMTDT	05/14	/202		· .	P01384178
	parer	Eirm's	sname BDO USA				1 0 0 / 1 1	, 202	Firm's EIN		3-5381590
Use	Only										5 5561570

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶ 200 PARK AVENUE 38TH FLOOR NEW YORK, NY 10166

Form 990 (2023)

No

212-885-8000

. X Yes

Phone no.

	UNITED ISRAEL APPEAL, INC. 13-1760102
-	rm 990 (2023) Page <b>2</b>
P	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PRINCIPAL FUNCTION OF UIA IS TO ADMINISTER AND SUPERVISE THE
	FUNDS ALLOCATED FOR PHILANTHROPIC PURPOSES RELATED TO IMMIGRATION AND
	ABSORPTION OF HUMANITARIAN MIGRANTS TO ISRAEL AND JEWISH IDENTITY
_	PROGRAMS IN ISRAEL AND THE FORMER SOVIET UNION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	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?
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 \$ 308,886,847. including grants of \$ 308,886,847. ) (Revenue \$ NONE )
	IMMEDIATELY FOLLOWING THE BRUTAL ATTACK BY HAMAS ON ISRAEL ON
	OCTOBER 7, 2024, JFNA LAUNCHED AN ISRAEL EMERGENCY CAMPAIGN TO
	SUPPORT IMMEDIATE NEEDS OF THE VICTIMS OF TERROR AND EVACUEES, AND
	PROVIDE TRAUMA SUPPORT, PSYCHOSOCIAL CARE, AND EMERGENCY MEDICAL
	EQUIPMENT. PROGRAMS HAVE ALSO BEEN DEVELOPED FOCUSING ON ECONOMIC
	RECOVERY, COMMUNITY RESILIENCE, AND ONGOING SUPPORT FOR IMPACTED
	YOUTH AND FAMILIES.
4b	(Code:) (Expenses \$ 144,816,018. including grants of \$ 144,816,018. ) (Revenue \$ NONE )
	ALLOCATION FOR IMMIGRATION AND INITIAL ABSORPTION, JEWISH ZIONIST
	EDUCATION AND JEWISH IDENTITY PROGRAMS, PARTNERING WITH ISRAEL
	COMMUNITIES, ASSISTING CHILDREN AND YOUTH AT RISK.
_	
4c	: (Code:) (Expenses \$6,130,500. including grants of \$6,130,500. ) (Revenue \$)
	US GOVERNMENT RESETTLEMENT GRANT TO AID IN THE IMMIGRATION AND
	ABSORPTION OF HUMANITARIAN MIGRANTS TO ISRAEL FROM OTHER COUNTRIES
	IN DISTRESS.
<u></u>	
40	I Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 8,505,109. including grants of \$ 4,070,076. ) (Revenue \$ 224,703. )
10	(Expenses \$ 8,505,109.         including grants of \$ 4,070,076.         (Revenue \$ 224,703.         224,703.         )           Total program service expenses         468,338,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474.         468,388,474. </td
JSA	Form 990 (2023)
3E1	1020 2.000 Form <b>350</b> (2023)

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
2	complete Schedule A	1 2	X X	<u> </u>
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	Λ	<u> </u>
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	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? If "Yes," complete Schedule C, Part III	5		Х
6	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? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a sustadian for amounts not listed in Part X; or provide gradit equipaling debt management, gradit repair or			
	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>	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	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? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	37	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	A	<u> </u>
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	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? If "Yes," complete Schedule F, Parts II and IV	15	Х	<u> </u>
16	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		X
19	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	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? If "Yes," complete Schedule I, Parts I and II	21		x
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		<u> </u>
2 <b>J</b> a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
h		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
~~	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
		51		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
5	reportable gaming (gambling) winnings to prize winners?	1c		
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UNITED ISRAEL APPEAL, INC.

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country ISRAEL			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business notings at any time during the years	-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		Λ
17				
.,	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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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.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year   1a   13			
Id	If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 13			
D		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	<b>_</b>		v
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>'</i>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
N	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			
104	with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	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?	16b		
Secti	on C. Disclosure	100		
17 10		Τ (222	tion 5	01/~
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these available. Check all that apply.	I (Sec	1011 5	UI(C)
	Own website X Another's website X Upon request Other (explain on Schedule O)			
40				- I' -
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	or inter	est p	olicy,
	and financial statements available to the public during the tax year.	1.		
20	State the name, address, and telephone number of the person who possesses the organization's books and recompanela ZALTSMAN, CFO 25 BROADWAY, SUITE 1700, NEW YORK, NY 10004	JS.		
	212-284-6500		000	(0000)
JSA		⊢orm	990	(2023)
3E1042	2.000 $-70.017$ $0.014/0.000 + 12.26.00$		10	

Page **7** 

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

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

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

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

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

• List all of the organization's **former** officers, key employees, 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 dotted line)	box,	unles	Pos heck ss pe	erson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NIEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
						<u>a</u>				
(1) EVAN HOCHBERG	25.00									
CORPORATE SECRETARY	25.00	-		x				108,769.	108,769.	54,646.
(2) PAMELA A ZALTSMAN	25.00							10077031	10077031	5170101
CHIEF FINANCIAL OFFICER-UIA	25.00			x				123,312.	123,312.	15,452.
(3) CYNTHIA D. SHAPIRA	1.00									
DIRECTOR	NONE	x						NONE	NONE	NONE
(4) LORI KLINGHOFFER	15.00									
CHAIR	1.00	X		х				NONE	NONE	NONE
(5) JOSHUA RUBENSTEIN	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) DIANA ANDERSON	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) SANFORD L. ANTIGNAS	10.00	-								
VICE CHAIR	1.00	Х		Х				NONE	NONE	NONE
(8) SETH R. GREENBERG	10.00	-								
TREASURER	NONE	X		Х				NONE	NONE	NONE
(9) SHARON L. JANKS	3.00	-								
DIRECTOR	1.00	X						NONE	NONE	NONE
(10) LAURENCE S. TISDALE	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(11) SHERYL KIMERLING	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) DAVID LENTZ	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) JASON POTTS	1.00									
DIRECTOR	NONE 1 0.0	X						NONE	NONE	NONE
(14) TRACEY SPIEGELMAN	1.00									
DIRECTOR	1.00	Х						NONE	NONE	NONE

Form 990 (2023)

#### UNITED ISRAEL APPEAL, INC.

Part VII Section A. Officers, Directors		,y ⊑⊓ ∣	ipio				ng						
(A) Name and title	(B) Average hours per week (list any	Average Position						(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
	hours for related organizations below dotted line)	Individ or dire	a Institutional trustee	a Officer		r/temployee	ee) Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		comper from organi and re organiz	the zation elated	
15) KIRA FINKENBERG	1.00	_											
DIRECTOR	NONE	X						NONE		NONE		N	101
		-											
													-
		_											
		-											
1b Sub-total							►	232,081.	232,	081.	7	0,0	191
c Total from continuation sheets to Part V	/II, Section A						►	NONE		NONE			10]
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but</li> </ul>	not limited to t					e) who	► o re	232,081. eceived more than	<u>232</u> , \$100,000 of		7	0,0	9
reportable compensation from the organiz						2					Y	es	No
3 Did the organization list any former employee on line 1a? If "Yes," complete Se	chedule J for su	ch ind	lividu	Jal	••		••			••	3		2
4 For any individual listed on line 1a, is organization and related organizations individual.	greater than	n \$15	50,0	00?	lf If	"Yes	s,"	complete Schedu	le J for su	ıch	4	X	
5 Did any person listed on line 1a receive for services rendered to the organization?	e or accrue co	mpen	satio	on f	from	n any	un	related organization	on or individ	ual	5		2
<ul> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest compensation from the organization. Rep year.</li> </ul>											s tax		
(A) Name and busines	s address							<b>(B)</b> Description of se	ervices	Cor	<b>(C)</b> mpensat	ion	
													_
							-						
							-						

12

		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	/		
				(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ís,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ΰÊ	c	Fundraising events					
rs,	d	Related organizations	457,178,830.				
i lai	e	Government grants (contributions)	6,130,500.				
Sim's,	f	All other contributions, gifts, grants,	-,,				
ž Či	· ·	and similar amounts not included above . 1f					
t pr		Noncash contributions included in					
Ę0	g		¢				
and	h	lines 1a-1f		463,309,330.			
			Business Code	403,309,330.			
e		APARTMENT RENTAL ALLOCATION	531390	224,703.	224,703.		
ś	2a	APARIMENT RENIAL ALLOCATION	531390	224,703.	224,703.		
Ser	b						
۲e a	c						
Program Service Revenue	d						
<u>č</u>	е						
а.	f	All other program service revenue		004 500			
	g	Total. Add lines 2a-2f		224,703.			
	3	Investment income (including dividends,					
		other similar amounts)		2,410.			2,410.
	4	Income from investment of tax-exempt bond	•	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b>	1,412,148.				
ue	b	Less: cost or other basis					
Revenue		and sales expenses 7b	185,000.				
Se/	с	Gain or (loss) 7c	1,227,148.				
	d	Net gain or (loss)		1,227,148.			1,227,148.
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
		Net income or (loss) from sales of inventory	<u></u> .	NONE			
s			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	900099	3,529.		6,087.	-2,558
scellaneo Revenue	b						
evell eve	c						
lis R	d	All other revenue					
2	е	Total. Add lines 11a-11d	<u> </u>	3,529.			
	12	Total revenue. See instructions		464,767,120.	224,703.	6,087.	1,227,000.

UNITED ISRAEL APPEAL, INC.

Form 990 (2023)

Part VIII Statement of Revenue

#### UNITED ISRAEL APPEAL, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a response of the contains a response of the contains a response of the contains and the contains a response of the contains a	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	463,903,441.	463,903,441.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above to disgualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
	Pension plan accruals and contributions (include	NONE			
3	section 401(k) and 403(b) employer contributions)				
٩	Other employee benefits	NONE			
9 10	Payroll taxes	NONE			
	Fees for services (nonemployees):				
	Management	NONE			
		8,454.		8,454.	
		61,819.		61,819.	
	Accounting	NONE		01,019.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	INOINE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	106 770		106,770.	
	(A), amount, list line 11g expenses on Schedule O.)	<u>106,770.</u>		100,770.	
	Advertising and promotion	NONE			
13	Office expenses	NONE			
14	Information technology	NONE			
15	Royalties	NONE			
16		NONE			
	Travel	NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE	4 425 222		
22	Depreciation, depletion, and amortization	4,439,180.	4,435,033.	4,147.	
23		NONE			
24					
	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.)				
а	PERSONNEL & FRINGE EXPENSES	129,067.	NONE	129,067.	NON
b	PAID BY COMMON PAYMASTER	NONE	NONE	NONE	NON
c	MISCELLANEOUS EXPENSES	15,003.	NONE	15,003.	NON
d	I				
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	468,663,734.	468,338,474.	325,260.	NON
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				

UNITED ISRAEL APPEAL, INC.

n 990 ( <b>art X</b>				Page <b>1</b> '
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	1,381,138.	1	966,465
2	Savings and temporary cash investments	NONE	2	NOI
3	Pledges and grants receivable, net	NONE	3	NOI
4	Accounts receivable, net	178,542.	4	63,50
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NO
6	Loans and other receivables from other disqualified persons (as defined			
-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NO
7	Notes and loans receivable, net	NONE		NO
8	Inventories for sale or use	NONE	8	NO
9	Prepaid expenses and deferred charges	NONE	9	NO
10 a	Land, buildings, and equipment: cost or other		-	
	basis. Complete Part VI of Schedule D 10a 481,204,312.			
b	Less: accumulated depreciation <b>10b</b> 455,878,387.	29,765,105.	10c	25,325,92
11	Investments - publicly traded securities.	NONE		NC
12	Investments - other securities. See Part IV, line 11	NONE		NC
13	Investments - program-related. See Part IV, line 11	NONE		NC
14	Intangible assets	NONE		NC
15	Other assets. See Part IV, line 11	96,737,649.		145,601,64
16	Total assets. Add lines 1 through 15 (must equal line 33)	128,062,434.		171,957,53
17	Accounts payable and accrued expenses	1,269,971.		49,061,68
18	Grants payable	NONE		NC
19	Deferred revenue	NONE	19	NC
20	Tax-exempt bond liabilities	NONE		NC
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NC
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NC
23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NC
24	Unsecured notes and loans payable to unrelated third parties	NONE		NC
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	33,696.	25	33,69
26	Total liabilities. Add lines 17 through 25	1,303,667.	26	49,095,38
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	65,975,449.	27	66,631,55
28	Net assets with donor restrictions		28	56,230,59
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	126,758,767.	32	122,862,15
	Total liabilities and net assets/fund balances	128,062,434.	33	171,957,53

Form 990 (2023)

1

	UNITED ISRAEL APPEAL, INC.	3-176	0102	2			
Form 99	00 (2023)	-				Pag	ge <b>12</b>
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		1		,76	7,1	120.
2	Total expenses (must equal Part IX, column (A), line 25)		2	468	,66	3,'	734.
3	Revenue less expenses. Subtract line 2 from line 1		3	-3	,89	6,0	614.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	126	,75	8,'	767.
5	Net unrealized gains (losses) on investments		5				
6	Donated services and use of facilities		6				
7	Investment expenses		7				
8	Prior period adjustments		8				
9	Other changes in net assets or fund balances (explain on Schedule O).		9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part >	(, line					
	32, column (B))		10	122	,86	2,2	<u>153</u> .
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					••	
				_	Y	′es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			-			
	If the organization changed its method of accounting from a prior year or checked "C	ther," exp	olain or	า			
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent account	Intant?		. 2	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year w	vere com	piled o	r			
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis	asis					
b	Were the organization's financial statements audited by an independent accountant?			. 2	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year w	ere audit	ed on a	a			
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis	asis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibilit	y for ove	rsight o	f			
	the audit, review, or compilation of its financial statements and selection of an independent a	accountar	nt?	. 2	2c	X	
	If the organization changed either its oversight process or selection process during the tax	year, ex	plain or	n			
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits a	as set for	h in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			. 3	a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did	not unde	ergo the	е			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo	such au	dits	. 3	b [	Х	

Form **990** (2023)

SCHEDULE	A
(Form 990)	

## 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.

OMB No. 1545-0047

		evenue Service		Go to www.irs.gov	//Form990 for instructio	ns and t	he latest i	nformation.	Inspection
Nam	e of ti	he organization						Employer identifi	cation number
UN:	ITEI	D ISRAEL AF	PPEAL, ING	<b>.</b>				13-1	760102
Ра	rt I	Reason fo	or Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instructior	IS.
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1		A church, conv	vention of chu	urches, or associa	tion of churches desci	ibed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school desc	ribed in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	90).)		
3		A hospital or a	a cooperative	hospital service o	rganization described i	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical rese	earch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's nam							
5		An organizatio	on operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)	<b>)(1)(A)(iv).</b> (C	complete Part II.)					
6		A federal, stat	e, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organizatio	on that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community t	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural	l research or	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university o	r a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:							
10 11		receipts from a support from a acquired by the	activities rela gross investm e organizatio	ted to its exempt f ient income and u n after June 30, 19	unctions, subject to c	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (less Complete		n 331/3 % of its
12	$\square$	•	•		•				ry out the purposes of
а		one or more p the box on line	ublicly suppo es 12a throug	rted organizations h 12d that describ	described in <b>section 5</b> es the type of suppor	<b>09(a)(1</b> ting orga	) or <b>sect</b> i anization		ction 509(a)(3). Check 2e, 12f, and 12g.
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting o	organization.	You must complet	e Part IV, Sections A	and B.			
b		control or m organization(	anagement o (s). <b>You must</b>	of the supporting o complete Part IV	rganization vested in , <b>Sections A and C.</b>	the sam	e person	supported organizati	age the supported
С		••			• •			n with, and functional	ily integrated with,
4			-		s). You must comple				tod organization(a)
d		that is not fu	inctionally inte	egrated. The organ		t satisfy	a distrib	ection with its suppor oution requirement and <b>d Part V.</b>	•
е		-	-		-			nat it is a Type I, Type I	I, Type III
			-		ionally integrated sup				
f	En								
g	Pro	ovide the follow	ring information	on about the suppo	orted organization(s).				
	(i) N	lame of supported o	organization	<b>(ii)</b> EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
~,									
(B)									
(C)									
(D)									
(E)									
Tota	al								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 3E1210 1.000

07923D 702V 05/14/2025 13:36:00

Schedule A (Form 990) 2023

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	170,601,890.	148,751,432.	172,549,272.	156,646,222.	463,309,330.	1,111,858,146.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	170,601,890.	148,751,432.	172,549,272.	156,646,222.	463,309,330.	1,111,858,146.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						NONE
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						1,111,858,146.
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		170,601,890.	148,751,432.	172,549,272.	156,646,222.	463,309,330.	1,111,858,146.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	309.	230.	78.	1,320.	2,410.	4,347.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				7,774.	6,087.	13,861.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	NONE	1,046.	24,232.	208,781.	-2,558.	231,501.
11	Total support. Add lines 7 through 10						1,112,107,855.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,274,291.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>	<u></u>	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2023 (lin					14	99.98 %
15	Public support percentage from 2022						99.97 <b>%</b>
	<b>331/3% support test - 2023.</b> If the org box and <b>stop here.</b> The organization qu	ualifies as a pub	licly supported	organization.			х
	331/3% support test - 2022. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		📖
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization Part VI how the organization meets to organization	meets the fac the facts-and-c	cts-and-circumst ircumstances te	ances test, che st. The organiz	eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly s	Explain in supported
b	<b>10%-facts-and-circumstances test - 2</b> 15 is 10% or more, and if the organiz in Part VI how the organization meets organization	2022. If the org ation meets the the facts-and	anization did n e facts-and-circ -circumstances t	ot check a box umstances test, est. The organi	on line 13, 16 check this boy ization qualifies	a, 16b, or 17a k and <b>stop her</b> as a publicly s	, and line <b>a.</b> Explain supported
18	Private foundation. If the organization instructions	n did not chec	k a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see

Schedule A (Form 990) 2023

Schedule A	(Form	990)	2023
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#### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						-
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 2010	(1) 2020	(-) 2021	(4) 2022	(-) 2022	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans,						
	rents, royalties, and income from similar						
h	sources Unrelated business taxable income (less						
5	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is fo	r the organizati	on's first, secor	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2023 (line 8	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2022 Sche	edule A, Part III, lir	ne 15	<u></u>		16	%
Sec	tion D. Computation of Investmen	It Income Perc	centage				
17	Investment income percentage for 2023 (li	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2022	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2023. If the o	rganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	i, and line
	17 is not more than 331/3%, check this	s box and <b>stop</b>	here. The orga	nization qualifies	as a publicly s	upported organiza	ation
b	331/3% support tests - 2022. If the org	anization did not	t check a box or	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and <b>s</b> t	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organ	ization
20	Private foundation. If the organization	did not check a	a box on line	14, 19a, or 19b	, check this bo		
JSA 3E122	1 1.000					Schedule	A (Form 990) 2023

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Page 4

Yes No

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Schedule A (Form 990) 2023

## Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
  - **b** A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

#### Section B. Type I Supporting Organizations

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

#### Section C. Type II Supporting Organizations

 Yes
 No

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

### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	ns).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instruc	ction	s).
2	Activities Test. Answer lines 2a and 2b below.	<u> </u>	Yes	Ν
2	Activities Test. Answer mes za and zo below.			

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

Yes No

Page 5

13-1760102

11a 11b

11c

2a

2b

3a

3b

ο

#### Schedule A (Form 990) 2023 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2					
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

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 - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
MISCELLANEOUS INCOME	NONE	1,046.	24,232.	208,781.	-2,558.	231,501.
TOTALS	NONE	1,046.	24,232.	208,781.	-2,558.	231,501.

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

OMB No. 1545-0047

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

Employer identification number

UNITED ISRAEL APPEAL,	INC.	13-1760102
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	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).

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Name of c	organization UNITED ISRAEL APPEAL, INC.		Employer identification number 13-1760102
Part I	Contributors (see instructions). Use duplicate cop	vies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	<u>N/A</u>	\$457,178,830.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 2

(Form 990) (2023)		Page
-		lentification number
		-1760102 eded.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	ganization UNITED ISRAEL APPEAL, INC. Noncash Property (see instructions). Use duplicate copies (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (c) Description of	ganization UNITED ISRAEL APPEAL, INC.  Noncash Property (see instructions). Use duplicate copies of Part II if additional space is ne  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (c) FMV (or estimat

Schedule B (Form 990) (2023)

Page 3

	(Form 990) (2023)			Page 4
Name of or	-			Employer identification number
Deut III	UNITED ISRAEL APPEAL,			13-1760102
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	<b>the year from any</b> ions completing Par e year. (Enter this ir	one contributor. C t III, enter the total formation once. Se	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	-	
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transforce's name address of	(e) Transf	-	hin of transforor to transform
	Transferee's name, address, a			hip of transferor to transferee
JSA	1		ı	Schedule B (Form 990) (2023)

SCHEE	DULE D
(Form	990)

# 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.

2

OMB No. 1545-0047

Department of the Treasury			Attach to Form 990.		Open to Public
Internal Revenue Service Go to www.irs.gov/ Name of the organization			Form990 for instructions and the latest infor		Inspection
-				Employer identification	
_	ITED ISRAEL AF		is a formula on Other Obrillan Frends	13-176010	)2
Pa		-	rised Funds or Other Similar Funds o	or Accounts	
	Complete	a in the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and of	
1		nd of year			
2		of contributions to (during year) .			
3		of grants from (during year)			
4		t end of year			
5	-		r advisors in writing that the assets hele		
~			e organization's exclusive legal control?		Yes No
6			and donor advisors in writing that grant		
	•		fit of the donor or donor advisor, or for		Yes No
Do		tion Easements	<u></u>	<u></u>	
Га			"Yes" on Form 990, Part IV, line 7.		
1			e organization (check all that apply).		
•		n of land for public use (for example		n of a historically imp	ortant land area
		of natural habitat		n of a certified historic	
		n of open space			, structure
2			eld a qualified conservation contribution	in the form of a conse	ervation
-		ast day of the tax year.			nd of the Tax Year
а				2a	
b			s	2b	
c		-	historic structure included on line 2a	2c	
d			ne 2c acquired after July 25, 2006, and		
			gister	2d	
3			insferred, released, extinguished, or terr		nization during the
-	tax year		,		<b>3</b>
4	•	where property subject to conse	ervation easement is located		
5			garding the periodic monitoring, inspe	ction, handling of	
	-		isements it holds?	-	YesNo
6			pecting, handling of violations, and enforcin		nts during the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easeme	nts during the year
8		-	e 2d above satisfy the requirements of se		
					Yes No
9	In Part XIII, descri	be how the organization reports	conservation easements in its revenue a	ind expense statement	and balance
			ptnote to the organization's financial state	ements that describes	the
D		ounting for conservation easeme			
Pa			s of Art, Historical Treasures, or Oth	er Similar Assets	
	•		"Yes" on Form 990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under FA	ASB ASC 958, not to report in its rever	ue statement and ba	lance sheet works
	service, provide in	Part XIII the text of the footnote	ASB ASC 958, not to report in its rever ts held for public exhibition, education to its financial statements that describes	these items.	norance of public
b			ASB ASC 958, to report in its revenue		
	art, historical treas	sures, or other similar assets he	ld for public exhibition, education, or re		
		ing amounts relating to these ite		<b>^</b>	
			1		
~					
2	-		rt, historical treasures, or other similar	assets for financial	gain, provide the
	ionowing amounts	Frequired to be reported under F	ASB ASC 958 relating to these items:	*	

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

. \$

. . . . . . . .

		TED ISRAEL A				760102 Page <b>2</b>
Ра	rt III Organizations Maintaini					
3	Using the organization's acquisitio collection items (check all that appl Public exhibition			-		hificant use of its
a L				or exchange progra	dIII	
b	Scholarly research	rationa	e Othe			
c	Preservation for future gener		a and avalain have	they further the e	rachizationia avona	t nurnaga in Dart
4	Provide a description of the organ	ization's collection	is and explain now	they further the o	rganizations exemp	t purpose in Part
F	XIII.		denotions of out his	torical tracations of	t other similar	
5	During the year, did the organization					
Pa	assets to be sold to raise funds rath rt IV Escrow and Custodial A		tained as part of the	organization's cone		Yes No
Γa	Complete if the organiza 990, Part X, line 21.		es" on Form 990,	Part IV, line 9, or	reported an amou	nt on Form
1a	Is the organization an agent, trust	tee, custodian or	other intermediary	for contributions o	r other assets not	
	included on Form 990, Part X?				_	Yes No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the following ta	able.		
			1		Amount	
с	Beginning balance			1c		
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an am				I account liability?	Yes No
b	If "Yes," explain the arrangement in	n Part XIII. Check	nere if the explanatio	n has been provided	d in Part XIII	
	rt V Endowment Funds					
	Complete if the organiza	tion answered "Y	'es" 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	18,062,000.	18,062,000.	18,062,000.	18,062,000.	18,062,000.
b	Contributions					
	Net investment earnings, gains,					
•	and losses	460,000.	547,000.	584,000.	460,000.	804,000.
d	Grants or scholarships					
	Other expenditures for facilities					
	and programs	460,000.	547,000.	584,000.	460,000.	804,000.
f	Administrative expenses					
g	End of year balance	18,062,000.	18,062,000.	18,062,000.	18,062,000.	18,062,000.
2	Provide the estimated percentage	of the current vear	end balance (line 10	a. column (a)) held a	s:	
а	Board designated or quasi-endowm	ient	%			
b	Permanent endowment 100.000	<u>00</u> %				
С	Term endowment%					
	The percentages on lines 2a, 2b, a					
3a	Are there endowment funds not in	the possession of	the organization tha	t are held and adm	inistered for the	
	organization by:					Yes No
	(i) Unrelated organizations?					3a(i) X
	(ii) Related organizations?					3a(ii) 🛛
b	If "Yes" on line 3a(ii), are the relate	0	•			3b X
4	Describe in Part XIII the intended u		ation's endowment fu	unds.		
Pa	rt VI Land, Buildings, and Equ Complete if the organization	ation answered "	es" on Form 990	Part IV line 11a	See Form 990 Pa	art X line 10
	Description of property					I) Book value
	· · · ·	(inve			preciation	
1a	Land					
b	Buildings		481,	204,312.455,8	878,387.	25,325,925.
C	Leasehold improvements					
d	Equipment.					
	Other					
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990, Part X, line 1	Uc, column (B))		25,325,925.

Schedule D (Form 990) 2023

**Investments - Other Securities** 

Part VII

#### 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) **Investments - Program Related** Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) 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) ANNUAL CAMPAIGNS DUE FROM (2) RELATED PARTY 145,521,643 (3) DONATED ASSETS DUBINSKY PRINTS 80,000 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 145,601,643 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)DUE TO JFNA 33,696 (3) (4) (5) (6)(7)(8) (9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

33,696.

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Ochicat	le D (Form 990) 2023 UNITED ISRAEL APPEAL, INC.	13-	-1760102 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n	1
1	Total revenue, gains, and other support per audited financial statements	1	464,767,120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	464,767,120.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	464,767,120.
Part		ırn	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ırn	468,663,734.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		468,663,734.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		468,663,734.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		468,663,734.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses		468,663,734.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements		468,663,734.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	1 2e	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	1	468,663,734.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	1 2e	
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	1 2e	
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Add lines 4a and 4b	1 2e 3 4c	468,663,734.
1 2 b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	1 2e 3 4c	

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.

SEE SUPPLEMENTAL PAGE

PART V, LINE 4:

THE ENDOWMENT FUNDS GRANTS ARE ALLOCATED TO THE JEWISH AGENCY FOR ISRAEL FOR IMMIGRATION, ABSORPTION, CHILDREN AT RISK, THE ELDERLY, AND JEWISH IDENTITY PROGRAMS.

PART X, LINE 2:

UNDER ASC 740, INCOME TAXES, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATIONS BY A TAXING AUTHORITY. UNITED ISRAEL APPEAL, INC. ("UIA') DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. UIA HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, UIA HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED JUNE 30, 2024, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES.

SCHEDULE F (Form 990)	Statement of Activities Outside the United St Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15 Attach to Form 990.	ລຄາງ	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection	
Name of the organization		Employer identification number	
UNITED ISRAEL AF	PEAL, INC.	13-1760102	
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organization answered "Yes'	' on
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to	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	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		463,903,441.
(2)					
(3)					
(4)					
_ (5)					
(6)					
_ (7)					
_ (8)					
_ (9)					
<u>(10)</u>					
<u>(11)</u>					
(12)					
<u>(13)</u>					
(14)					
<u>(15)</u>					
<u>(16)</u>					
(17)					
<ul> <li>3a Subtotal</li> <li>b Total from continuation sheets to Part I</li> </ul>					463,903,441.
c Totals (add lines 3a and 3b)					463,903,441.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 3E1274 1.000

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Schedule F (Form 990) 2023

Part II

		MIDDLE E	EAST/1
Enter total number of recipient org	ganizations listed ab	ove that	t are
exempt 501(c)(3) organization by th	e IRS, or for which t	he grant	tee or
Enter total number of other organization	ations or entities		

recognized as charities by the foreign country, recognized as a tax or counsel has provided a section 501(c)(3) equivalency letter 

722 NONE

Schedule F (Form 990) 2023

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ISRAEL					
(1)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,000,000.	WIRE			
			SHARED					
(2)		MIDDLE EAST/NORTH AFRICA	SOCIETY	35,500.	WIRE			
			ISRAEL					
(3)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
			ISRAEL					
(4)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	185,000.	WIRE			
			ISRAEL					
(5)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	811,000.	WIRE			
			COMMUNITY &					
(6)		MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	7,500.	WIRE			
			ISRAEL					
(7)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	3,000,000.	WIRE			
			ISRAEL					
(8)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,959,372.	WIRE			
			ISRAEL					
(9)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	168,000.	WIRE			
			ISRAEL					
(10)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	54,000.	WIRE			
			ISRAEL					
(11)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	15,000.	WIRE			
			ISRAEL					
(12)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	25,105.	WIRE			
			WOMEN'S					
(13)		MIDDLE EAST/NORTH AFRICA	SERVICES	10,689.	WIRE			
			ISRAEL					
(14)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	33,536.	WIRE			
			LEADERSHIP					
(15)		MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	9,259.	WIRE			
			GENERAL OPER					
(16)		MIDDLE EAST/NORTH AFRICA	SUPPORT	100,000.	WIRE			

35

Page 2

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				GENERAL OPER					
(1)			MIDDLE EAST/NORTH AFRICA	SUPPORT	18,507.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	165,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,089,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	175,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	37,900.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	481,000.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	250,000.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	936,206.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	198,000.	WIRE			
				INFORMAL					
(10)			MIDDLE EAST/NORTH AFRICA	EDUCATION	10,000.	WIRE			
				COMMUNITY &					
(11)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	9,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	60,000.	WIRE			
				GENERAL OPER					
(13)			MIDDLE EAST/NORTH AFRICA	SUPPORT	300,000.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	238,200.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	<b>(e)</b> 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)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	338,600.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	90,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	150,000.	WIRE			
				GENERAL OPER					
(4)			MIDDLE EAST/NORTH AFRICA	SUPPORT	23,460.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	15,000.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	440,000.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	445,000.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	53,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	SCHOLARSHIPS	7,200.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	27,500.	WIRE			
				EARLY CHILDH					
(11)			MIDDLE EAST/NORTH AFRICA	SUPPORT	10,000.	WIRE			
				STEM					
(12)			MIDDLE EAST/NORTH AFRICA	EDUCATION	479,500.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	59,800.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	SUPPORT	75,000.	WIRE			
				COMMUNITY &					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	5,200.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	100,000.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	39,400.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	312,145.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	30,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	355,000.	WIRE			
				ELDERCARE					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	40,500.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	5,994,782.	WIRE			
(7)				GENERAL OPER					
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT	8,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	ISRAEL EMERGENCY	128,000.	WIRE			
(0)			MIDDLE EASI/NORTH AFRICA	ISRAEL	128,000.	WIKE			
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,680,000.	WIRE			
				ISRAEL	_,,				
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	127,000.	WIRE			
()				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	7,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	15,285,000.	WIRE			
				GENERAL OPER					
(13)			MIDDLE EAST/NORTH AFRICA	SUPPORT	462,754.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	26,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	183,000.	WIRE			
				WOMEN'S					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	22,500.	WIRE			

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Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	SERVICES	45,000.	WIRE			
				GENERAL OPER					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	8,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT	328,000.	WIRE			
				EMPLOYMENT					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	45,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	TRAINING	105,000.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	104,709.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	32,500.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	20,000.	WIRE			
				HEALTHCARE					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	150,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	10,000.	WIRE			
				RELIGIOUS					
(11)			MIDDLE EAST/NORTH AFRICA	SUPPORT	67,000.	WIRE			
				EQUALITY					
(12)			MIDDLE EAST/NORTH AFRICA	EDUCATION	63,500.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	491,097.	WIRE			
				COMMUNITY &					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	2,144,065.	WIRE			
				FOOD					
(15)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	45,360.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	SHELTER	108,000.	WIRE			

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				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	195,655.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	423,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	281,562.	WIRE			
				GENERAL OPER					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,352,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	SUPPORT	201,000.	WIRE			
				CHILDREN'S					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	135,239.	WIRE			
				INFORMAL					
(7)			MIDDLE EAST/NORTH AFRICA	SERVICES	26,500.	WIRE			
				GENERAL OPER					
(8)			MIDDLE EAST/NORTH AFRICA	EDUCATION	134,381.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	SUPPORT	50,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	COUNSELING	22,500.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	507,700.	WIRE			
				GENERAL OPER					
(12)			MIDDLE EAST/NORTH AFRICA	THERAPY	30,000.	WIRE			
				EMPLOYMENT					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	20,000.	WIRE			
				EQUALITY					
(14)			MIDDLE EAST/NORTH AFRICA	SUPPORT	37,500.	WIRE			
				CHILDREN'S					
(15)			MIDDLE EAST/NORTH AFRICA	TRAINING	351,740.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	20,000.	WIRE			

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				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	SERVICES	40,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	75,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	32,400.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	57,000.	WIRE			
				HIGHER					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	55,000.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				SHARED					
(7)			MIDDLE EAST/NORTH AFRICA	EDUCATION	40,000.	WIRE			
(2)				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	675,000.	WIRE			
(0)				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	SOCIETY	269,838.	WIRE			
(10)				ISRAEL	50,000				
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY GENERAL OPER	50,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	20,000.	WIRE			
(11)			MIDDLE EASI/NORTH AFRICA	STEM	20,000.	WIKE			
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	3,023,000.	WIRE			
(12)				ISRAEL	5,025,000.	WIRD			
(13)			MIDDLE EAST/NORTH AFRICA	SUPPORT	1,750,600.	WIRE			
(10)					1,,50,0001				
(14)			MIDDLE EAST/NORTH AFRICA	ISRAEL	4,748,763.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	800,000.	WIRE			<b></b>
(16)			MIDDLE EAST/NORTH AFRICA	WOMEN'S	25,200.	WIRE			

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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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				FOOD					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	12,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	30,000.	WIRE			
				COUNSELING					
(3)			MIDDLE EAST/NORTH AFRICA	SERVICES	30,000.	WIRE			
				FOOD					
(4)			MIDDLE EAST/NORTH AFRICA	SHELTER	13,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	63,000.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	THERAPY	522,500.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	SHELTER	110,000.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	11,000.	WIRE			
				EQUALITY					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	60,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	3,706,466.	WIRE			
				COUNSELING					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	18,000.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	150,000.	WIRE			
				GENERAL OPER					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	50,000.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	THERAPY	1,565,500.	WIRE			

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				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	50,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	SUPPORT	275,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	45,000.	WIRE			
				GENERAL OPER					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	59,192.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	62,275.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	225,000.	WIRE			
( <b>—</b> )				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT	22,500.	WIRE			
(0)				HEALTHCARE					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,117.	WIRE			
(0)				ISRAEL	104 110				
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	104,110.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	ISRAEL EMERGENCY	575,000.	WIRE			
(10)			MIDDLE EASI/NORTH AFRICA	EMERGENCI	575,000.	WIKE			
(11)			MIDDLE EAST/NORTH AFRICA	STEM	860,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	125,000.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	399,694.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIE	35,000.	WIRE			<b></b>
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	220,000.	WIRE			
				GENERAL OPER					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	103,500.	WIRE			

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				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	123,667.	WIRE			
				LEADERSHIP					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	201,335.	WIRE			
				GENERAL OPER					
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT	240,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	978,600.	WIRE			
(-)				DISABILITY					
(5)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	21,600.	WIRE			
(0)				COMMUNITY &					
(6)			MIDDLE EAST/NORTH AFRICA	SUPPORT	83,334.	WIRE			
(7)			MIDDLE EXCE (NODELL ADDIG)	ISRAEL	420,000	MIDE			
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	420,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	INCLUSION	579,745.	WIRE			
(0)			MIDDLE EAST/NORTH AFRICA	DISABILITY	575,745.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	23,987.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,082,400.	WIRE			
<u> </u>				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	56,400.	WIRE			
				GENERAL OPER					
(12)			MIDDLE EAST/NORTH AFRICA	INCLUSION	43,000.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	755,000.	WIRE			
				CONNECTING &					
(15)			MIDDLE EAST/NORTH AFRICA	SUPPORT	35,500.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	438,000.	WIRE			

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1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> 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)
				GENERAL OPER					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	316,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	IDENTITY	607,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,115,300.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	SUPPORT	1,287,250.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	150,000.	WIRE			
				INFORMAL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,177,765.	WIRE			
				COMMUNITY &					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	15,000.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EDUCATION	425,000.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	140,000.	WIRE			
				HIGHER					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	15,000.	WIRE			
				SHARED					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	7,500.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	164,300.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EDUCATION	46,000.	WIRE			
				GENERAL OPER					
(15)			MIDDLE EAST/NORTH AFRICA	SOCIETY	234,769.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	150,000.	WIRE			

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				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,061,061.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	SUPPORT	1,905,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	250,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	940,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,320,000.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	223,232.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	105,000.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	2,803,500.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	275,000.	WIRE			
				SHARED					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	7,500.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	3,132,800.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	540,000.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	SOCIETY	328,500.	WIRE			
				SOCIAL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	35,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	75,000.	WIRE			
<u> </u>				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2 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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ISRAEL					
(1)		MIDDLE EAST/NORTH AFRICA	ACTIVISM	27,000.	WIRE			
			CHILDREN'S					
(2)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	16,750.	WIRE			
			ISRAEL					
(3)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	500,000.	WIRE			
			GENERAL OPER					
(4)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	73,415.	WIRE			
			ISRAEL					
(5)		MIDDLE EAST/NORTH AFRICA	SERVICES	405,000.	WIRE			
			ISRAEL EMERGENCY	175 050	MIDE			
(6)		MIDDLE EAST/NORTH AFRICA	ISRAEL	175,250.	WIRE			
(7)		MIDDLE EAST/NORTH AFRICA	SUPPORT	204,000.	WIRE			
			ISRAEL	201,000.	WIRD			
(8)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,581,630.	WIRE			
			ISRAEL					
(9)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	518,000.	WIRE			
			SCHOLARSHIPS					
(10)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	204,500.	WIRE			
			ISRAEL					
(11)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	704,099.	WIRE			
			ISRAEL					
(12)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	426,400.	WIRE			
(13)		MIDDLE EAST/NORTH AFRICA	COMMUNITY &	55,000.	WIRE			
(10)			ISRAEL					
(14)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	857,000.	WIRE			
· /			SHARED					
(15)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	85,000.	WIRE			
			ISRAEL					
(16)		MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	54,000.	WIRE			

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

3 Enter total number of other organizations or entities

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				WOMEN'S					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	17,500.	WIRE			
				WOMEN'S					
(2)			MIDDLE EAST/NORTH AFRICA	SOCIETY	7,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	2,000,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	SERVICES	10,080.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	SERVICES	50,000.	WIRE			
				SHARED					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	77,000.	WIRE			
( <b>-</b> )				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	18,000.	WIRE			
(0)				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	963,500.	WIRE			
(0)			MIDDLE EACE (MODELLAEDICA	GENERAL OPER	1 200 000	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	SOCIETY GENERAL OPER	1,300,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	400,000.	WIRE			
(10)				ISRAEL	100,000.	WIRD			
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	210,000.	WIRE			
()				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	SUPPORT	1,230,000.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	SUPPORT	55,000.	WIRE			
				GENERAL OPER					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	55,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,255,890.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	700,000.	WIRE			

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

3 Enter total number of other organizations or entities

1	(a) Name of organization	<b>(b)</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
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	SUPPORT	627,850.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,396,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	70,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	150,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	200,000.	WIRE			
				COMMUNITY &					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	555,000.	WIRE			
				STEM					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	400,000.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	56,600.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	EQUALITY	10,000.	WIRE			
(3)			MIDDLE ERST/NORTH AFRICA	WOMEN'S	10,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	30,000.	WIRE			
(10)					50,000.	WIRD			
(11)			MIDDLE EAST/NORTH AFRICA	ISRAEL	160,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	130,000.	WIRE			
				GENERAL OPER					
(13)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	15,000.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	SERVICES	50,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	875,000.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	30,000.	WIRE			

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

3 Enter total number of other organizations or entities

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	SUPPORT	120,000.	WIRE			
				SOCIAL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	12,500.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	2,158,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	60,000.	WIRE			
				EARLY CHILDH					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	297,085.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	ACTIVISM	3,705,752.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	206,200.	WIRE			
				ELDERCARE					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	12,859.	WIRE			
				GENERAL OPER					
(9)			MIDDLE EAST/NORTH AFRICA	EDUCATION	87,500.	WIRE			
(4.0)				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	446,360.	WIRE			
(44)				ISRAEL	105 000				
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	105,800.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT	332,439.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	SUPPORT	50,000.	WIRE			
				DISABILITY					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	14,595.	WIRE			
				GENERAL OPER					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	30,000.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	TRAINING	1,107,641.	WIRE			

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

3 Enter total number of other organizations or entities

1	(a) Name of organization	<b>(b)</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)
				GENERAL OPER					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	8,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	INCLUSION	152,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT	100,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	SUPPORT	711,600.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	136,500.	WIRE			
				EARLY CHILDH					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	36,500.	WIRE			
				COUNSELING					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	710,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	125,500.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EDUCATION	232,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	THERAPY	136,000.	WIRE			
				DISABILITY					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	22,000.	WIRE			
				COMMUNITY &					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	15,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	7,489,409.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	343,000.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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
				GENERAL OPER					
(1)			MIDDLE EAST/NORTH AFRICA	INCLUSION	25,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	10,000.	WIRE			
				GENERAL OPER					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	15,000.	WIRE			
				EMPLOYMENT					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	572,201.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	SUPPORT	107,500.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				EMPLOYMENT					
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT	62,500.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	TRAINING	450,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	250,000.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	159,000.	WIRE			
				WOMEN'S					
(11)			MIDDLE EAST/NORTH AFRICA	TRAINING	12,300.	WIRE			
				UKRAINE RELI					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	240,000.	WIRE			
				JEWISH					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	20,000.	WIRE			
				JEWISH					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	26,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	SERVICES	250,000.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	125,000.	WIRE			

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

3 Enter total number of other organizations or entities.

Part II			ations or Entities Outsi ived more than \$5,000. F					ered "Yes" on	Form 990
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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	IDENTITY	150,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	IDENTITY	100,000.	WIRE			
				COMMUNITY &					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	25,000.	WIRE			
				COMMUNITY &					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	75,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	188,750.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	50,000.	WIRE			
				GENERAL OPER					
(7)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	928,250.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	145,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	ISRAEL	375,000.	WIRE			
<u> </u>				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	309,500.	WIRE			
<b>`</b>				EQUALITY					
(12)			MIDDLE EAST/NORTH AFRICA	SUPPORT	25,000.	WIRE			
()				SOCIAL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	20,000.	WIRE			
()				GENERAL OPER	,				
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	60,000.	WIRE			
()				COUNSELING					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	14,000.	WIRE			
(10)			HISSES BASI/NORTH AFRICK	ISRAEL	11,000.				
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	250,000.	WIRE			
(10)			MILDULA BASI/NORIH AFRICA	ENERGENCI	∠50,000.	WIKE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				IMMIGRANT AB					
(1)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	15,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	ACTIVISM	200,000.	WIRE			
				STEM					
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT	300,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	THERAPY	22,500.	WIRE			
(5)				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	740,700.	WIRE			
(6)				EMERGENCY	10,000	MIDE			
(6)			MIDDLE EAST/NORTH AFRICA	PROGRAMS COMMUNITY &	18,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	15,000.	WIRE			
(1)			HIDDLE EAST/NORTH AFRICA	EFIEIGENCI	15,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	ISRAEL	50,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	31,500.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	15,000.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	SERVICES	957,743.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	200,000.	WIRE		_	
				INFORMAL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,200.	WIRE			
				JEWISH	~~~~~				
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	20,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER EMERGENCY	115,000.	WIRE			
(13)			PILUULE EASI/NORTH AFRICA	SOCIAL	115,000.	WIRD			
(16)			MIDDLE EAST/NORTH AFRICA		1,508,816.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> 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
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	68,750.	WIRE			
				GENERAL OPER					
(2)			MIDDLE EAST/NORTH AFRICA	EDUCATION	15,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	IDENTITY	75,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	SUPPORT	450,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	ACTIVISM	90,000.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	75,000.	WIRE			
				CHILDREN'S					
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT	100,000.	WIRE			
				GENERAL OPER					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	35,000.	WIRE			
				FOOD					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	15,000.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	93,600.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	150,000.	WIRE			
. ,				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	SERVICES	1,180,000.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	SUPPORT	25,000.	WIRE			
				COMMUNITY &		1 1			
(14)			MIDDLE EAST/NORTH AFRICA	SHELTER	1,285,000.	WIRE			
<u> </u>				COUNSELING		1			
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	13,000.	WIRE			
()				CHILDREN'S		1			
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,264.	WIRE			

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

3 Enter total number of other organizations or entities

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Page 2 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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				COMMUNITY &					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	23,000.	WIRE			
				JEWISH					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	22,500.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	THERAPY	2,994,171.	WIRE			
(5)				HIGHER	40.000				
(5)			MIDDLE EAST/NORTH AFRICA	SERVICES	40,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	ISRAEL DEVELOPMENT	33,000.	WIRE			
(6)			MIDDLE EASI/NORTH AFRICA	ISRAEL	33,000.	WIKE			
(7)			MIDDLE EAST/NORTH AFRICA	IDENTITY	370,000.	WIRE			
				EMPLOYMENT					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	120,500.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	202,500.	WIRE			
				COMMUNITY &					
(10)			MIDDLE EAST/NORTH AFRICA	EDUCATION	31,000.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	5,573,720.	WIRE			
(									
(12)			MIDDLE EAST/NORTH AFRICA	ISRAEL	681,510.	WIRE			
(40)				GENERAL OPER					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
(4.4)				RELIGIOUS	20,000	MIDE			
(14)			MIDDLE EAST/NORTH AFRICA	TRAINING EMPLOYMENT	30,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT	55,000.	WIRE			
(10)			HISSE BAST/NORTH AFRICA	GENERAL OPER	35,000.				
(16)			MIDDLE EAST/NORTH AFRICA		65,000.	WIRE			

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

3 Enter total number of other organizations or entities

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> 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)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,856,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT	254,000.	WIRE			
				SHARED					
(4)			MIDDLE EAST/NORTH AFRICA	EDUCATION	125,000.	WIRE			
				STEM					
(5)			MIDDLE EAST/NORTH AFRICA	TRAINING	100,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	48,250.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT	65,000.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				EARLY CHILDH					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	8,500.	WIRE			
				REFUGEE					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	240,000.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	SOCIETY	15,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	15,000.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	SUPPORT	359,000.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	75,000.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	EDUCATION	10,500.	WIRE			

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

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

3 Enter total number of other organizations or entities

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> 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
				EARLY CHILDH					
(1)			MIDDLE EAST/NORTH AFRICA	SERVICES	250,250.	WIRE			
				NEEDY					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	7,200.	WIRE			
				EMPLOYMENT					
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT	447,500.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,302,150.	WIRE			
				REFUGEE					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	37,500.	WIRE			
				WOMEN'S					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	13,500.	WIRE			
				SOCIAL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	40,000.	WIRE			
				LEADERSHIP					
(8)			MIDDLE EAST/NORTH AFRICA	EDUCATION	14,000.	WIRE			
				SOCIAL					
(9)			MIDDLE EAST/NORTH AFRICA	POPULATIONS	40,000.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	TRAINING	1,195,000.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,375,000.	WIRE			
				INFORMAL					
(12)			MIDDLE EAST/NORTH AFRICA	SERVICES	40,000.	WIRE			
				COMMUNITY &					
(13)			MIDDLE EAST/NORTH AFRICA	SERVICES	26,250.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	ACTIVISM	45,000.	WIRE			
				STEM					
(15)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	7,500.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	ACTIVISM	30,000.	WIRE			

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

3 Enter total number of other organizations or entities

Part II	(Form 990) 2023 UNITED ISRAEL A	tance to Organiza		de the United				ered "Yes" on	Form 990,
1	Part IV, line 15, for any r (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	<b>IDECICI.</b> (g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	40,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,221,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EDUCATION	55,000.	WIRE			
				NEEDY					
(4)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	36,386.	WIRE			
				DISABILITY					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	175,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	ISRAEL	5,650,000.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	45,000.	WIRE			
				GENERAL OPER					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	889,000.	WIRE			
				CONNECTING &					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	240,000.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,060,000.	WIRE			
				WOMEN'S					
(11)			MIDDLE EAST/NORTH AFRICA	POPULATIONS	55,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	INCLUSION	295,900.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,191,000.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	58,934.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	SUPPORT	15,000.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	IDENTITY	245,000.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,366,500.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	SERVICES	229,076.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,757,836.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	2,193,500.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	90,250.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	135,000.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	778,600.	WIRE			
				EQUALITY					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	20,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	190,000.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
• •				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	150,000.	WIRE			
				COMMUNITY &					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	35,000.	WIRE			
. ,				EMPLOYMENT					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	17,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	75,860.	WIRE			
. ,				ISRAEL		1			
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	4,639,781.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	470,500.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,247,900.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	30,000.	WIRE			
				IMMIGRANT AB					
(4)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	129,925.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	TRAINING	275,000.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	75,000.	WIRE		_	
<i>i</i> – 1				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	82,000.	WIRE			
(0)				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	545,000.	WIRE			
(0)				ISRAEL	455 500				
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	477,520.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER EMERGENCY	80,195.	WIRE			
(10)			MIDDLE EASI/NORIH AFRICA	ISRAEL	80,195.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	100,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	ISRAEL	100,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	110,000.	WIRE			
(12)				ISRAEL	110,000.	, and the second			
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	395,000.	WIRE			
()				GENERAL OPER					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	9,851.	WIRE			
、 <i>)</i>				COMMUNITY &					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	97,500.	WIRE			
· /				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	95,000.	WIRE			

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

1	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> 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)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	SUPPORT	460,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	137,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	180,000.	WIRE			
				CHILDREN'S					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	35,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	SUPPORT	1,919,100.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	178,200.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	226,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	ISRAEL	765,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	65,000.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	101,280.	WIRE			
				COMMUNITY &					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	70,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	SERVICES	280,000.	WIRE			
				EQUALITY					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	49,500.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,685,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	45,000.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	145,000.	WIRE			

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

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Schedule F (Form 990) 2023

Page 2

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>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				COUNSELING					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	30,000.	WIRE			
				CHILDREN'S					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	6,629.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	1,096,355.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	190,300.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	400,000.	WIRE			
				CHILDREN'S					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	107,980.	WIRE			
				ECONOMIC					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	30,000.	WIRE			
				FOOD					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	13,500.	WIRE			
				GENERAL OPER					
(9)			MIDDLE EAST/NORTH AFRICA	THERAPY	31,250.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	SERVICES	75,000.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	475,000.	WIRE			
				EDUCATION					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	30,000.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	613,000.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	SERVICES	1,100,304.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	33,000.	WIRE			
				CHILDREN'S					
(16)			MIDDLE EAST/NORTH AFRICA	SHELTER	34,000.	WIRE			

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

Enter total number of other organizations or entities 3

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	SUPPORT	885,862.	WIRE			
				GENERAL OPER					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	133,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	11,724,380.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	ISRAEL	280,200.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	120,000.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	461,250.	WIRE			
				COUNSELING					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	20,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	NEEDY	80,000.	WIRE			
(-)				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	SERVICES	162,636.	WIRE			
(10)				GENERAL OPER					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
(44)				GENERAL OPER	5 000				
(11)			MIDDLE EAST/NORTH AFRICA	SUPPORT	5,300.	WIRE			
(4.2)				ISRAEL	50.000				
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	79,800.	WIRE			
(4.2)				ISRAEL	500.000				
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	700,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	HIGHER EMERGENCY	97,500.	WIRE			
(14)			HIDDE BADI/NORTH AFRICA	GENERAL OPER	27,300.	WIND			
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	150,000.	WIRE			
<u> </u>				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	THERAPY	257,995.	WIRE			

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page **2** 

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	POPULATIONS	18,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	900,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT	50,039.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	SUPPORT	98,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	222,500.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	250,000.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EDUCATION	180,000.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	SUPPORT	366,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	45,000.	WIRE			
(4.0)				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	167,000.	WIRE			
(11)				ISRAEL	500 667	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	588,667.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT	600,000.	WIRE			
(12)			MIDDLE EASI/NORTH AFRICA	COMMUNITY &	000,000.	WIKE			
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	20,000.	WIRE			
(13)			PIEDES EAST/NORTH AFRICA	EMPLOYMENT	20,000.				+
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	890,000.	WIRE			
(14)			LIBBLE BIOT/NORTH AFRICK	ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
(10)			LIDE ENDI, NORTH MIRICR	ISRAEL	100,000.				1
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	265,000.	WIRE			

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

3 Enter total number of other organizations or entities

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)
				WOMEN'S					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	14,400.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT	23,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	258,130.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	2,795,000.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	157,500.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	TRAINING	1,100,500.	WIRE			
				GENERAL OPER					
(7)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	25,000.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	TRAINING	320,500.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	42,000.	WIRE			
				CHILDREN'S					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	64,110.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	SERVICES	15,680.	WIRE			
<u> </u>				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	TRAINING	75,000.	WIRE			
<u>()</u>				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	9,000.	WIRE			
(,				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	41,500.	WIRE			
()				SOCIAL	11,000.				
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	25,000.	WIRE			
(10)			Inder North Merice	ISRAEL	25,000.				
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	80,460.	WIRE			
(10)			NOKIN AFRICA	TONDRODUCI	00,400.	MIKE		1	1

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				LEADERSHIP					
(1)			MIDDLE EAST/NORTH AFRICA	SUPPORT	10,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	ISRAEL	63,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	2,239,425.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	72,110.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	SERVICES	18,000.	WIRE			
				SHARED					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	340,000.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	593,600.	WIRE			
				ELDERCARE					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	18,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				COMMUNITY &					
(10)			MIDDLE EAST/NORTH AFRICA	ACTIVISM	563,500.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	775,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	825,000.	WIRE			
				SOCIAL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	160,000.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	600,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	550,000.	WIRE			
				ISRAEL					

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

MIDDLE EAST/NORTH AFRICA EMERGENCY

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

(16)

167,200. WIRE

Part II	Grants and Other Assist Part IV, line 15, for any re	ance to Organiza						ered "Yes" on	Form 990,
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)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	SOCIETY	330,000.	WIRE			
				LEADERSHIP					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	20,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	ISRAEL	7,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,664,850.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	90,000.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	200,000.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	50,000.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	ACTIVISM	67,950.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	21,600.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	120,000.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	90,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	60,250.	WIRE			
				GENERAL OPER					
(13)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	55,000.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	50,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	150,000.	WIRE			
				GENERAL OPER					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities.

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SCHOLARSHIPS					
(1)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	67,500.	WIRE			
			GENERAL OPER					
(2)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
			HEALTHCARE					
(3)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	916,667.	WIRE			
			ISRAEL					
(4)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
			GENERAL OPER					
(5)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	41,000.	WIRE			
			ISRAEL					
(6)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	229,000.	WIRE			
			CHILDREN'S					
(7)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	18,000.	WIRE			
			EMPLOYMENT					
(8)		MIDDLE EAST/NORTH AFRICA	SUPPORT	7,500.	WIRE			
			SHARED	04,000				
(9)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	24,000.	WIRE			
(10)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	308,000.	WIRE			
		MIDDLE EASI/NORTH AFRICA	ISRAEL	308,000.	WIRE			
(11)		MIDDLE EAST/NORTH AFRICA	SUPPORT	3,872,706.	WIRE			
(11)			DOTTOR	5,672,700.	WIRD			
(12)		MIDDLE EAST/NORTH AFRICA	WOMEN 'S	16,000.	WIRE			
()			ISRAEL	,				
(13)		MIDDLE EAST/NORTH AFRICA	SUPPORT	50,000.	WIRE			
(14)		MIDDLE EAST/NORTH AFRICA	GENERAL OPER	6,000.	WIRE			
			NEEDY					
(15)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	120,000.	WIRE			<b></b>
			NEEDY					
(16)		MIDDLE EAST/NORTH AFRICA	SUPPORT	150,000.	WIRE			

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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)
				CHILDREN'S					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	46,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	SERVICES	476,740.	WIRE			
				STEM					
(3)			MIDDLE EAST/NORTH AFRICA	TRAINING	350,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	SOCIETY	540,000.	WIRE			
				COUNSELING					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
				GENERAL OPER					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	96,500.	WIRE			
				ECONOMIC					
(7)			MIDDLE EAST/NORTH AFRICA	SERVICES	39,500.	WIRE			
				EMPLOYMENT					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	383,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	SUPPORT	28,800.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	POPULATIONS	197,500.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	POPULATIONS	321,100.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	SERVICES	1,127,331.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	STEM	130,500.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	40,000.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	THERAPY	850,000.	WIRE			

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1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	SUPPORT	37,500.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	53,400.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	TRAINING	142,500.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	108,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	UKRAINE RELI	50,500.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	74,000.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,760,000.	WIRE			
				TECHNOLOGY					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	255,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	127,000.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
				GENERAL OPER					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	595,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	45,000.	WIRE		_	
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	101,000.	WIRE			
				ELDERCARE					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	93,127.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	22,000.	WIRE			
				GENERAL OPER					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	26,000.	WIRE			

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Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	· · · ·		(i) Description (i) America (ii) America (iii) America (iiii) America (iii) America (i						
1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	605,000.	WIRE			
				ISRAEL					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	100,000.	WIRE			
				EMPLOYMENT					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	37,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	INNOVATION	545,500.	WIRE			
				UKRAINE RELI					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	149,500.	WIRE			
				GENERAL OPER					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT	1,217,047.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	135,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	402,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	ISRAEL	135,000.	WIRE			
				CHILDREN'S					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	43,886.	WIRE			
				WOMEN'S					
(12)			MIDDLE EAST/NORTH AFRICA	SUPPORT	19,300.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	275,000.	WIRE			
				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	23,850.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	TRAINING	200,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S	2,303,137.	WIRE			

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3 Enter total number of other organizations or entities

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				CONNECTING &					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	60,001,678.	WIRE			
				IMMIGRANT AB					
(2)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	26,630,038.	WIRE			
				COMMUNITY &					
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT	113,893.	WIRE			
				EMERGENCY					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	65,167.	WIRE			
				SOCIAL					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	105,000.	WIRE			
				DOMESTIC VIO					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	30,000.	WIRE			
				EARLY CHILDH					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	29,741.	WIRE			
				ELDERCARE					
(8)			MIDDLE EAST/NORTH AFRICA	SERVICES	25,149.	WIRE			
				EMPLOYMENT					
(9)			MIDDLE EAST/NORTH AFRICA	SERVICES	247,853.	WIRE			
				LEADERSHIP					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	600,025.	WIRE			
				EQUALITY					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	80,038.	WIRE			
				GENERAL OPER					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	6,569,950.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	SERVICES	47,264,266.	WIRE			
				NEEDY					
(14)			MIDDLE EAST/NORTH AFRICA	IDENTITY	6,250,686.	WIRE			
				SCHOLARSHIPS					
(15)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	8,773.	WIRE			
				INFORMAL					
(16)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	23,000.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				STEM					
(1)			MIDDLE EAST/NORTH AFRICA	SERVICES	407,326.	WIRE			
				UKRAINE RELI					
(2)			MIDDLE EAST/NORTH AFRICA	ACTIVISM	1,516,120.	WIRE			
				VICTIMS OF T					
(3)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	128,700.	WIRE			
				WOMEN'S					
(4)			MIDDLE EAST/NORTH AFRICA	EDUCATION	30,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	30,000.	WIRE			
				CONNECTING &					
(6)			MIDDLE EAST/NORTH AFRICA	TRAINING	53,250.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	160,000.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	152,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	SUPPORT	280,000.	WIRE			
				VICTIMS OF T					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	38,000.	WIRE			
(4.4)				UKRAINE RELI					
(11)			MIDDLE EAST/NORTH AFRICA	POPULATIONS	21,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	ISRAEL	52,000.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	EDUCATION	135,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	ISRAEL	1,249,261.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	ISRAEL PROGRAMS	450,804.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	ISRAEL	10,000.	WIRE			

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

3 Enter total number of other organizations or entities

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				FOOD					
(1)			MIDDLE EAST/NORTH AFRICA	SERVICES	15,600.	WIRE			
				GENERAL OPER					
(2)			MIDDLE EAST/NORTH AFRICA	SUPPORT	25,500.	WIRE			
				HIGHER					
(3)			MIDDLE EAST/NORTH AFRICA	IDENTITY	23,250.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	20,000.	WIRE			
				GENERAL OPER					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	18,000.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	700,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	ISRAEL	347,268.	WIRE			
				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	75,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	ISRAEL EMERGENCY	8,000.	WIRE			
				ISRAEL					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	150,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	175,000.	WIRE			
				SHARED					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	35,000.	WIRE			
				COMMUNITY &					
(14)			MIDDLE EAST/NORTH AFRICA	SHELTER	22,500.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	ISRAEL SUPPORT	50,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	NEEDY	30,000.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EDUCATION	50,000.	WIRE			
				EMERGENCY					
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
				GENERAL OPER					
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT	35,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	40,000.	WIRE			
(5)				DISABILITY					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	30,000.	WIRE			
(6)				ISRAEL EMERGENCY	10,000	MIDE			
(6)			MIDDLE EAST/NORTH AFRICA	ISRAEL	10,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	234,500.	WIRE			
(7)			MIDDLE EADI/NORTH AFRICA	FOOD	234,500.	WIKE			
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
				GENERAL OPER					
(9)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	450,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	16,667.	WIRE			
				SHARED					
(11)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	22,000.	WIRE			
				INFORMAL					
(12)			MIDDLE EAST/NORTH AFRICA	SOCIETY	10,000.	WIRE			
				ISRAEL					
(13)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	100,000.	WIRE			
				GENERAL OPER					
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	66,500.	WIRE			
				GENERAL OPER					
(15)			MIDDLE EAST/NORTH AFRICA	POPULATIONS	906,500.	WIRE			
(10)				COMMUNITY &					
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	18,000.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	<b>(e)</b> 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)
				EMERGENCY					
(1)			MIDDLE EAST/NORTH AFRICA	SERVICES	472,875.	WIRE			
				NEEDY					
(2)			MIDDLE EAST/NORTH AFRICA	SUPPORT	50,500.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	ISRAEL	2,825,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	156,400.	WIRE			
				ISRAEL					
(5)			MIDDLE EAST/NORTH AFRICA	INCLUSION	10,000.	WIRE			
				ISRAEL					
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	250,000.	WIRE			
				ISRAEL					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,300,000.	WIRE			
				CHILDREN'S					
(8)			MIDDLE EAST/NORTH AFRICA	SHELTER	90,000.	WIRE			
				ISRAEL					
(9)			MIDDLE EAST/NORTH AFRICA	SUPPORT	35,712.	WIRE			
				WOMEN'S					
(10)			MIDDLE EAST/NORTH AFRICA	SUPPORT	50,000.	WIRE			
				ISRAEL					
(11)			MIDDLE EAST/NORTH AFRICA	SOCIETY	22,500.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	EDUCATION	107,276.	WIRE			
				WOMEN'S					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	25,000.	WIRE			
				EQUALITY					
(14)			MIDDLE EAST/NORTH AFRICA	SUPPORT	10,000.	WIRE			
				ISRAEL					
(15)			MIDDLE EAST/NORTH AFRICA	SUPPORT	100,000.	WIRE			
				ISRAEL					
(16)			MIDDLE EAST/NORTH AFRICA	DEVELOPMENT	146,750.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
				GENERAL OPER					
(1)			MIDDLE EAST/NORTH AFRICA	SERVICES	10,000.	WIRE			
				SECONDARY					
(2)			MIDDLE EAST/NORTH AFRICA	POPULATIONS	30,000.	WIRE			
				ISRAEL					
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	75,000.	WIRE			
				ISRAEL					
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	78,000.	WIRE			
				EMPLOYMENT					
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	26,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	ISRAEL	19,500.	WIRE			
				ELDERCARE					
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	249,800.	WIRE			
. ,				ISRAEL					
(8)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	2,338,177.	WIRE			
				EMPLOYMENT					
(9)			MIDDLE EAST/NORTH AFRICA	SERVICES	27,000.	WIRE			
				ELDERCARE					
(10)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	8,743.	WIRE			
· /				GENERAL OPER					
(11)			MIDDLE EAST/NORTH AFRICA	SERVICES	100,000.	WIRE			
				ISRAEL					
(12)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	54,663.	WIRE			
× /				GENERAL OPER					
(13)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	303,318.	WIRE			
. /				ISRAEL					
(14)			MIDDLE EAST/NORTH AFRICA	SERVICES	151,065.	WIRE			
				HIGHER		1			
(15)			MIDDLE EAST/NORTH AFRICA	PROGRAMS	1,689,703.	WIRE			
<b>、</b> · <b>/</b>				ISRAEL		1			
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	430,000.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities.

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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOCIAL					
(1)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	50,000.	WIRE			
			ISRAEL					
(2)		MIDDLE EAST/NORTH AFRICA	SUPPORT	176,000.	WIRE			
			INFORMAL					
(3)		MIDDLE EAST/NORTH AFRICA	EDUCATION	10,500.	WIRE			
			ISRAEL					
(4)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
			GENERAL OPER					
(5)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	112,500.	WIRE			
			ISRAEL					
(6)		MIDDLE EAST/NORTH AFRICA	TRAINING	50,000.	WIRE			
			ISRAEL					
(7)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	10,000.	WIRE			
			FOOD					
(8)		MIDDLE EAST/NORTH AFRICA	SUPPORT	50,000.	WIRE			
(0)			ISRAEL					
(9)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	22,500.	WIRE			
(10)			ISRAEL	1 542 214	MIDE			
(10)		MIDDLE EAST/NORTH AFRICA	TRAINING	1,543,314.	WIRE			
(11)		MIDDLE EAST/NORTH AFRICA	SCHOLARSHIPS	170,500.	WIRE			
			ISRAEL					
(12)		MIDDLE EAST/NORTH AFRICA	SUPPORT	72,000.	WIRE			
			ISRAEL					
(13)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	264,800.	WIRE			
			ISRAEL					
(14)		MIDDLE EAST/NORTH AFRICA	SUPPORT	150,000.	WIRE			
			ISRAEL					
(15)		MIDDLE EAST/NORTH AFRICA	EMERGENCY	723,000.	WIRE			<b></b>
			ISRAEL					
(16)		MIDDLE EAST/NORTH AFRICA	EDUCATION	135,000.	WIRE			

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exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

	Part IV, line 15, for any	recipient who rece	eived more than \$5,000.	Part II can be o	duplicated if addit	ional space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ISRAEL					
(1)			MIDDLE EAST/NORTH AFRICA	EMERGENCY	1,381,453.	WIRE			
				GENERAL OPER					
(2)			MIDDLE EAST/NORTH AFRICA	ACTIVISM	75,563.	WIRE			· · · · · · · · · · · · · · · · · · ·
(3)									
(4)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(13)									
(16)									

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

3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2023

Page 2

Part III can be duplicated if additional space is needed.

13-1760102

1

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

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

Schedule F (Form 990) 2023

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	X	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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	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 the Instructions for Form 5471)		Yes	X	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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>		Yes	X	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 the Instructions for Form 8865)		Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)		Yes	X	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:

FUNDS ARE ALLOCATED TO UIA'S OVERSEAS OPERATING AGENT IN ISRAEL - THE JEWISH AGENCY FOR ISRAEL (JAFI), JERUSALEM. UIA'S ALLOCATION COMMITTEE RECOMMENDS ALLOCATIONS TO THE UIA BOARD FOR THE JEWISH AGENCY BUDGET, WHICH THE BOARD APPROVES. THE COMMITTEE MONITORS, OVERSEES AND EVALUATES UIA ALLOCATIONS TO JAFI'S PROGRAMS AND MAKES RECOMMENDATIONS FOR FUTURE ALLOCATIONS. REPORTS ON EXPENDITURES ARE RECEIVED. THE UIA REPRESENTATIVE TAKES PART IN ALL BUDGET MEETINGS AND MEETINGS CONCERNING PROPERTIES FOR JAFI. GRANTS TO THIRD PARTIES REQUIRE A GRANT AGREEMENT AND EXPENDITURES REPORTING. ORGANIZATIONS ARE REVIEWED TO ENSURE THEY HAVE THE APPROPRIATE DOCUMENTATION. EXPENDITURES ARE AUDITED BY OUR OUTSIDE AUDITORS.

#### 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 3:

UIA STAFF, WHOSE SALARIES ARE PAID BY JFNA, ARE ASSIGNED TO THE OVERSEAS OFFICE AND ARE PRIMARILY RESPONSIBLE FOR MONITORING GRANTS TO THE JEWISH AGENCY FOR ISRAEL, AND OTHER LOCAL ENTITIES IN THE AREA. PERIODIC SITE VISITS ARE MADE BY THE STAFF TO DETERMINE STATUS OF THE PROGRAMS AND CONSTRUCTION PROJECTS. EXPENDITURE REPORTS ARE RECEIVED AND REVIEWED. EXPENDITURES ARE AUDITED BY OUR OUTSIDE AUDITORS.

SCHE	EDULE J	Compen	sation Information	C	MB No.	1545-0	047
(Form	n <b>990)</b>	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എന	<b>7</b> 2	)
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 2:	3.	ZU	ZJ	)
	ent of the Treasury	l l l l l l l l l l l l l l l l l l l	Attach to Form 990. 90 for instructions and the latest information.		Open to		
	Revenue Service	Go to www.irs.gov/Forms	so for instructions and the latest mormation.	Employer identificatio			n
	0	APPEAL, INC.		13-176010			
Part		ns Regarding Compensation		10 1/0010			
		<u> </u>				Yes	No
1a			ovided any of the following to or for a pers				
			provide any relevant information regarding	-			
		ss or charter travel	Housing allowance or residence for	•			
		or companions	Payments for business use of perso				
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to			
	explain		· · · · · · · · · · · · · · · · · · · ·		1b		
2	-		<ul> <li>to reimbursing or allowing expenses</li> </ul> D/Executive Director, regarding the items	-			
		stees, and officers, including the CEC		checked on line	2		
•					2		
3	organization's	CEO/Executive Director. Check all the	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P	ds used by a			
	Compensation committee Written employment contract						
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	00 of other organizations	Approval by the board or compensa	tion committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	•	•	ayment?		4a		Х
b	Participate in	or receive payment from a supplement	tal nonqualified retirement plan?		4b		Х
С			sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
_			rganizations must complete lines 5-9.				
5	compensation	n contingent on the revenues of:	ion A, line 1a, did the organization pa				
					5a		X
b		rganization?			5b		X
6	-	listed on Form 990, Part VII, Sectin contingent on the net earnings of:	ion A, line 1a, did the organization pa	y or accrue any			
а	•	<b>.</b>			6a		X
					6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov				
ø			escribe in Part III paid or accrued pursuant to a contract tha		7		X
8			Regulations section 53.4958-4(a)(3)?				
		-	Regulations section 53.4956-4(a)(5)?		8		x
9							27
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?         9							

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

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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
PAMELA A ZALTSMAN	(i)	121,582.		1,730.	6,087.	1,639.	131,038.	
1 CHIEF FINANCIAL OFFICER-UIA	(ii)	121,582.		1,730.	6,087.	1,639.	131,038.	
EVAN HOCHBERG	(i)	108,388.		381.	5,114.	22,209.	136,092.	
2 CORPORATE SECRETARY	(ii)	108,388.		381.	5,114.	22,209.	136,092.	
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2023

#### 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.

SCHEDULE J, PART II:

THE SALARIES RELATED TO THE WORK PERFORMED FOR UIA BY PAMELA ZALTSMAN AND

EVAN HOCHBERG WERE PAID FOR BY THE JEWISH FEDERATIONS OF NORTH AMERICA,

INC. ("JFNA"), A RELATED 501 (C)(3) ORGANIZATION (EIN:13-1624240). THE

SALARIES WERE FULLY EXPENSED ON JFNA FINANCIAL STATEMENTS. THE

ORGANIZATIONS ARE AFFILIATED THROUGH CERTAIN COMMON BOARD MEMBERS.

Page 3

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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



 Internal Revenue Service
 ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 UNITED ISRAEL APPEAL, INC.
 13-17

#### FORM 990, PART VI, SECTION A, LINE 6:

IN 1999, UNITED ISRAEL APPEAL INC. MERGED WITH UNITED JEWISH APPEAL AND COUNCIL OF JEWISH FEDERATIONS TO FORM THE JEWISH FEDERATIONS OF NORTH AMERICA, INC. (FORMERLY KNOWN AS UNITED JEWISH COMMUNITIES, INC.). UNITED ISRAEL APPEAL INC. MODIFIED ITS STRUCTURE WHILE MAINTAINING ITS CORPORATE STATUS TO JOIN AND CONSTITUTE THE JEWISH FEDERATIONS OF NORTH AMERICA, INC. AS THE SOLE MEMBER.

#### FORM 990, PART VI, SECTION A, LINE 7A:

THE UNITED ISRAEL APPEAL INC. (UIA) BOARD IS COMPRISED OF 13 REPRESENTATIVES APPOINTED BY THE JEWISH FEDERATIONS OF NORTH AMERICA, INC. (JFNA).

#### FORM 990, PART VI, SECTION A, LINE 7B:

THE UIA BOARD MAKES RECOMMENDATIONS TO THE JEWISH FEDERATIONS OF NORTH AMERICA, INC. (JFNA) FOR APPOINTMENTS TO THE JEWISH AGENCY FOR ISRAEL

(JAFI) BOARD OF GOVERNORS AND COMMITTEES.

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

THE FORM 990 IS PREPARED BY FINANCE DEPARTMENT PROFESSIONALS. THE 990 IS REVIEWED BY MANAGEMENT BEFORE BEING PRESENTED FOR REVIEW BY INDEPENDENT TAX PROFESSIONALS AND REVIEWED BY THE JOINT JFNA/UIA AUDIT COMMITTEE, AN INDEPENDENT STANDING COMMITTEE OF THE BOARD OF DIRECTORS OF JFNA, BEFORE IT IS SHARED WITH THE BOARD OF DIRECTORS AND FILED WITH THE INTERNAL REVENUE SERVICE.

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

MEMBERS OF JFNA'S PROFESSIONAL STAFF SERVE A PUBLIC INTEREST ROLE AND HAVE A DUTY TO CONDUCT ALL AFFAIRS OF JFNA IN A MANNER CONSISTENT WITH

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Name of the organization

UNITED ISRAEL APPEAL,

THIS CONCEPT.

INC

ALL DECISIONS MADE BY STAFF ARE TO BE MADE SOLELY ON THE BASIS OF A DESIRE TO PROMOTE THE BEST INTERESTS OF JFNA AND THE PUBLIC GOOD.

THIS POLICY IS INTENDED TO CLEARLY ESTABLISH JFNA'S POLICIES AND PROCEDURES WITH REGARD TO ACTIVITIES ENGAGED IN BY MEMBERS OF THE PROFESSIONAL STAFF THAT MAY BE CONSIDERED A CONFLICT OF INTEREST. JFNA'S CHIEF FINANCIAL OFFICER AND HEAD OF THE HUMAN RESOURCES DEPARTMENT WILL MONITOR COMPLIANCE WITH THIS POLICY. ADMINISTRATION OF THIS POLICY WILL BE THE RESPONSIBILITY OF THE CEO/PRESIDENT OR EXECUTIVE VICE PRESIDENT.

A "CONFLICT OF INTEREST" MAY EXIST WHENEVER THE PERSONAL INTERESTS OF A JFNA EMPLOYEE INTERFERE - OR HAVE THE APPEARANCE THAT THEY MIGHT POTENTIALLY INTERFERE - IN ANY WAY WITH THE INTERESTS OF JFNA. A CONFLICT MAY EXIST WHEN AN EMPLOYEE TAKES ACTIONS OR HAS BUSINESS INTERESTS THAT MAKE IT DIFFICULT TO PERFORM HIS OR HER WORK OBJECTIVELY AND EFFECTIVELY. CONFLICTS MAY ALSO ARISE WHEN AN EMPLOYEE OR A MEMBER OF HIS OR HER FAMILY RECEIVES AN IMPROPER PERSONAL BENEFIT AS A RESULT OF THE EMPLOYEE'S POSITION IN JFNA, WHETHER RECEIVED FROM JFNA OR A THIRD PARTY. PROFESSIONAL STAFF MEMBERS ARE REQUIRED TO AVOID ALL CONFLICTS OF INTEREST UNLESS THEY RECEIVE PRIOR APPROVAL IN WRITING FROM THE CEO/PRESIDENT OR DESIGNATE (OR ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE OVERSIGHT OF CONFLICTS OF INTEREST), WHO, WHERE NECESSARY, WILL CONFER WITH JFNA'S EXECUTIVE VICE PRESIDENT PRIOR TO MAKING A

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

UNITED ISRAEL APPEAL, INC.

DETERMINATION. ALTHOUGH IT IS NOT POSSIBLE TO SPECIFY EVERY ACTION THAT MIGHT CREATE A CONFLICT OF INTEREST, THIS POLICY SETS FORTH THE ONES THAT

MOST FREQUENTLY PRESENT PROBLEMS.

THE POTENTIAL FOR A CONFLICT OF INTEREST EXISTS WHEN JFNA'S EMPLOYEES OR MEMBERS OF THEIR FAMILIES:

1. HAVE A FINANCIAL INTEREST IN, BUSINESS RELATIONSHIP WITH, OR

INDEBTEDNESS TO AN ENTITY WITH WHICH THEY DO OR SEEK BUSINESS ON BEHALF

OF JFNA;

2. ACCEPT PAYMENTS, LOANS, SERVICES, OR GIFTS FROM ANYONE DOING OR SEEKING TO DO BUSINESS WITH JFNA;

3. ARE OFFICERS, DIRECTORS, PARTNERS, INFLUENTIAL EMPLOYEES OR CONSULTANTS TO ANY ORGANIZATION DOING OR SEEKING TO DO BUSINESS WITH JFNA;

4. HAVE FAMILY MEMBERS WHO ARE MEMBERS OF JFNA'S BOARD OF TRUSTEES AND/OR COMMITTEE STRUCTURE; OR

5. ENGAGE IN CONDUCT WHICH IS ADVERSE OR HARMFUL TO THE POLICIES, PURPOSES AND GOALS OF JFNA.

JFNA'S LEADERSHIP, INCLUDING MEMBERS OF THE PROFESSIONAL STAFF, HOLD POSITIONS OF TRUST TO DONORS AND OUR BENEFICIARIES. MOREOVER, CHARITIES SERVE A PUBLIC INTEREST, AND JFNA HOLDS A POSITION OF SPECIAL PROMINENCE AMONG AMERICAN CHARITIES. TO PRESERVE THIS TRUST, JFNA MUST PRESUME THAT TRANSACTIONS ARE NOT AT ARM'S LENGTH WHEN THEY ARE BETWEEN PERSONS WHOSE RELATIONSHIP MAY SUGGEST A POTENTIAL CONFLICT OF INTEREST, AND TO PROTECT

# Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide

UNITED ISRAEL APPEAL, INC.

JFNA FROM THE TAINT OF IMPROPRIETY, ACTUAL OR PERCEIVED, WE WILL SUBJECT SUCH TRANSACTIONS TO A CLOSER SCRUTINY AND MORE RIGOROUS OVERSIGHT THAN WOULD OTHERWISE APPLY TO OTHER TRANSACTIONS.

EMPLOYEES ARE ALSO REQUIRED TO OBTAIN WRITTEN APPROVAL FROM THE CEO/PRESIDENT OR DESIGNATE BEFORE PARTICIPATING IN OUTSIDE WORK ACTIVITIES. APPROVAL WILL BE GRANTED UNLESS THE ACTIVITY CONFLICTS WITH JFNA'S INTEREST. PLEASE SEE JFNA'S MOONLIGHTING POLICY FOR INFORMATION ON THE TYPES OF OUTSIDE WORK ACTIVITIES THAT WOULD NOT BE ALLOWED.

SCOPE:

THIS POLICY APPLIES TO ALL EMPLOYEES INVOLVED IN CONTRACTING FOR GOODS OR SERVICES ON BEHALF OF JFNA AND TO ALL PROFESSIONAL STAFF.

DISCLOSURE:

MEMBERS OF THE PROFESSIONAL STAFF SHALL BE REQUIRED TO PROVIDE AN INITIAL AND, THEREAFTER, ANNUAL STATEMENT ATTESTING:

1. THAT THEY HAVE READ AND ARE FAMILIAR WITH THE POLICY;

2. THAT NEITHER THEY, NOR TO THE BEST OF THEIR KNOWLEDGE, THEIR FAMILY MEMBERS, HAVE IN THE PAST ENGAGED, ARE PRESENTLY ENGAGING, OR PLAN TO ENGAGE IN ANY ACTIVITY THAT PRESENTS A POTENTIAL CONFLICT OF INTEREST.

DISCLOSURES REQUIRED FROM MEMBERS OF THE STAFF MUST BE DIRECTED IN

#### Supplemental Information to Form 990 or 990-EZ

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



13-1760102

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide

#### UNITED ISRAEL APPEAL, INC.

WRITING TO THE HEAD OF THE HUMAN RESOURCES DEPARTMENT. IN THE EVENT THAT MEMBERS OF THE STAFF BECOME AWARE OF A CONFLICT, THEY SHALL DISCLOSE INFORMATION TO THE HEAD OF THE HUMAN RESOURCES DEPARTMENT OR CHIEF FINANCIAL OFFICER, WHO WILL COMMUNICATE TO THE CEO/PRESIDENT OR THE EXECUTIVE VICE PRESIDENT THOSE DISCLOSURES THAT ARE REQUIRED BY THIS POLICY. THESE DISCLOSURES SHALL BE HELD IN CONFIDENCE EXCEPT WHEN THE BEST INTERESTS OF JFNA WOULD BE SERVED BY COMMUNICATING THE INFORMATION TO THE BOARD OF TRUSTEES IN EXECUTIVE SESSION OR ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE OVERSIGHT OF CONFLICTS OF INTEREST.

ANY STAFF MEMBER WHO IS UNCERTAIN ABOUT A POSSIBLE CONFLICT OF INTEREST IN ANY MATTER OR WHO HAS QUESTIONS ABOUT THIS POLICY SHOULD CONTACT HUMAN RESOURCES. ANY STAFF MEMBER MAY REQUEST A DECISION REGARDING WHETHER A PARTICULAR CIRCUMSTANCE CREATES A CONFLICT OF INTEREST FROM THE CEO/PRESIDENT OR DESIGNATE (OR ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE OVERSIGHT OF CONFLICTS OF INTEREST) WHO WILL CONFER WITH JFNA'S EXECUTIVE VICE PRESIDENT TO DETERMINE WHETHER A POSSIBLE CONFLICT EXISTS.

REPORTING:

THE CEO/PRESIDENT OR DESIGNATE SHALL MAKE A REPORT TO THE AUDIT COMMITTEE, AT LEAST ANNUALLY, LISTING ALL CONFLICTS AND IDENTIFYING THOSE THAT WERE APPROVED.

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

Employer identification number

PENALTY FOR NON-COMPLIANCE:

A VIOLATION OF THIS POLICY WILL RESULT IN IMMEDIATE AND APPROPRIATE DISCIPLINE, UP TO AND INCLUDING TERMINATION.

#### FORM 990, PART VI, SECTION B, LINE 13:

JFNA'S BOARD OF TRUSTEES ADOPTED THIS WHISTLEBLOWER POLICY WHICH SETS FORTH PROCEDURES THAT JFNA TRUSTEES, OFFICERS, EMPLOYEES AND VOLUNTEERS ("COVERED PERSONS") MAY FOLLOW TO REPORT ALLEGED MISCONDUCT. THIS POLICY APPLIES TO COVERED PERSONS AND SHALL BE DISTRIBUTED TO ALL JFNA TRUSTEES, OFFICERS, EMPLOYEES AND VOLUNTEERS. THE OBJECTIVES OF THIS WHISTLEBLOWER POLICY ARE TO ENCOURAGE AND ENABLE COVERED PERSONS, WITHOUT FEAR OF RETALIATION, TO RAISE CONCERNS REGARDING SUSPECTED VIOLATION OF JFNA POLICIES, UNETHICAL AND/OR ILLEGAL CONDUCT OR PRACTICES SO THAT JFNA CAN ADDRESS AND CORRECT INAPPROPRIATE CONDUCT AND ACTIONS.

REPORTING CONCERNS OR COMPLAINTS:

JFNA IS COMMITTED TO TAKING ACTION TO PREVENT MISCONDUCT, INCLUDING FRAUD, VIOLATIONS OF LAW, VIOLATIONS OF JFNA POLICIES, AND IMPROPER ACCOUNTING OR AUDIT PRACTICES ("MISCONDUCT"). COVERED PERSONS SHOULD PROMPTLY COME FORWARD AND REPORT ANY INSTANCES IN WHICH THEY BECOME AWARE OF MISCONDUCT OR POTENTIAL MISCONDUCT, WITHOUT REGARD TO THE IDENTITY OR POSITION OF A SUSPECTED OFFENDER. FOR THIS PURPOSE AND DESCRIBED HEREIN, AN OUTSIDE ORGANIZATION HAS BEEN AUTHORIZED TO RECEIVE COMPLAINTS OF SUSPECTED MISCONDUCT.

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# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

HOW TO REPORT CONCERNS OR COMPLAINTS:

COVERED PERSONS MAY COMMUNICATE SUSPECTED MISCONDUCT BY CALLING THE TOLL-FREE TELEPHONE NUMBER IN THE US OR CANADA OR, IN ISRAEL, FROM AN OUTSIDE LINE DIAL; A VOICE PROMPT WILL THEN ASSIST THE CALLER IN DIALING THE TOLL-FREE NUMBER. ANOTHER OPTION IS TO MAKE A REPORT USING THE FOLLOWING CONFIDENTIAL WEBSITE: WWW.ETHICSPOINT.COM. BOTH THE TELEPHONE NUMBER AND THE WEBSITE ARE HOSTED BY "ETHICSPOINT" (NOW OWNED BY NAVEX GLOBAL), AN INDEPENDENT PRIVATE ORGANIZATION WHICH IS NOT AFFILIATED WITH JFNA AND WHICH PROVIDES A CONFIDENTIAL WAY FOR COVERED PERSONS TO REPORT SUSPECTED MISCONDUCT.

IN ORDER TO BE BETTER EQUIPPED TO RESPOND TO ANY INFORMATION OR COMPLAINT, IT WOULD BE HELPFUL IF THE CALLER IDENTIFIED THEMSELVES AND PROVIDED THEIR TELEPHONE NUMBER AND OTHER CONTACT INFORMATION WHEN MAKING THE REPORT. HOWEVER, IF ANONYMITY IS PREFERRED, IT IS NOT NECESSARY THAT ONE'S NAME OR POSITION BE DISCLOSED, AND CALLER ID WILL NOT BE ACTIVATED ON THE LINE.

REGARDLESS OF WHETHER IDENTIFICATION IS GIVEN, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE SO AS TO ENABLE A THOROUGH INVESTIGATION, INCLUDING WHERE AND WHEN THE ACT OR INCIDENT OCCURRED, NAMES AND TITLES OF THE INDIVIDUALS INVOLVED, AND ANY OTHER RELEVANT DETAILS.

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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Internal Revenue Service

UNITED ISRAEL APPEAL, INC.

ALTERNATIVELY, EMPLOYEES MAY ALSO RAISE CONCERNS ABOUT SUSPECTED MISCONDUCT TO JFNA'S EXECUTIVE VICE PRESIDENT AND/OR THE HEAD OF THE HUMAN RESOURCES DEPARTMENT.

EXAMPLES OF WHAT TO REPORT:

ACCOUNTING AND AUDITING MATTERS: THE IMPROPER SYSTEMATIC RECORDING AND ANALYSIS OF JFNA'S BUSINESS AND/OR FINANCIAL TRANSACTIONS. EXAMPLES INCLUDE MISSTATEMENT OF CONTRIBUTIONS, EXPENSES, ASSETS AND/ OR MISAPPLICATIONS OF GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AND WRONGFUL TRANSACTIONS.

CONFLICTS OF INTEREST: A SITUATION IN WHICH A COVERED PERSON HAS A PRIVATE OR PERSONAL INTEREST SUFFICIENT TO APPEAR TO INFLUENCE THE OBJECTIVE EXERCISE OF HIS OR HER OFFICIAL DUTIES. AN EXAMPLE IS IF JFNA HAS ENTERED INTO A CONTRACT FOR A COMPANY'S SERVICES AND A COVERED PERSON RESPONSIBLE FOR THE ENGAGEMENT HAS FAILED TO INFORM JFNA THAT HE OR SHE HAS A RELATIVE WHO IS A PRINCIPAL IN THAT COMPANY.

FALSIFICATION OF CONTRACTS, REPORTS OR RECORDS: THIS CONSISTS OF ALTERING, FABRICATING, FALSIFYING OR FORGING ALL OR ANY PART OF A DOCUMENT, CONTRACT OR RECORD FOR THE PURPOSE OF GAINING AN ADVANTAGE OR MISREPRESENTING THE VALUE OF THE DOCUMENT, CONTRACT OR RECORDS.

VIOLATION OF LAW: ANY VIOLATION OF APPLICABLE LAW.

# Supplemental Information to Form 990 or 990-EZ

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THE EXAMPLES SET FORTH ABOVE DO NOT LIMIT THE DEFINITION OF MISCONDUCT.

BAD FAITH:

ANY ALLEGATIONS THAT PROVE TO HAVE BEEN MADE MALICIOUSLY OR IN BAD FAITH WILL BE VIEWED AS A SERIOUS OFFENSE AND COULD SUBJECT THE COVERED PERSON TO DISCIPLINE UP TO AND INCLUDING TERMINATION FROM EMPLOYMENT AND/OR REMOVAL FROM OFFICE OR APPOINTMENT.

CONFIDENTIALITY:

JFNA WILL TREAT ALL COMMUNICATIONS UNDER THIS POLICY IN A CONFIDENTIAL MANNER TO THE EXTENT POSSIBLE, CONSISTENT WITH THE NEED TO CONDUCT AN ADEQUATE INVESTIGATION. ANY COVERED PERSON RAISING A CONCERN OR COMPLAINT PURSUANT TO THIS POLICY MUST BE ACTING IN GOOD FAITH AND HAVE REASONABLE GROUNDS FOR BELIEVING THE INFORMATION DISCLOSED INDICATES MISCONDUCT.

NO RETALIATION:

NO COVERED PERSON WHO IN GOOD FAITH REPORTS A CONCERN REGARDING MISCONDUCT SHALL SUFFER INTIMIDATION, HARASSMENT, RETALIATION, DISCRIMINATION OR ADVERSE EMPLOYMENT CONSEQUENCES BECAUSE OF SUCH A REPORT. ANY COVERED PERSON WHO RETALIATES AGAINST SOMEONE WHO HAS REPORTED A CONCERN OF MISCONDUCT IN GOOD FAITH IS SUBJECT TO DISCIPLINE

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide

#### UNITED ISRAEL APPEAL, INC.

UP TO AND INCLUDING TERMINATION OF EMPLOYMENT OR THEIR APPOINTMENT (AS JFNA'S COMMITMENT TO PROTECTING FROM RETALIATION COVERED PERSONS WHO IN GOOD FAITH REPORT SUSPECTED MISCONDUCT HAS BEEN DELEGATED JOINTLY TO JFNA'S EXECUTIVE VICE PRESIDENT AND THE HEAD OF THE HUMAN RESOURCES DEPARTMENT. THEY WILL ADMINISTER THE WHISTLEBLOWER POLICY AND REPORT CONCERNS TO THE AUDIT COMMITTEE.

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

AS AN AFFILIATE OF THE JEWISH FEDERATIONS OF NORTH AMERICA INC. THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT, TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED BY THE AFFILIATED ORGANIZATIONS THE JEWISH FEDERATIONS OF NORTH AMERICA, INC'S COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS CHARGED WITH ESTABLISHING AND MAINTAINING POLICIES AND STANDARDS FOR EXECUTIVE COMPENSATION. THE COMMITTEE ENGAGES IN THE FOLLOWING AREAS OF RESPONSIBILITY:

APPROVE THE TERMS AND CONDITIONS OF SENIOR MANAGEMENT TEAM (SMT) HIRES.
IN ADDITION, THE COMMITTEE REVIEWS SALARY INCREASE PROPOSALS, AS
PRESENTED BY THE CEO/PRESIDENT, FOR EVERY SMT MEMBER. IN ADVANCE OF THIS
REVIEW, THE COMMITTEE IS PROVIDED WITH RELEVANT SALARY INFORMATION.
REVIEWS AND IS ASKED TO APPROVE PROPOSED ANNUAL SALARY INCREASES FOR
NON-UNION STAFF. THE COMMITTEE IS PROVIDED WITH APPROPRIATE SALARY DATA
IN ADVANCE AND IS GIVEN A PERSON-BY-PERSON REVIEW OF ANY SALARY REQUESTS
OF A PREDETERMINED AMOUNT.

- DECIDES WHICH SMT MEMBERS WILL BE COVERED UNDER THE NON-QUALIFIED PENSION PLAN (BENEFIT RESTORATION PLAN).

# Supplemental Information to Form 990 or 990-EZ

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



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspection

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 UNITED ISRAEL APPEAL, INC.
 13-1760102

OTHER; PROVIDE GUIDANCE ON ANY MAJOR CLAIMS BEING MADE AGAINST THE ORGANIZATION AND REVIEW/APPROVE ANY SETTLEMENT PROPOSALS; LABOR NEGOTIATION STRATEGIES; OTHER MATTERS AS DETERMINED BY THE CEO/PRESIDENT. THE COMMITTEE IS COMPRISED OF THE CHAIR OF THE COMPENSATION COMMITTEE, THE CHAIR OF THE EXECUTIVE COMMITTEE, TREASURER, PLUS TWO OTHER MEMBERS.

#### FORM 990, PART VI, SECTION C, LINE 18:

UNITED ISRAEL APPEAL, INC. WAS INCORPORATED IN 1939 AND THE ORIGINAL FORM

1023, APPLICATION FOR RECOGNITION OF EXEMPTION, IS NOT AVAILABLE.

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

UNITED ISRAEL APPEAL, INC. MAKES ITS GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, ANNUAL REPORT, MANAGEMENT LETTER, ANNUAL FORM 990, CONFLICT OF INTEREST POLICY STATEMENTS AND WHISTLE BLOWER POLICY AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2023 Name of the organization		Employer id	Page 2 entification number
UNITED ISRAEL APPEAL, INC.		13-17	
UNITED ISKAED APPEAD, INC.		13-17	00102
FORM 990, PART III, LINE 4D - OTHER PROGR	AM SERVICES		
	=========		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
UKRAINE RELIEF	1,923,873.	1,923,873.	
ISRAEL EDUCATION FUND	1,921,500.	1,921,500.	
APARTMENT RENTAL ALLOCATION	224,703.	224,703.	224,703.
DEPRECIATION ON CAPITAL PROJECTS		4,435,033.	
TOTA	LS 4,070,076.	8,505,109.	224,703.
	=============	==================	==================

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

UNITED ISRAEL APPEAL, INC.

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

				-	
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
_(2)					
(3)					
(4)					
_(5)	_				
(6)					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
						Yes	No
(1) THE JEWISH FEDERATIONS OF NORTH AMERICA 13-1624240							
25 BROADWAY, SUITE 1700 NEW YORK, NY 10004	LEADERSHIP	NY	501(C)(3)	7	N/A		х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2023

OMB No. 1545-0047



Employer identification number

13-1760102

Schedule R (Form 990) 2023

UNITED ISRAEL APPEAL, INC.

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

because it had one of	-		13 ii caicu as a p		-							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man	<b>j)</b> eral or aging tner?	<b>(k)</b> Percentage ownership
				,			Yes	No		Yes	No	
(1)	-											
(2)	-											
(3)	-											
(4)	-											
(5)	-											
(6)	-											
(7)	-											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	controlled entity?
(1)							Yes No
(2)							
(3)							
<u>(6)</u>							
(7)							

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	ted in Parts II-IV?						
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
	Gift, grant, or capital contribution to related organization(s)				1b		Х		
	Gift, grant, or capital contribution from related organization(s)				1c	Х			
	Loans or loan guarantees to or for related organization(s)				1d		Х		
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s).				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	_	Х		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
Т	Performance of services or membership or fundraising solicitations for related organization(s)				1I 1m		X X		
	m Performance of services or membership or fundraising solicitations by related organization(s).								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
ο	Sharing of paid employees with related organization(s)				10	Х			
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r	r Other transfer of cash or property to related organization(s)								
S	s Other transfer of cash or property from related organization(s).								
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.									
	(a) Name of related organization	<b>(b)</b> Transaction	(c) Amount involved	Method	(d) of dete	rminin	a		
	u de la construcción de la constru La construcción de la construcción d	type (a - s)			nt invo		0		
(1)	THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.	С	457,178,830.	FMV					
(1)	THE DEWISH FEDERATIONS OF NORTH AMERICA, INC.	C	457,170,030.	F MV					
(2)									
(-)									
(3)									
(-)									
(4)									
(5)									

3E1309 1.000

(6)

JSA

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	from tax under organizations?		section total income 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(	Yes	No	
(1)													
(2)													
(3)													
(4)	_												
(5)													
(6)													
(7)													
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(14)													
(15)													
													<u> </u>
(16)													

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.