

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022**Open to Public
Inspection****A** For the **2022** calendar year, or tax year beginning **07/01/2022** and ending **06/30/2023****B** Check if applicable:

☐	Address change
☐	Name change
☐	Initial return
☐	Terminated
☐	Amended return
☐	Application pending

C Name of organization**UNITED ISRAEL APPEAL, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

25 BROADWAY, STE 1700

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10004**F** Name and address of principal officer:**PAMELA ZALTSMAN****25 BROADWAY, STE 1700, NEW YORK, NY 10004****D** Employer identification number**13-1760102****E** Telephone number**(212) 284-6500****G** Gross receipts \$ **157,640,189.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **N/A****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: **1936** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: UIA IS RESPONSIBLE FOR THE ALLOCATION AND OVERSIGHT OF FUNDS RAISED BY THE UNITED STATES JEWISH FEDERATION CAMPAIGNS EXPENDED IN ISRAEL BY THE JEWISH AGENCY FOR ISRAEL.	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	172,549,272.
	9	Program service revenue (Part VIII, line 2g)	263,175.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,213.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	172,835,738.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,254,632.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	177,883,924.
19		Revenue less expenses. Subtract line 18 from line 12	-5,048,186.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)
	21	Total liabilities (Part X, line 26)	36,952.
	22	Net assets or fund balances. Subtract line 21 from line 20	135,550,281.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	PAUL HAMMERSCHMIDT	PAUL HAMMERSCHMIDT	05/13/2024		P01384178
	Firm's name ▶ BDO USA	Firm's EIN ▶ 13-5381590			
	Firm's address ▶ 200 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10166	Phone no. 212-885-8000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 145,916,699. including grants of \$ 145,916,699.) (Revenue \$)

ALLOCATION FOR IMMIGRATION AND INITIAL ABSORPTION, JEWISH ZIONIST EDUCATION AND JEWISH IDENTITY PROGRAMS, PARTNERING WITH ISRAEL COMMUNITIES, ASSISTING CHILDREN AND YOUTH AT RISK.

4b (Code:) (Expenses \$ 11,809,864. including grants of \$ 11,809,864.) (Revenue \$)

ALLOCATION TO SUPPORT THE EMERGENCY NEEDS OF REFUGEES DISPLACED BY WAR IN UKRAINE.

4c (Code:) (Expenses \$ 1,055,000. including grants of \$ 1,055,000.) (Revenue \$)

US GOVERNMENT RESETTLEMENT GRANT TO AID IN THE IMMIGRATION AND ABSORPTION OF HUMANITARIAN MIGRANTS TO ISRAEL FROM OTHER COUNTRIES IN DISTRESS.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 7,248,969. including grants of \$ 2,651,135.) (Revenue \$ 238,601.)

4e Total program service expenses 166,030,532.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

Part 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		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a 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	X	
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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).			
a 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
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a 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	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
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.	16		X
17 Section 501(c)(21) organizations. 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? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	13
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.		
b Enter the number of voting members included on line 1a, above, who are independent.	1b	13
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	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:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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	X
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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NY,

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 PAMELA ZALTSMAN, CFO 25 BROADWAY, SUITE 1700, NEW YORK, NY 10004
 212-284-6500

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EVAN HOCHBERG CORPORATE SECRETARY	10.00 40.00			X				41,302.	165,208.	59,638.
(2) PAMELA A ZALTSMAN CHIEF FINANCIAL OFFICER-UIA	25.00 25.00			X				122,701.	122,701.	15,428.
(3) CYNTHIA D. SHAPIRA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(4) LORI KLINGHOFFER CHAIR	15.00 1.00	X		X				NONE	NONE	NONE
(5) JOSHUA RUBENSTEIN DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
(6) DIANA ANDERSON DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
(7) SANFORD L. ANTIGNAS VICE CHAIR	10.00 1.00	X		X				NONE	NONE	NONE
(8) SETH R. GREENBERG TREASURER	10.00 NONE	X		X				NONE	NONE	NONE
(9) SHARON L. JANKS DIRECTOR	5.00 1.00	X						NONE	NONE	NONE
(10) LAURENCE S. TISDALE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(11) SHERYL KIMERLING DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(12) DAVID LENTZ DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(13) JASON POTTS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(14) TRACEY SPIEGELMAN DIRECTOR	1.00 1.00	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KIRA FINKENBERG DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								164,003.	287,909.	75,066.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								164,003.	287,909.	75,066.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** **1**

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶	NONE	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	155,591,222.				
	e	Government grants (contributions) . .	1e	1,055,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		156,646,222.				
	Program Service Revenue				Business Code			
2a		APARTMENT RENTAL ALLOCATION		531390	238,601.	238,601.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			238,601.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,320.		1,320.	
	4	Income from investment of tax-exempt bond proceeds .			NONE			
	5	Royalties			NONE			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						537,491.		
	b	Less: cost or other basis and sales expenses . .	7b		26,875.			
	c	Gain or (loss)	7c		510,616.			
	d	Net gain or (loss)			510,616.		510,616.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE			
					NONE			
				NONE				
b	Less: direct expenses	8b		NONE				
c	Net income or (loss) from fundraising events			NONE				
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
				NONE				
				NONE				
b	Less: direct expenses	9b		NONE				
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
				NONE				
				NONE				
b	Less: cost of goods sold	10b		NONE				
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS REVENUE		900009	216,555.	7,774.	208,781.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			216,555.			
12	Total revenue. See instructions				157,613,314.	238,601.	7,774.	720,717.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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	161,432,698.	161,432,698.		
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 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	NONE			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	46,533.		46,533.	
c Accounting	57,225.		57,225.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	130,122.		130,122.	
12 Advertising and promotion	NONE			
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	10.		10.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	1,000.	1,000.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	4,596,834.	4,596,834.		
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PERSONNEL & FRINGE EXPENSES	125,257.	NONE	125,257.	NONE
b PAID BY COMMON PAYMASTER	NONE	NONE	NONE	NONE
c MISCELLANEOUS EXPENSES	15,496.	NONE	15,496.	NONE
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	166,405,175.	166,030,532.	374,643.	NONE
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 following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	134,783.	1	1,381,138.
	2 Savings and temporary cash investments.	NONE	2	NONE
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	328,452.	4	178,542.
	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	NONE
	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	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	NONE	9	NONE
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 481,389,312.		
	b Less: accumulated depreciation.	10b 451,624,207.		
		34,360,557.	10c	29,765,105.
	11 Investments - publicly traded securities.	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11.	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	100,763,441.	15	96,737,649.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	135,587,233.	16	128,062,434.	
Liabilities	17 Accounts payable and accrued expenses.	3,256.	17	1,269,971.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	33,696.
	26 Total liabilities. Add lines 17 through 25.	36,952.	26	1,303,667.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. ☒			
	27 Net assets without donor restrictions	68,646,968.	27	65,975,449.
	28 Net assets with donor restrictions.	66,903,313.	28	60,783,318.
	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	135,550,281.	32	126,758,767.
	33 Total liabilities and net assets/fund balances.	135,587,233.	33	128,062,434.

Form **990** (2022)

Part XI Reconciliation of Net AssetsCheck 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	157,613,314.
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,405,175.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,791,861.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	135,550,281.
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	347.
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 X, line 32, column (B))	10	126,758,767.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

UNITED ISRAEL APPEAL, INC.

Employer identification number

13-1760102

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

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

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

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

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

Schedule A (Form 990) 2022

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	168,205,442.	170,601,890.	148,751,432.	172,549,272.	156,646,222.	816,754,258.
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.	168,205,442.	170,601,890.	148,751,432.	172,549,272.	156,646,222.	816,754,258.
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						816,754,258.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	168,205,442.	170,601,890.	148,751,432.	172,549,272.	156,646,222.	816,754,258.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,738.	309.	230.	78.	1,320.	3,675.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					7,774.	7,774.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	NONE	NONE	1,046.	24,232.	208,781.	234,059.
11 Total support. Add lines 7 through 10						816,999,766.
12 Gross receipts from related activities, etc. (see instructions)					12 1,325,727.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.99 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ☒		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ☐		
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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 .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		
1		
2		

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 ☐ 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) 2022

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

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

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

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS INCOME	NONE	NONE	1,046.	24,232.	208,781.	234,059.
TOTALS	NONE	NONE	1,046.	24,232.	208,781.	234,059.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

UNITED ISRAEL APPEAL, INC.

13-1760102

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

UNITED ISRAEL APPEAL, INC.

Employer identification number

13-1760102

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 155,591,222.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

UNITED ISRAEL APPEAL, INC.

Employer identification number

13-1760102

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

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

Name of organization

UNITED ISRAEL APPEAL, INC.

Employer identification number

13-1760102

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED ISRAEL APPEAL, INC.

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Employer identification number

13-1760102

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1.	\$
(ii) Assets included in Form 990, Part X.	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	\$
b Assets included in Form 990, Part X.	\$

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

Schedule D (Form 990) 2022

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,062,000.	18,062,000.	18,062,000.	18,062,000.	18,062,000.
b Contributions					
c Net investment earnings, gains, and losses	547,000.	584,000.	460,000.	804,000.	804,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	547,000.	584,000.	460,000.	804,000.	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 year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
b Permanent endowment 100.0000 %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	NONE	481,389,312.	451,624,207.	29,765,105.
c Leasehold improvements		NONE	NONE	
d Equipment		NONE	NONE	
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,765,105.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 22a, 22b, 22c, 22d, 22e, 22f, 22g, 22h, 22i, 22j, 22k, 22l, 22m, 22n, 22o, 22p, 22q, 22r, 22s, 22t, 22u, 22v, 22w, 22x, 22y, 22z, 22aa, 22ab, 22ac, 22ad, 22ae, 22af, 22ag, 22ah, 22ai, 22aj, 22ak, 22al, 22am, 22an, 22ao, 22ap, 22aq, 22ar, 22as, 22at, 22au, 22av, 22aw, 22ax, 22ay, 22az, 22ba, 22bb, 22bc, 22bd, 22be, 22bf, 22bg, 22bh, 22bi, 22bj, 22bk, 22bl, 22bm, 22bn, 22bo, 22bp, 22bq, 22br, 22bs, 22bt, 22bu, 22bv, 22bw, 22bx, 22by, 22bz, 22ca, 22cb, 22cc, 22cd, 22ce, 22cf, 22cg, 22ch, 22ci, 22cj, 22ck, 22cl, 22cm, 22cn, 22co, 22cp, 22cq, 22cr, 22cs, 22ct, 22cu, 22cv, 22cw, 22cx, 22cy, 22cz, 22da, 22db, 22dc, 22dd, 22de, 22df, 22dg, 22dh, 22di, 22dj, 22dk, 22dl, 22dm, 22dn, 22do, 22dp, 22dq, 22dr, 22ds, 22dt, 22du, 22dv, 22dw, 22dx, 22dy, 22dz, 22ea, 22eb, 22ec, 22ed, 22ee, 22ef, 22eg, 22eh, 22ei, 22ej, 22ek, 22el, 22em, 22en, 22eo, 22ep, 22eq, 22er, 22es, 22et, 22eu, 22ev, 22ew, 22ex, 22ey, 22ez, 22fa, 22fb, 22fc, 22fd, 22fe, 22ff, 22fg, 22fh, 22fi, 22fj, 22fk, 22fl, 22fm, 22fn, 22fo, 22fp, 22fq, 22fr, 22fs, 22ft, 22fu, 22fv, 22fw, 22fx, 22fy, 22fz, 22ga, 22gb, 22gc, 22gd, 22ge, 22gf, 22gg, 22gh, 22gi, 22gj, 22gk, 22gl, 22gm, 22gn, 22go, 22gp, 22gq, 22gr, 22gs, 22gt, 22gu, 22gv, 22gw, 22gx, 22gy, 22gz, 22ha, 22hb, 22hc, 22hd, 22he, 22hf, 22hg, 22hh, 22hi, 22hj, 22hk, 22hl, 22hm, 22hn, 22ho, 22hp, 22hq, 22hr, 22hs, 22ht, 22hu, 22hv, 22hw, 22hx, 22hy, 22hz, 22ia, 22ib, 22ic, 22id, 22ie, 22if, 22ig, 22ih, 22ii, 22ij, 22ik, 22il, 22im, 22in, 22io, 22ip, 22iq, 22ir, 22is, 22it, 22iu, 22iv, 22iw, 22ix, 22iy, 22iz, 22ja, 22jb, 22jc, 22jd, 22je, 22jf, 22jg, 22jh, 22ji, 22jj, 22jk, 22jl, 22jm, 22jn, 22jo, 22jp, 22jq, 22jr, 22js, 22jt, 22ju, 22jv, 22jw, 22jx, 22jy, 22jz, 22ka, 22kb, 22kc, 22kd, 22ke, 22kf, 22kg, 22kh, 22ki, 22kj, 22kk, 22kl, 22km, 22kn, 22ko, 22kp, 22kq, 22kr, 22ks, 22kt, 22ku, 22kv, 22kw, 22kx, 22ky, 22kz, 22la, 22lb, 22lc, 22ld, 22le, 22lf, 22lg, 22lh, 22li, 22lj, 22lk, 22ll, 22lm, 22ln, 22lo, 22lp, 22lq, 22lr, 22ls, 22lt, 22lu, 22lv, 22lw, 22lx, 22ly, 22lz, 22ma, 22mb, 22mc, 22md, 22me, 22mf, 22mg, 22mh, 22mi, 22mj, 22mk, 22ml, 22mm, 22mn, 22mo, 22mp, 22mq, 22mr, 22ms, 22mt, 22mu, 22mv, 22mw, 22mx, 22my, 22mz, 22na, 22nb, 22nc, 22nd, 22ne, 22nf, 22ng, 22nh, 22ni, 22nj, 22nk, 22nl, 22nm, 22nn, 22no, 22np, 22nq, 22nr, 22ns, 22nt, 22nu, 22nv, 22nw, 22nx, 22ny, 22nz, 22oa, 22ob, 22oc, 22od, 22oe, 22of, 22og, 22oh, 22oi, 22oj, 22ok, 22ol, 22om, 22on, 22oo, 22op, 22oq, 22or, 22os, 22ot, 22ou, 22ov, 22ow, 22ox, 22oy, 22oz, 22pa, 22pb, 22pc, 22pd, 22pe, 22pf, 22pg, 22ph, 22pi, 22pj, 22pk, 22pl, 22pm, 22pn, 22po, 22pp, 22pq, 22pr, 22ps, 22pt, 22pu, 22pv, 22pw, 22px, 22py, 22pz, 22qa, 22qb, 22qc, 22qd, 22qe, 22qf, 22qg, 22qh, 22qi, 22qj, 22qk, 22ql, 22qm, 22qn, 22qo, 22qp, 22qq, 22qr, 22qs, 22qt, 22qu, 22qv, 22qw, 22qx, 22qy, 22qz, 22ra, 22rb, 22rc, 22rd, 22re, 22rf, 22rg, 22rh, 22ri, 22rj, 22rk, 22rl, 22rm, 22rn, 22ro, 22rp, 22rq, 22rr, 22rs, 22rt, 22ru, 22rv, 22rw, 22rx, 22ry, 22rz, 22sa, 22sb, 22sc, 22sd, 22se, 22sf, 22sg, 22sh, 22si, 22sj, 22sk, 22sl, 22sm, 22sn, 22so, 22sp, 22sq, 22sr, 22ss, 22st, 22su, 22sv, 22sw, 22sx, 22sy, 22sz, 22ta, 22tb, 22tc, 22td, 22te, 22tf, 22tg, 22th, 22ti, 22tj, 22tk, 22tl, 22tm, 22tn, 22to, 22tp, 22tq, 22tr, 22ts, 22tt, 22tu, 22tv, 22tw, 22tx, 22ty, 22tz, 22ua, 22ub, 22uc, 22ud, 22ue, 22uf, 22ug, 22uh, 22ui, 22uj, 22uk, 22ul, 22um, 22un, 22uo, 22up, 22uq, 22ur, 22us, 22ut, 22uu, 22uv, 22uw, 22ux, 22uy, 22uz, 22va, 22vb, 22vc, 22vd, 22ve, 22vf, 22vg, 22vh, 22vi, 22vj, 22vk, 22vl, 22vm, 22vn, 22vo, 22vp, 22vq, 22vr, 22vs, 22vt, 22vu, 22vv, 22vw, 22vx, 22vy, 22vz, 22wa, 22wb, 22wc, 22wd, 22we, 22wf, 22wg, 22wh, 22wi, 22wj, 22wk, 22wl, 22wm, 22wn, 22wo, 22wp, 22wq, 22wr, 22ws, 22wt, 22wu, 22wv, 22ww, 22wx, 22wy, 22wz, 22xa, 22xb, 22xc, 22xd, 22xe, 22xf, 22xg, 22xh, 22xi, 22xj, 22xk, 22xl, 22xm, 22xn, 22xo, 22xp, 22xq, 22xr, 22xs, 22xt, 22xu, 22xv, 22xw, 22xx, 22xy, 22xz, 22ya, 22yb, 22yc, 22yd, 22ye, 22yf, 22yg, 22yh, 22yi, 22yj, 22yk, 22yl, 22ym, 22yn, 22yo, 22yp, 22yq, 22yr, 22ys, 22yt, 22yu, 22yv, 22yw, 22yx, 22yy, 22yz, 22za, 22zb, 22zc, 22zd, 22ze, 22zf, 22zg, 22zh, 22zi, 22zj, 22zk, 22zl, 22zm, 22zn, 22zo, 22zp, 22zq, 22zr, 22zs, 22zt, 22zu, 22zv, 22zw, 22zx, 22zy, 22zz, 22aa, 22ab, 22ac, 22ad, 22ae, 22af, 22ag, 22ah, 22ai, 22aj, 22ak, 22al, 22am, 22an, 22ao, 22ap, 22aq, 22ar, 22as, 22at, 22au, 22av, 22aw, 22ax, 22ay, 22az, 22ba, 22bb, 22bc, 22bd, 22be, 22bf, 22bg, 22bh, 22bi, 22bj, 22bk, 22bl, 22bm, 22bn, 22bo, 22bp, 22bq, 22br, 22bs, 22bt, 22bu, 22bv, 22bw, 22bx, 22by, 22bz, 22ca, 22cb, 22cc, 22cd, 22ce, 22cf, 22cg, 22ch, 22ci, 22cj, 22ck, 22cl, 22cm, 22cn, 22co, 22cp, 22cq, 22cr, 22cs, 22ct, 22cu, 22cv, 22cw, 22cx, 22cy, 22cz, 22da, 22db, 22dc, 22dd, 22de, 22df, 22dg, 22dh, 22di, 22dj, 22dk, 22dl, 22dm, 22dn, 22do, 22dp, 22dq, 22dr, 22ds, 22dt, 22du, 22dv, 22dw, 22dx, 22dy, 22dz, 22ea, 22eb, 22ec, 22ed, 22ee, 22ef, 22eg, 22eh, 22ei, 22ej, 22ek, 22el, 22em, 22en, 22eo, 22ep, 22eq, 22er, 22es, 22et, 22eu, 22ev, 22ew, 22ex, 22ey, 22ez, 22fa, 22fb, 22fc, 22fd, 22fe, 22ff, 22fg, 22fh, 22fi, 22fj, 22fk, 22fl, 22fm, 22fn, 22fo, 22fp, 22fq, 22fr, 22fs, 22ft, 22fu, 22fv, 22fw, 22fx, 22fy, 22fz, 22ga, 22gb, 22gc, 22gd, 22ge, 22gf, 22gg, 22gh, 22gi, 22gj, 22gk, 22gl, 22gm, 22gn, 22go, 22gp, 22gq, 22gr, 22gs, 22gt, 22gu, 22gv, 22gw, 22gx, 22gy, 22gz, 22ha, 22hb, 22hc, 22hd, 22he, 22hf, 22hg, 22hh, 22hi, 22hj, 22hk, 22hl, 22hm, 22hn, 22ho, 22hp, 22hq, 22hr, 22hs, 22ht, 22hu, 22hv, 22hw, 22hx, 22hy, 22hz, 22ia, 22ib, 22ic, 22id, 22ie, 22if, 22ig, 22ih, 22ii, 22ij, 22ik, 22il, 22im, 22in, 22io, 22ip, 22iq, 22ir, 22is, 22it, 22iu, 22iv, 22iw, 22ix, 22iy, 22iz, 22ja, 22jb, 22jc, 22jd, 22je, 22jf, 22jg, 22jh, 22ji, 22jj, 22jk, 22jl, 22jm, 22jn, 22jo, 22jp, 22jq, 22jr, 22js, 22jt, 22ju, 22jv, 22jw, 22jx, 22jy, 22jz, 22ka, 22kb, 22kc, 22kd, 22ke, 22kf, 22kg, 22kh, 22ki, 22kj, 22kk, 22kl, 22km, 22kn, 22ko, 22kp, 22kq, 22kr, 22ks, 22kt, 22ku, 22kv, 22kw, 22kx, 22ky, 22kz, 22la, 22lb, 22lc, 22ld, 22le, 22lf, 22lg, 22lh, 22li, 22lj, 22lk, 22ll, 22lm, 22ln, 22lo, 22lp, 22lq, 22lr, 22ls, 22lt, 22lu, 22lv, 22lw, 22lx, 22ly, 22lz, 22ma, 22mb, 22mc, 22md, 22me, 22mf, 22mg, 22mh, 22mi, 22mj, 22mk, 22ml, 22mm, 22mn, 22mo, 22mp, 22mq, 22mr, 22ms, 22mt, 22mu, 22mv, 22mw, 22mx, 22my, 22mz, 22na, 22nb, 22nc, 22nd, 22ne, 22nf, 22ng, 22nh, 22ni, 22nj, 22nk, 22nl, 22nm, 22nn, 22no, 22np, 22nq, 22nr, 22ns, 22nt, 22nu, 22nv, 22nw, 22nx, 22ny, 22nz, 22oa, 22ob, 22oc, 22od, 22oe, 22of, 22og, 22oh, 22oi, 22oj, 22ok, 22ol, 22om, 22on, 22oo, 22op, 22oq, 22or, 22os, 22ot, 22ou, 22ov, 22ow, 22ox, 22oy, 22oz, 22pa, 22pb, 22pc, 22pd, 22pe, 22pf, 22pg, 22ph, 22pi, 22pj, 22pk, 22pl, 22pm, 22pn, 22po, 22pp, 22pq, 22pr, 22ps, 22pt, 22pu, 22pv, 22pw, 22px, 22py, 22pz, 22qa, 22qb, 22qc, 22qd, 22qe, 22qf, 22qg, 22qh, 22qi, 22qj, 22qk, 22ql, 22qm, 22qn, 22qo, 22qp, 22qq, 22qr, 22qs, 22qt, 22qu, 22qv, 22qw, 22qx, 22qy, 22qz, 22ra, 22rb, 22rc, 22rd, 22re, 22rf, 22rg, 22rh, 22ri, 22rj, 22rk, 22rl, 22rm, 22rn, 22ro, 22rp, 22rq, 22rr, 22rs, 22rt, 22ru, 22rv, 22rw, 22rx, 22ry, 22rz, 22sa, 22sb, 22sc, 22sd, 22se, 22sf, 22sg, 22sh, 22si, 22sj, 22sk, 22sl, 22sm, 22sn, 22so, 22sp, 22sq, 22sr, 22ss, 22st, 22su, 22sv, 22sw, 22sx, 22sy, 22sz, 22ta, 22tb, 22tc, 22td, 22te, 22tf, 22tg, 22th, 22ti, 22tj, 22tk, 22tl, 22tm, 22tn, 22to, 22tp, 22tq, 22tr, 22ts, 22tt, 22tu, 22tv, 22tw, 22tx, 22ty, 22tz, 22ua, 22ub, 22uc, 22ud, 22ue, 22uf, 22ug, 22uh, 22ui, 22uj, 22uk, 22ul, 22um, 22un, 22uo, 22up, 22uq, 22ur, 22us, 22ut, 22uu, 22uv, 22uw, 22ux, 22uy, 22uz, 22va, 22vb, 22vc, 22vd, 22ve, 22vf, 22vg, 22vh, 22vi, 22vj, 22vk, 22vl, 22vm, 22vn, 22vo, 22vp, 22vq, 22vr, 22vs, 22vt, 22vu, 22vv, 22vw, 22vx, 22vy, 22vz, 22wa, 22wb, 22wc, 22wd, 22we, 22wf, 22wg, 22wh, 22wi, 22wj, 22wk, 22wl, 22wm, 22wn, 22wo, 22wp, 22wq, 22wr, 22ws, 22wt, 22wu, 22wv, 22ww, 22wx, 22wy, 22wz, 22xa, 22xb, 22xc, 22xd, 22xe, 22xf, 22xg, 22xh, 22xi, 22xj, 22xk, 22xl, 22xm, 22xn, 22xo, 22xp, 22xq, 22xr, 22xs, 22xt, 22xu, 22xv, 22xw, 22xx, 22xy, 22xz, 22ya, 22yb, 22yc, 22yd, 22ye, 22yf, 22yg, 22yh, 22yi, 22yj, 22yk, 22yl, 22ym, 22yn, 22yo, 22yp, 22yq, 22yr, 22ys, 22yt, 22yu, 22yv, 22yw, 22yx, 22yy, 22yz, 22za, 22zb, 22zc, 22zd, 22ze, 22zf, 22zg, 22zh, 22zi, 22zj, 22zk, 22zl, 22zm, 22zn, 22zo, 22zp, 22zq, 22zr, 22zs, 22zt, 22zu, 22zv, 22zw, 22zx, 22zy, 22zz		(b) Book value
(1)ANNUAL CAMPAIGNS DUE FROM		
(2) RELATED PARTY	96,657,649.	
(3)DONATED ASSETS DUBINSKY PRINTS	80,000.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	96,737,649.	

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, col. (B) line 25.)		33,696.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	157,613,314.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	157,613,314.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	157,613,314.

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

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

1	Total expenses and losses per audited financial statements	1	166,405,175.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	166,405,175.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	166,405,175.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

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 THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATIONS BY 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, 2023, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED ISRAEL APPEAL, INC.

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

13-1760102

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		160,319,908.
(2) EUROPE			GRANTMAKING		12,790.
(3) SUB-SAHARAN AFRICA			GRANTMAKING		1,100,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					161,432,698.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					161,432,698.

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

Schedule F (Form 990) 2022

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	33,500.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	8,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	125,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	SHARED SOCIETY	350,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	DISABILITY INCLUSION	12,750.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	ECONOMIC DEVELOPMENT	359,550.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	DISABILITY INCLUSION	20,683.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SECONDARY EDUCATION	21,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	COUNSELING THERAPY	20,600.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	75,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	SCHOLARSHIPS	6,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	25,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	STEM SUPPORT	640,500.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	67,620.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	UKRAINE RELI SUPPORT	14,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S PROGRAMS	144,000.	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 . . . **346**

3 Enter total number of other organizations or entities . . . **346**

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	ELDERCARE SERVICES	71,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	COUNSELING	15,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT THERAPY	35,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	WOMEN'S TRAINING	15,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	SOCIAL SERVICES	187,500.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	SOCIAL ACTIVISM	10,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER ACTIVISM	89,550.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SUPPORT	32,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	10,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	EQUALITY SUPPORT	104,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT PROGRAMS	50,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	FOOD TRAINING	17,500.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	DISABILITY SHELTER	70,992.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	RELIGIOUS INCLUSION	5,955.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	JEWISH EDUCATION	1,431,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & IDENTITY	30,000.	WIRE			

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	RELIGIOUS DEVELOPMENT	90,200.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER EDUCATION	20,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	STEM SUPPORT	78,757.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S	10,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SERVICES	10,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	EQUALITY SUPPORT	12,500.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER PROGRAMS	125,775.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SUPPORT	30,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	SOCIAL DEVELOPMENT	21,250.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER ACTIVISM	95,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	STEM SUPPORT	818,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	EQUALITY	60,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER PROGRAMS	5,978.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	SOCIAL SUPPORT	17,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	FOOD ACTIVISM	12,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	FOOD SHELTER	15,000.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SHELTER	66,727.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	15,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	COUNSELING SUPPORT	15,500.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	COUNSELING THERAPY	15,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER THERAPY	1,000,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	HEALTHCARE SUPPORT	100,961.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SOCIAL	21,500.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SHARED ACTIVISM	575,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S SOCIETY	47,500.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SERVICES	10,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	25,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S SUPPORT	8,333.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SERVICES	10,918.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S SUPPORT	35,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SERVICES	27,500.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SUPPORT	37,500.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	COUNSELING DEVELOPMENT	15,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	COUNSELING THERAPY	101,067.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	DISABILITY THERAPY	14,497.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER INCLUSION	1,300,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	10,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	JEWISH SUPPORT	17,500.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	COUNSELING IDENTITY	22,500.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER THERAPY	75,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	SOCIAL SUPPORT	1,600,230.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & ACTIVISM	272,510.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	DISABILITY DEVELOPMENT	23,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	INFORMAL INCLUSION	1,597,546.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	HIGHER EDUCATION	12,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	INFORMAL EDUCATION	8,500.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	IMMIGRANT AB EDUCATION	20,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	UKRAINE RELI PROGRAMS	65,000.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	HEALTHCARE PROGRAMS	155,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	DOMESTIC VIO	107,228.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	SOCIAL PROGRAMS	22,500.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	UKRAINE RELI ACTIVISM	21,700.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S PROGRAMS	15,250.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	SOCIAL SERVICES	25,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	JEWISH ACTIVISM	40,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SCHOLARSHIPS IDENTITY	73,050.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT	18,750.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SCHOLARSHIPS TRAINING	334,468.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	150,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	HEALTHCARE SUPPORT	54,334.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	500,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	SHARED SUPPORT	30,866.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SOCIETY	21,500.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	SECONDARY SUPPORT	3,240,000.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	SHARED EDUCATION	264,637.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SOCIETY	50,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	COUNSELING SUPPORT	12,500.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	EQUALITY THERAPY	35,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER PROGRAMS	140,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	1,060,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT SUPPORT	550,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER TRAINING	35,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SUPPORT	189,524.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	EQUALITY DEVELOPMENT	15,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	WOMEN'S PROGRAMS	41,916.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT SERVICES	54,813.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	SECONDARY TRAINING	25,800.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	IMMIGRANT AB EDUCATION	30,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	EARLY CHILDH PROGRAMS	653,604.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY EDUCATION	263,000.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	COUNSELING SERVICES	56,200.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	ELDERCARE THERAPY	12,929.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & DISABILITY DEVELOPMENT	14,100.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER INCLUSION	10,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	65,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	147,572.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	9,877.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	101,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	EQUALITY SUPPORT	5,400.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER PROGRAMS	10,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	EQUALITY SUPPORT	50,280.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	COUNSELING PROGRAMS	10,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	DISABILITY THERAPY	20,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	COUNSELING INCLUSION	603,096.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER THERAPY	15,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT SUPPORT	611,500.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER TRAINING	71,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT SUPPORT	50,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER TRAINING	52,765.	WIRE			
(4)			EUROPE	JEWISH SUPPORT	12,790.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER IDENTITY	14,888.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SUPPORT	64,588.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & DEVELOPMENT	25,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	JEWISH DEVELOPMENT	10,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER IDENTITY	2,110,283.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SOCIAL SUPPORT	45,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	EQUALITY ACTIVISM	20,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	SOCIAL PROGRAMS	50,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	IMMIGRANT AB ACTIVISM	7,500.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT PROGRAMS	300,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & TRAINING	15,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	JEWISH DEVELOPMENT	4,718,409.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER IDENTITY	50,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	30,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SUPPORT	200,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	11,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	FOOD SUPPORT	13,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S SHELTER	9,933.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SERVICES	24,813.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & DEVELOPMENT	148,875.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	69,588.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	DISABILITY SUPPORT	60,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S INCLUSION	29,500.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SERVICES	250,843.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	DISABILITY SUPPORT	80,510.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT INCLUSION	90,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER TRAINING	10,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	27,500.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	65,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT SUPPORT	42,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	FOOD TRAINING	447,967.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SHELTER	300,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	LEADERSHIP SUPPORT	100,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	EARLY CHILDH DEVELOPMENT	16,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER EDUCATION	15,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	UKRAINE RELI SUPPORT	25,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	EARLY CHILDH PROGRAMS	230,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT EDUCATION	420,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	REFUGEE TRAINING	12,500.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	SOCIAL SERVICES	13,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	SHARED ACTIVISM	10,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SOCIETY	10,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	DISABILITY SUPPORT	175,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	SOCIAL INCLUSION	900,000.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER ACTIVISM	425,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	EQUALITY SUPPORT	98,250.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	INFORMAL PROGRAMS	28,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & EDUCATION	685,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	10,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SUPPORT	58,500.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S DEVELOPMENT	25,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	ECONOMIC SERVICES	283,500.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & DEVELOPMENT	15,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	EQUALITY DEVELOPMENT	50,100.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	INFORMAL PROGRAMS	25,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & EDUCATION	52,500.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	25,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	SOCIAL SUPPORT	1,569,228.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	SHARED ACTIVISM	93,600.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SOCIETY	24,813.	WIRE			

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	100,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	36,200.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	132,250.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	JEWISH SUPPORT	9,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	FOOD IDENTITY	10,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S SHELTER	26,318.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SERVICES	20,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S DEVELOPMENT	9,934.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT SERVICES	102,425.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SCHOLARSHIPS TRAINING	36,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	UKRAINE RELI	60,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER PROGRAMS	10,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SUPPORT	103,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	IMMIGRANT AB DEVELOPMENT	1,240,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S PROGRAMS	24,261.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	LEADERSHIP SERVICES	30,000.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	UKRAINE RELI DEVELOPMENT	100,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S PROGRAMS	160,714.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	FOOD SERVICES	20,500.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT SHELTER	6,317.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER TRAINING	15,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	LEADERSHIP SUPPORT	59,250.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SOCIAL DEVELOPMENT	50,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	INFORMAL ACTIVISM	27,500.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER EDUCATION	27,902.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	EQUALITY SUPPORT	30,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT PROGRAMS	142,500.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	COUNSELING TRAINING	15,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER	80,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	SCHOLARSHIPS SUPPORT	46,769.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	HIGHER	86,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER EDUCATION	150,000.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	30,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S SUPPORT	82,581.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SERVICES	15,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	EQUALITY SUPPORT	30,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S PROGRAMS	75,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	SHARED SERVICES	15,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SECONDARY SOCIETY	5,400.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	UKRAINE RELI EDUCATION	50,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT PROGRAMS	800,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SOCIAL TRAINING	35,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & ACTIVISM	20,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	17,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	131,800.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	LEADERSHIP SUPPORT	30,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S DEVELOPMENT	615,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	SECONDARY SERVICES	7,000.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	UKRAINE RELI EDUCATION	86,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	SOCIAL PROGRAMS	15,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	HIGHER ACTIVISM	17,500.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	STEM EDUCATION	160,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	COMMUNITY &	100,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	165,748.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	SOCIAL SUPPORT	176,800.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	EQUALITY ACTIVISM	15,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	DISABILITY PROGRAMS	23,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	LEADERSHIP INCLUSION	20,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	SOCIAL DEVELOPMENT	265,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	EQUALITY ACTIVISM	48,500.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	SOCIAL PROGRAMS	17,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & ACTIVISM	61,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	6,250.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S SUPPORT	21,500.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SERVICES	100,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	UKRAINE RELI SUPPORT	36,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER PROGRAMS	248,125.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	SOCIAL SUPPORT	16,620.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S ACTIVISM	8,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	ELDERCARE SERVICES	12,925.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	FOOD	276,777.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	LEADERSHIP SHELTER	8,250.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	EARLY CHILDH DEVELOPMENT	65,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	RELIGIOUS EDUCATION	20,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S EDUCATION	46,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SERVICES	350,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	11,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	SOCIAL SUPPORT	98,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	STEM ACTIVISM	32,500.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT	328,600.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	STEM TRAINING	7,500.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	COUNSELING	20,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	DISABILITY THERAPY	32,406.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & INCLUSION	30,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	IMMIGRANT AB DEVELOPMENT	55,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	SHARED PROGRAMS	111,300.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SOCIETY	435,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	32,747.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	112,500.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	40,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	63,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SUPPORT	10,000.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT DEVELOPMENT	25,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	SOCIAL TRAINING	26,500.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	HIGHER ACTIVISM	75,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER EDUCATION	64,295.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	SHARED SUPPORT	44,663.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	SOCIAL SOCIETY	25,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	VICTIMS OF T ACTIVISM	381,074.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	SCHOLARSHIPS	73,903.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	FOOD	1,234,441.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	UKRAINE RELI SHELTER	11,023,421.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	IMMIGRANT AB PROGRAMS	27,355,655.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	CONNECTING & PROGRAMS	54,925,840.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	LEADERSHIP IDENTITY	4,364,180.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	6,000,000.	WIRE			
(11)			SUB-SAHARAN AFRICA	FOOD SUPPORT	1,100,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT SHELTER	1,215,031.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & TRAINING	250,000.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	14,378.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	HIGHER SUPPORT	157,715.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	IMMIGRANT AB EDUCATION	40,000.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S PROGRAMS	64,781.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	HEALTHCARE SERVICES	7,600.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	STEM	1,500,000.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	COMMUNITY &	28,225.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	EARLY CHILDH DEVELOPMENT	7,500.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER EDUCATION	35,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	INFORMAL SUPPORT	124,063.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	SOCIAL EDUCATION	70,750.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	SHARED ACTIVISM	625,813.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	INFORMAL SOCIETY	10,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER EDUCATION	83,180.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	SHARED SUPPORT	817,300.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	HIGHER SOCIETY	5,660.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER EDUCATION	10,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	26,000.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	CHILDREN'S SUPPORT	237,500.	WIRE			

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(1)			MIDDLE EAST/NORTH AFRICA	ECONOMIC SERVICES	20,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	EARLY CHILDH DEVELOPMENT	7,276.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	DOMESTIC VIO EDUCATION	87,270.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	EQUALITY PROGRAMS	10,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	EQUALITY PROGRAMS	25,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER PROGRAMS	7,940.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	ELDERCARE SUPPORT	51,200.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	HEALTHCARE	125,775.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	ELDERCARE	7,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	SOCIAL	40,000.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER ACTIVISM	43,000.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	NEEDY SUPPORT	11,250.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	HIGHER POPULATIONS	1,474,160.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER EDUCATION	50,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER SUPPORT	33,600.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	INFORMAL SUPPORT	10,500.	WIRE			

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	HIGHER EDUCATION	70,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	FOOD EDUCATION	123,000.	WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	SOCIAL SHELTER	28,767.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	SCHOLARSHIPS ACTIVISM	100,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	ECONOMIC	115,600.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	EMPLOYMENT DEVELOPMENT	25,000.	WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY TRAINING	10,000.	WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	COMMUNITY & SERVICES	6,500.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL OPER DEVELOPMENT	74,996.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	CONNECTING & SUPPORT	212,500.	WIRE			
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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3 Enter total number of other organizations or entities ►

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
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(18)							

Part IV Foreign Forms

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

Schedule F (Form 990) 2022

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.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED ISRAEL APPEAL, INC.

Compensation Information

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

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

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

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Open to Public
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Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAMELA A ZALTSMAN 1 CHIEF FINANCIAL OFFICER-UIA	(i)	121,574.		1,127.	6,087.	1,627.	130,415.	
	(ii)	121,574.		1,127.	6,087.	1,627.	130,415.	
EVAN HOCHBERG 2 CORPORATE SECRETARY	(i)	41,155.		147.	1,948.	9,980.	53,230.	
	(ii)	164,620.		588.	7,790.	39,920.	212,918.	
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED ISRAEL APPEAL, INC.

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.

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

IN 1999, UNITED ISRAEL APPEAL INC. MERGED WITH 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

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Internal Revenue Service

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Supplemental Information to Form 990 or 990-EZ

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THIS CONCEPT.

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

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Supplemental Information to Form 990 or 990-EZ

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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
JFNA FROM THE TAIN OF IMPROPRIETY, ACTUAL OR PERCEIVED, WE WILL SUBJECT

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Supplemental Information to Form 990 or 990-EZ

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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
WRITING TO THE HEAD OF THE HUMAN RESOURCES DEPARTMENT. IN THE EVENT THAT

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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.

PENALTY FOR NON-COMPLIANCE:

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Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED ISRAEL APPEAL, INC.

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.

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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.

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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. ETHICSPPOINT.COM](http://WWW.ETHICSPPOINT.COM). BOTH THE TELEPHONE NUMBER AND THE WEBSITE ARE HOSTED BY "ETHICSPPOINT" (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.

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

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Department of the Treasury
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Name of the organization

UNITED ISRAEL APPEAL, INC.

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.

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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.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED ISRAEL APPEAL, INC.

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

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**Open to Public
Inspection**

Employer identification number

13-1760102

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
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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED ISRAEL APPEAL, INC.

Supplemental Information to Form 990 or 990-EZ

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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).
- 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED ISRAEL APPEAL, INC.

Supplemental Information to Form 990 or 990-EZ

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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.

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Employer identification number

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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.

Name of the organization

UNITED ISRAEL APPEAL, INC.

Employer identification number

13-1760102

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

=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
ISRAEL EDUCATION FUND	1,308,344.	1,308,344.	
APARTMENT RENTAL ALLOCATION	749,217.	749,217.	238,601.
INTEREST ON LOAN		1,000.	
DEPRECIATION ON CAPITAL PROJECTS		4,596,834.	
GRANT TO SUPPORT ISRAEL GA	212,500.	212,500.	
ISRAEL EMERGENCY CAMPAIGNS	381,074.	381,074.	
	-----	-----	-----
TOTALS	2,651,135.	7,248,969.	238,601.
	=====	=====	=====

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED ISRAEL APPEAL, INC.

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.

OMB No. 1545-0047

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE JEWISH FEDERATIONS OF NORTH AMERICA 13-1624240 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004	LEADERSHIP	NY	501(C)(3)	7	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.	C	155,591,222.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII**Supplemental Information**

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