|                                | 0               | 90                     | <b>`</b>    |                     |   | -               |                 | -                |           |              |        |                                   | (i.e         | OMB No. 1545-0047         |
|--------------------------------|-----------------|------------------------|-------------|---------------------|---|-----------------|-----------------|------------------|-----------|--------------|--------|-----------------------------------|--------------|---------------------------|
| -orn                           | n J             | 9                      | )           |                     | tion 501(c), 527<br>►Do not enter       | •               |                 |                  |           | • •          | •      |                                   | lions)       | Open to Public            |
|                                |                 | of the Tre<br>nue Serv |             |                     | Information                             |                 | •               |                  |           | -            | •      |                                   |              | Inspection                |
| A F                            | or th           | e 202                  | 2 calen     | dar year, or t      | ax year begir                           | nning           | 10/01/2         | 2022             | and       | ending       |        |                                   | 09/3         | 30/2023                   |
| _                              |                 |                        | C Name      | of organization     | JEWISH                                  | NATION          | AL FUND         |                  |           |              | D      | Employer id                       | entificat    | tion number               |
| B Cł                           | neck if ap      | plicable:              | ( K.        | EREN KAYE           | METH LEISI                              | RAEL) I         | NC.             |                  |           |              |        |                                   |              |                           |
|                                | Addre<br>chang  |                        | Doing       | Business As         |   |                 |                 |                  |           |              |        | 13-                               | -1659        | 9627                      |
|                                | Name            | change                 | Numb        | er and street (or   | P.O. box if mail is                     | not delivered   | to street add   | ress)            | Room/s    | suite        | E      | Telephone n                       | umber        |                           |
|                                | Initial         | return                 | 42          | EAST 69T            | H STREET                                |                 |                 |                  |           |              |        | (2)                               | 12)8         | 79-9300                   |
|                                | Term            | inated                 | City o      | r town, state or p  | rovince, country, a                     | and ZIP or fo   | reign postal co | ode              |           |              |        |                                   |              |                           |
|                                | Amer<br>returr  |                        | NE          | W YORK, N           | Y 10021                                 |                 |                 |                  |           |              | G      | Gross receip                      | ts \$ 3      | 08,288,803.               |
|                                | Applie<br>pendi |                        | F Name      | and address of p    | orincipal officer:                      | RUSS            | ELL ROE         | INSON            |           |              | H(a)   | ) Is this a grous<br>subordinates |              | for Yes X No              |
|                                | -               | -                      | 42          | EAST 69T            | H STREET,                               | NEW YC          | RK, NY          | 10021            |           |              | H(b)   | Are all subord                    |              | uded? Yes No              |
| I                              | Tax-ex          | empt sta               | atus:       | X 501(c)(3)         | 501(c) (                                | ) ┥ (i          | nsert no.)      | 4947(a)(1)       | or        | 527          |        | If "No," attac                    | ch a list. ( | see instructions)         |
| J                              | Websi           | te: 🕨                  | WWW.        | JNF.ORG             |   |                 |                 |                  |           |              | H(c)   | Group exem                        | ption num    | nber 🕨                    |
| ĸ                              | Form            | of organ               | ization:    | X Corporation       | Trust                                   | Association     | Other           | ►                | L         | Year of form | ation: | 1926 <b>M</b>                     | State of     | f legal domicile: NY      |
| Pa                             | art I           | Sur                    | mmary       |                     |   |                 |                 |                  |           |              |        |                                   |              |                           |
|                                | 1               | Briefly                | / describ   | e the organizat     | tion's mission o                        | r most sign     | ificant activit | ies: JEWIS       | SH NA     | TIONAL       | FUN    | ID GIVE                           | S ALI        | ۵                         |
| е                              |                 | GENI                   | ERATIO      | ONS OF JEV          | NS A UNIQU                              | JE VOIC         | E IN BU         | ILDING A         | PROS      | PEROUS       |        |                                   |              |                           |
| an                             |                 | FUTU                   | JRE FO      | OR THE LAI          | ND OF ISRA                              | EL AND          | ITS PE          | OPLE.            |           |              |        |                                   |              |                           |
| Activities & Governance        | 2               | Check                  | this box    | : 🕨 📄 if the        | e organization d                        | iscontinue      | d its operati   | ons or dispose   |           |              |        |                                   |              |                           |
| Go                             | 3               | Numb                   | er of vot   | ing members o       | of the governing                        | body (Part      | VI, line 1a)    |                  |           |              |        |                                   | 3            | 31                        |
| 8                              | 4               |                        |             |                     | g members of t                          |                 |                 |                  |           |              |        |                                   | 4            | 31                        |
| ties                           | 5               |                        |             |                     | mployed in cale                         |                 |                 |                  |           |              |        |                                   | 5            | 297                       |
| ivi                            | 6               |                        |             |                     | stimate if neces                        | ,               |                 |                  |           |              |        |                                   | 6            | 1,100                     |
| Act                            | -               |                        |             |                     | nue from Part V                         |                 |                 |                  |           |              |        |                                   | 7a           | -9,731.                   |
|                                |                 |                        |             |                     | le income from                          |                 |                 |                  |           |              |        |                                   | 7b           |                           |
|                                | b               | iver ur                | Telateu     |                     |   | F0IIII 990-     | I, III e 34 .   |                  |           | <u></u>      |        | ior Year                          |              | Current Year              |
|                                | 0               | Contri                 | hutiona     | und grante (Der     | h)/III line (h)                         |                 |                 |                  |           |              |        |                                   |              |                           |
| an                             | 8               |                        |             |                     | t VIII, line 1h)                        |                 |                 |                  | Y FOR     |              | 110    | ,765,05                           |              | 93,290,128.               |
| Revenue                        | 9               |                        |             |                     | t VIII, line 2g)                        |                 |                 |                  |           |              | 1      | 786,94                            |              | 1,494,232.                |
| Re                             | 10              |                        |             |                     | column (A), line                        |                 |                 |                  |           |              |        | ,753,06                           |              | 13,571,508.               |
|                                | 11              |                        |             |                     | umn (A), lines 5,                       |                 |                 |                  |           |              |        | ,276,66                           |              | -2,975,448.               |
|                                | 12              |                        |             |                     | nrough 11 (must                         |                 |                 |                  |           |              |        | ,075,60                           |              | 105,380,420.              |
|                                | 13              |                        |             |                     | aid (Part IX, colu                      |                 |                 |                  |           |              | 56     | ,870,00                           |              | 53,318,964.               |
|                                | 14              |                        |             |                     | ers (Part IX, colu                      |                 |                 |                  |           |              |        |                                   | ONE          | NONE                      |
| es                             | 15              |                        |             |                     | , employee ben                          |                 |                 |                  |           |              | 27     | ,803,01                           | .0.          | 31,267,970.               |
| Expenses                       | 16a             | Profes                 | ssional f   | undraising fees     | (Part IX, columr                        | n (A), line 1   | 1e)             |                  |           | 🖵            |        | N                                 | ONE          | NONE                      |
| Еxр                            |                 |                        |             |                     | Part IX, column (                       |                 |                 |                  |           |              |        |                                   |              |                           |
|                                | 17              |                        |             |                     | mn (A), lines 11                        |                 |                 |                  |           |              |        | ,131,56                           |              | 27,354,458.               |
|                                | 18              |                        |             |                     | -17 (must equal                         |                 |                 |                  |           |              | 105    | ,804,57                           | 7.           | 111,941,392.              |
|                                | 19              | Reven                  | ue less     | expenses. Sub       | tract line 18 fron                      | n line 12 🔒     |                 | <u></u>          |           |              |        | ,271,02                           |              | -6,560,972.               |
| Net Assets or<br>Fund Balances |                 |                        |             |                     |   |                 |                 |                  |           | Begi         | inning | of Current                        | /ear         | End of Year               |
| set                            | 20              | Total a                | assets (F   | art X, line 16)     |   |                 |                 |                  |           | 🖵            | 481    | ,559,07                           | '9.          | 505,063,345.              |
| t As<br>Id B                   | 21              | Total I                | liabilities | (Part X, line 26    | )                                       |                 |                 |                  |           | 🖵            | 52     | ,590,92                           | 29.          | 55,026,462.               |
| Fun                            | 22              |                        |             |                     | Subtract line 21                        |                 |                 |                  |           |              | 428    | ,968,15                           | 50.          | 450,036,883.              |
| Ра                             | rt II           | Sig                    | gnature     | Block               |   |                 |                 |                  |           |              |        |                                   |              |                           |
| Unc                            | der per         | nalties c              | of perjury, | I declare that I I  | have examined th<br>reparer (other thar | is return, ind  | cluding accor   | npanying schedu  | ules and  | statements,  | and t  | o the best of                     | my kn        | owledge and belief, it is |
| true                           | , corre         | ct, and                | complete.   | Declaration of pl   | reparer (other than                     | i officer) is b | ased on all in  | iormation of whi | ich prepa | arer nas any | KNOWI  | eage.                             |              |                           |
|                                |                 |                        |             |                     |   |                 |                 |                  |           |              |        |                                   |              |                           |
| Sig                            |                 |                        | Signature   | e of officer        |   |                 |                 |                  |           |              |        | Date                              |              |                           |
| Her                            | e               |                        |             |                     |   |                 |                 |                  |           |              |        |                                   |              |                           |
|                                |                 |                        | Type or p   | rint name and title | Э                                       |                 |                 |                  |           |              |        |                                   |              |                           |
|                                |                 | Print/                 | Type prep   | arer's name         |   | Preparer's      | signature       |                  | Dat       | е            |        | Check                             | if PT        | IN                        |
| Paid                           |                 | PAUI                   | , нам       | MERSCHMII           | ЭT                                      | PAUL            | HAMMERS         | CHMIDT           | 07        | /01/20       | 24     | self-employ                       | '.           | 01384178                  |
|                                | oarer           |                        |             | ▶ BDO USA           |   |                 |                 |                  | 101       | , 51,20      |        | n's EIN 🕨                         |              | -5381590                  |
| Jse                            | Only            |                        |             |                     | RK AVENUE, 38                           |                 | IFW VODV Y      | TV 10166         |           |              |        |                                   |              | 2-885-8000                |
| May                            | thol            |                        | address     |                     | e preparer show                         |                 |                 |                  |           |              |        | one no.                           |              |                           |
|                                |                 |                        |             |                     |   | ,               |                 | ,                |           | <u></u>      |        | <u></u>                           |              |                           |
| or                             | rape            | work                   | Reduction   | ON ACT NOTICE,      | see the separat                         | e instructio    | 0115.           |                  |           |              |        |                                   |              | Form <b>990</b> (2022)    |

| For        | m 990 (20    | 22)                             |   |                                  | Page 2                 |
|------------|--------------|---------------------------------|---|----------------------------------|------------------------|
| Pa         | art III      | Statement of Program Serv       |   |                                  |                        |
|            |              |                                 | ns a response or note to any line in th         | is Part III                      | Х                      |
| 1          |              | lescribe the organization's mis |   |                                  |                        |
|            | -            |                                 | ES ALL GENERATIONS OF JEW                       |                                  |                        |
|            | BUIL         | DING A PROSPEROUS FU            | TURE FOR THE LAND OF ISRA                       | EL AND ITS PEOPLE.               |                        |
|            |              |                                 |   |                                  |                        |
|            |              |                                 |   |                                  |                        |
| 2          |              |                                 | significant program services during t           |                                  |                        |
|            | prior Fo     | rm 990 or 990-EZ?               |   |                                  | Yes X No               |
|            |              | describe these new services of  |   |                                  |                        |
| 3          |              |                                 | cting, or make significant changes              |                                  |                        |
|            |              |                                 |   |                                  | Yes X No               |
|            |              | describe these changes on So    | chequie O.<br>1 service accomplishments for eac | h of its three lorgest program a | anima a magginad by    |
| 4          |              |                                 | 1(c)(4) organizations are required t            |                                  |                        |
|            |              |                                 | y, for each program service reported            |                                  |                        |
|            |              |                                 | y, for each program service reported            | •                                |                        |
| -          | (0 - 1 -     | ) ( <b>F</b>                    |   |                                  |                        |
| 4a         |              |                                 | 92,223,037. including grants of \$              | 53,318,964. ) (Revenue \$        | 1,494,232.)            |
|            | <u>SEE S</u> | CHEDULE O                       |   |                                  |                        |
|            |              |                                 |   |                                  |                        |
|            |              |                                 |   |                                  |                        |
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|            |              |                                 |   |                                  |                        |
|            |              |                                 |   |                                  |                        |
| 4b         | (Code:       | ) (Expenses \$                  | including grants of \$                          | ) (Revenue \$                    | )                      |
|            |              |                                 |   |                                  |                        |
|            |              |                                 |   |                                  |                        |
|            |              |                                 |   |                                  |                        |
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|            |              |                                 |   |                                  |                        |
|            |              |                                 |   |                                  |                        |
| 40         | (Code:       | ) (Expenses \$                  | including grants of \$                          | ) (Revenue \$                    | )                      |
| 40         | (Coue.       | ) (Lxpenses \$\$)               |   | ) (Revenue \$                    | )                      |
|            |              |                                 |   |                                  |                        |
|            |              |                                 |   |                                  |                        |
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|            |              |                                 |   |                                  |                        |
|            |              |                                 |   |                                  |                        |
| 4d         |              | rogram services (Describe on    |   |                                  |                        |
|            | (Expens      |                                 | , , , , , , , , , , , , , , , , , , ,           | evenue \$ )                      |                        |
|            |              | ogram service expenses          | 92,223,037.                                     |                                  |                        |
| JSA<br>2E1 | 020 1.000    |                                 |   |                                  | Form <b>990</b> (2022) |
| - ·        |              | 7MY 702V 06/27/2024             | 12:43:19  |                                  | 6                      |

13-1659627

| Part IV         Checklist of Required Schedules           1         Is the organization described in section 501(c)(3) or 497/(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule of Contributors? See instructions.         1           2         Is the organization required to complete Schedule C. Part I.         2         2           3         Did the organization required to complete Schedule C. Part I.         2         2           4         Section 501(c)(3) organization space (1)(6), or 501(c)(6), or 501(  | Form 9 | 990 (2022)   |     | F   | -age <b>3</b> |
|--|--------|--|-----|-----|---------------|
| 1         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A comparization required to complete Schedule B, Schedule of Contributors? See instructors         Image: Complete Schedule A complete Schedule B, Schedule C Contributors? See instructors           3         Did the organization required to complete Schedule C, Part II.         Image: Complete Schedule C, Part  | Part   | IV Checklist of Required Schedules   |     |     |               |
| complete Schedule A         1         x           2         1s the organization engage in direct or infiret political campaign activities on behalf of or in opposition to candidate for public office? If Vress, "complete Schedule C, Part I.         3         X           4         Section 501(c)(3) organizations, Did the organization engage in (bbbying activities, or have a section 501(b), enganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined fixed. C, Part II.         5         X           6         Did the organization maintain any donor advised funds or any similar funds or accounts / If Vress, "complete Schedule C, Part II.         5         X           7         Did the organization report on hold conservation assement, including easements to preserve open space.         6         X           7         Did the organization report an amount in Part X, line 21, for secror or austodial account liability, serve as a custodian for amounts not lised in Part X, line 21, for secror or austodial account liability, serve as a custodian for amounts not lised in Part X, line 21, for secror or austodial account liability, serve as a custodian for amounts not lised in Part X, line 21, for secror or austodial account liability, serve as a custodian for amounts or line provide Schedule D, Part W         10         x           10         Did the organization report an amount for investments-provide schedule D, Part W         11         x           11         If the organization report an amount for linvestments-provide schedule D, Part W   |        |  |     | Yes | No            |
| 2         bit the organization required to complete Schedule C, Schedule of Contributors? See instructions         2         X           3         Did the organization again of insect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.         3         X           4         Section SO1(c)(3) organization again (10)(5) or ganization again (10)(5) organization asserts or similar amounts as defined in Rev. Proc. 98-197 If Yes," complete Schedule C, Part II.         4         X           5         X         Did the organization asserts or similar any donar devided funds or a vary 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 for which donors thave the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors any similar may donar devide of that, incoreal trassures, or other similar asserts? If 'Yes," complete Schedule D, Part II.         7         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, in 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in 21, for escrow or custodial account liability, serve as a custodian report an amount for law, provide schedule D, Part X.         9         X           10         Did the organization report an amount for law, buildings, and equipment in Part X, line 21, for escrow or custodial account liability, serve as a custodial no report an amount for law. Fo   | 1      |  |     |     |               |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to<br>candidate for public officer 8 if Vires' complete Schedule C, Part I.         3         x           4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b)<br>elocition in feder during the taxysor II Vires, complete Schedule C, Part II.         4         x           5 Is the organization ansuma as defined in Rev. Proc. 98-197 II Vires, complete Schedule C, Part II.         5         x           7 Did the organization maintain any doorn advised funds or any similar funds or accounts for which donors<br>have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors<br>have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors<br>have the environment. Nistoric land areas, or historic structures? II Vires, complete Schedule D, Part II.         6         x           7 Did the organization directions of works of at, historical treasures, or other similar asset? II Vires,<br>complete Schedule D, Part III.         8         x           9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liabity, serve as a<br>custodian for amounts not listel in Part X, line 21, for secrow or custodial account liabity, serve as a<br>custodian for amounts not listel in Part X, line 21, Part V.         10         x           11 If the organization direction for trans, buildings, and equipment in Part X, line 12, first 80% or more<br>of its total assets reported in Part X, line 12 Vires, complete Schedule D, Part X.         11         x <td>-</td> <td></td> <td></td> <td></td> <td><u> </u></td>   | -      |  |     |     | <u> </u>      |
| candidates for public office? If "Yes," complete Schedule C, Part I.       3       X         4       Section 501(c)(3) or ganizations, Did the organization engage in lobbying activities, or have a sciton 501(h) effection in effect during the tax year? II "Yes," complete Schedule C, Part II .       4       X         5       Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, basessments, or similar amounts as defined in Rev. Proc. 89-197 If "Yes," complete Schedule C, Part II .       5       X         6       Did the organization meintain any donor advised funds or any similar funds or accounts? If "Nes," complete Schedule D, Part II.       6       X         7       X       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areaso, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         9       Did the organization receiver? If "Yes," complete Schedule D, Part II.       8       X         10       Did the organization receiver? If "Yes," complete Schedule D, Part V.       9       X         10       Did the organization receiver on an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.       10       X         11       If the organization report an amount for investments-orbite schedule D, Part V.       114       X         12       Did the organization report an amount for investments-or  |        |  | 2   | X   | <u> </u>      |
| 4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n)<br>election in effect during the tax year // Yes, complete Schedule C, Part //   | 3      |  |     |     | 37            |
| election in effect during the tax year? If "Yes," complete Schedule C, Part II.         4         X           5         ls the organization aspacing and other assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.         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 advise or the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.         6         X           7         Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic tracuscus, or other similar asset? If "Yes," complete Schedule D, Part III.         7         X           9         Did the organization receiver 1 manount 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 negonization. Schedule D, Part V.         9         X           10         Did the organization scheders? If "Yes," complete Schedule D, Part V.         10         X           11         If the organization accounts? If "Yes," complete Schedule D, Part V.         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.         11         X           11         If the organization report an amount for land, buildings, a  |        |  | 3   |     | <u> </u>      |
| 5         Is the organization a section 501(c)(4), 651(c)(5), or 501(c)(6) organization that receives membershole use, assessments, or similar amounts as defined in Rev Prcc. 98197 (**sc**complete Schedule C, Part II)         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? // *         6         x           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical tracesures, or other similar assets? // *Yes,* complete Schedule D, Part II)         8         x           8         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit counseling, debt management, credit reparts or a debt negonization, directly or through a related organization, hold assets in donor-restricted endowments 7         9         x           10         Did the organization report an amount for linvestments-other securities in Part X, line 10? // *Yes,* complete Schedule D, Part V         10         X           11         If the organization report an amount for investments-other securities in Part X, line 10? // *Yes,* complete Schedule D, Part V         11         X           12         AD dhe organization report an amount for investments-order securities in Part X, line 10? // *Yes,* complete Schedule D, Part V         11         X           13         <  | 4      |  | 4   |     | v             |
| <ul> <li>assessments, or similar amounts adefined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part II.</li> <li>5 X</li> <li>6 Did the organization relative or hold a conservation easement, including easements to preserve open space, the environment, historic itand areas, or historic structures? If "Yes," complete Schedule D, Part II.</li> <li>7 Did the organization relation collections of works of ant, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II.</li> <li>8 Did the organization maintain collections of works of ant, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II.</li> <li>9 Did the organization for amount in Part X, ine 11, for escrow or custodial secount liability, serve as a custodian for amounts not listed in Part X in er provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI.</li> <li>9 Did the organization farcetry or through a related organization, hold assets in donor-restricted endowments? If If the "granization, and sets to protein a amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>9 Did the organization report an amount for investments-orter securities in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>9 Did the organization report an amount for investments-program related in Part X. line 10? If "Yes," complete Schedule D, Part VI.</li> <li>9 Did the organization report an amount for ther assets in Part X, line 17, Mat is 5% or more of its total assets eproted in Part X, line 16? If "Yes," complete Schedule D, Part VI.</li> <li>9 Did the organization report an amount for ther sates in Part X, line 17, Wes," complete Schedule D, Part X.</li> <li>11 d X</li> <li>12 Did the organization report an amount for ther assets in Part X, line 17, Wes," complete Schedule D, Part X.</li> <li>14 Z</li> <li>15 Did the organization report an amount for ther assets in Part X.</li> &lt;</ul>       | 5      |  | 4   |     |               |
| <ul> <li>6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I, "</li> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical structures? If "Yes," complete Schedule D, Part II,, "</li> <li>8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on listed in Part X, is provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.</li> <li>10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.</li> <li>11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.</li> <li>11 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 13, that is 5% or more of its total assets reported in Part X, line 17 "Yes," complete Schedule D, Part V.</li> <li>11 Did the organization report an amount for three streets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 17 "Yes," complete Schedule D, Part X.</li> <li>12 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X.</li> <li>13 Did the organization report an amount for three assets in Part X, line 27, if "yes," complete Schedule D, Part X.</li> <li>14 Did the organization report an amount for the rest securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes,"</li></ul>          | J      |  | 5   |     | x             |
| have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii   | 6      |  |     |     |               |
| "Yes," complete Schedule D, Part I.       6       X         7       Did the organization calculation maintain collections of works of art. historical treasures, or other similar asset? If "Yes,"       7       X         8       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sore as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negonization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       10       X         11       the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11       X         11       the organization report an amount for investmetra-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11       X         11       X       Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11       11  | Ŭ      |  |     |     |               |
| 7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If '\sgs' complete Schedule D, Part II,, Part II''sgs' complete Schedule D, Part IV''sgs' complete Schedule D, Part IV'''sgs' complete Schedule D, Part I'''sgs' complete Schedule D, Part I'''sgs' complete Schedule D, Part I'''sgs' complete Schedule D, Part I''''sgs''''''''sgs''''''''''''''''''''   |        |  | 6   | х   |               |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       x         8       Did the organization maintain collections of works of an, historical treasures, or other similar assets? If "Yes,"       8       x         9       Did the organization report an amount in Part X, line 21, for escrew 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 negonization, arelet y organization, not listed in Part X, or provide credit counseling, debt management, credit repair, or grainziton, report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       x         11       the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       111       x         11       bid the organization report an amount for investments-torber securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       116       x         11       bid the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.       116       x         11       did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       116       x         11   | 7      |  |     |     |               |
| 8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       8       x         9       Did the organization report an amount in Part X, line 21, for escrew 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 neoganization, sincerty or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization sincerty or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI.       9       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.       11a       X         11       X       11a       X       11a       X         11   |        |  | 7   |     | х             |
| complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, tor escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, vor provide credit counseling, debt management, credit repair, or debt negonization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization, the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, VII, VII, X, or X, as applicable.       10       X         11       the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11       X         11       the organization report an amount for investments-other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11       X         11       Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11       X         12       Did the organization separate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11       X         13       is the organization included in accial statements for the tax year? If Wes," complete Schedule D, Part X       11       X         <   | 8      |  |     |     |               |
| 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? If "Yes," complete Schedule D, Part V.       9       x         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasie indowments? If "Yes," complete Schedule D, Part V.       10       X         11       The organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11       X         12       Did the organization report an amount for investments-orber securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11       X         13       C Did the organization report an amount for investments-orber securities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11       X         14       X       11       X       11       X         15       Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11       X         14       X       11       X       11       X         15       Did the organization report an amount for other lia   |        |  | 8   |     | х             |
| debt negotiation services? If "Yes," complete Schedule D, Part N       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, VII, VII, VIII, VX, or X, as applicable.       10       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11a       X         14       Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11e       X         111       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11e       X         112       Did the organization separate or consolidated financial statements for the tax year include a footonet that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "xes," complete Schedule D, Part X       11e       X         12a       Did the organization main  | 9      |  |     |     |               |
| 10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments<br>or in quasi endowments? If "Yes," complete Schedule D, Part V.       10       x         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI,<br>VII, VIII, VI, VI, X, ox as applicable.       10       k       11a       x         a       Did the organization report an amount for investments-other securities in Part X, line 12, third is 5% or more<br>of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11a       x         c       Did the organization report an amount for other assets in Part X, line 13, that is 5% or more<br>of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11a       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<br>reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       x         11d       x       11d       x       11d       x         11d       x       11d<  |        | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or |     |     |               |
| or in quasi endowments? If "Yes," complete Schedule D, Part V.       10       x         11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VI.       11       11         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       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? If "Yes," complete Schedule D, Part VII.       11b       x         c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       x         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       x         e Did the organization separate, ordependent audited financial statements for the tax year? In Orde A Totonote that addresses the organization achool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X.       11f       x         12a       Did the organization achool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X.       11d       x         12a       X       11d       X       11d       x         12a       X       11d       X       11d       x <td></td> <td>debt negotiation services? If "Yes," complete Schedule D, Part IV</td> <td>9</td> <td></td> <td>Х</td>   |        | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9   |     | Х             |
| 11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.       11   | 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments |     |     |               |
| VII, VIII, IX, or X, as applicable.         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"         b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.         c Did the organization report an amount for investments-other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         d Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       X         d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization separate, independent audited financial statements for the tax yea? If "Yes," complete Schedule D, Part X       11f       X         12a       X       12a       X       12a       X         b Was the organization answerd "No" to line 12a, then completing Schedule C, Part X and XII is optional       13       X         13       Is the organization maintain an office, employees, or agents outside of financial statements for the tax yea? If "Yes," complete Schedule F, Parts I and IV.       12b       X         14a       X       11d       X       12b       X       12a </td <td></td> <td>or in quasi endowments? If "Yes," complete Schedule D, Part V</td> <td>10</td> <td>Х</td> <td></td>   |        | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  | Х   |               |
| <ul> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>c Did the organization report an amount for investments-program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>c Did the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X</li> <li>111 X</li> <li>212 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X</li> <li>114 X</li> <li>115 X</li> <li>116 X</li> <li>116 X</li> <li>117 Xs," and if the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X</li> <li>118 X</li> <li>128 Did the organization and statements or then \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments and \$10,000 or more? If "Yes," complete Schedule E, Parts II and IV</li> <li>118 X</li> <li>129 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>118 X</li> <li>114 X</li> <li>120 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>118 X</li> <li>119 Did the organization rep</li></ul> | 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, |     |     |               |
| complete Schedule D, Part VI       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 167 // "%es," complete Schedule D, Part VII       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 167 // "%es," complete Schedule D, Part VII.       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 167 // "%es," complete Schedule D, Part VII.       11c       X         e Did the organization report an amount for other liabilities in Part X, line 257 // "%es," complete Schedule D, Part X       11d       X         f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       X       12a       X       12a       X         13       Is the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional       13       X         14a       Did the organization aschool described in section 170(b)(1)(A)(A)(II) If "Yes," complete Schedule E, Parts I and V.       13       X         15       Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$10,0000   |        |  |     |     |               |
| b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         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? If "Yes," complete Schedule D, Part VIII.       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11d       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11d       X         12a       X       11d       X       11d       X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII is optional       13       X         14a       13       Is the organization nabitain an office, employees, or agents outside of the United States?       14a       X         14b       X       14a       X       14a       X       14b       X         14a       14b       X       14a       X       14b   | а      |  |     |     |               |
| of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       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? If "Yes," complete Schedule D, Part VII.       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.       11c       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization separate or consolidated linancial statements for the tax year include a footnote that addresses the organization balain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII.       11f       X         12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule E.       11d       X         *** and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional       13       X         14a Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.       14a       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 orging individuals? If "Yes," complete S  |        |  | 11a | Х   | <u> </u>      |
| 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? If "Yes," complete Schedule D, Part VIII.       11c       x         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       x         e Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets the organization's separate or consolidated financial statements for the tax year include a footnet that addresses the organization islability for uncertain tax positions under FIN4 & (ASC 740?) If "Yes," complete Schedule D, Part X       11e       x         12a Did the organization islability for uncertain tax positions under FIN4 & (ASC 740?) If "Yes," complete Schedule D, Part X and XII.       11f       x         b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule E.       11d       x         14a Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.       13       x         14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnes asistance to or for any foreign investment, and program service activities outside the United States, or aggregate foreign individuals? If "Yes," complete Schedule F, Parts I and IV       15       x         15 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  | b      |  |     |     |               |
| of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII,       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Part X X and XII is optional       12b       X         13 Is the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E,   |        |  | 11b |     | X             |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X.       11d       x         e Did the organization sport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       x         f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11d       x         12a       Did the organization on the reliabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11f       x         12a       Did the organization is separate, independent audited financial statements for the tax yea? If "Yes," complete Schedule D, Part X and XII.       12a       x         b Was the organization included in consolidated, independent audited financial statements for the tax yea? If "Yes," and if the organization maintain an office, employees, or agents cutside of the United States?       12a       x         14a       Did the organization naiseered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       x         15       Did the organization naise and file, employees, or agents outside of the United States?       14a       x         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of agregate grants or other assistance to or for oreign individuals? If "Yes," complete Schedule F, Parts II and IV       14b       x         15       Did the o   | С      |  |     |     |               |
| reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       N was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X and XII,       12a       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional       13       X         14a       Did the organization nanitain an office, employees, or agents outside of the United States?       14a       X         b Did the organization nexes, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of ggregate grants or other assistance to or for origin individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report more than \$15,000 of expenses for professional fundraising service  |        |  | 110 |     | <u> </u>      |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | a      |  | 444 | 37  |               |
| f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization sliability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.       12a       X       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional       12a       X       12a       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       Complete Schedule E, Complete Schedule E, Complete Schedule F, Parts I and IV       14a       X       14a       X       14a       X         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X       16       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part III and IV       15       X       16       X         16       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 c and 8a? If "Yes," complet   |        |  |     |     | <u> </u>      |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   |        |  | TTe | A   | <u> </u>      |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.       12a X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.       12b 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? If "Yes," complete Schedule F, Parts I and IV       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 foreign individuals? If "Yes," complete Schedule F, Parts II and IV       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? If "Yes," complete Schedule G, Part II and IV       15 X         17 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 6 and 11e? If "Yes," complete Schedule G, Part II       18 X         19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 92, If "Yes," complete Schedule G, Part II       18 X         19 Did  | •      | •  | 11f | v   |               |
| Schedule D, Parts XI and XII.       12a       X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If<br>"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13 Is the organization answered "No" to line 12a, then complete Schedule D, Parts XI and XII is optional       13       X       14a       X       12b       X         14a Did the organization maintain an office, employees, or agents outside of the United States?       13       X       14a       X       14b  | 12a    |  |     | А   | <u> </u>      |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If       "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E,   | 120    |  | 12a | x   |               |
| "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E.       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X       14a         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? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I I and IV       17       X         18       Did the organization report more than \$15,000 of grants or poss income and contributions on Part VIII, lines 6 and 11e? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X  | b      |  |     |     |               |
| <ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li></ul>  |        |  | 12b |     | х             |
| 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? If "Yes," complete Schedule F, Parts I and IV       14a 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? If "Yes," complete Schedule F, Parts II and IV       14b 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? If "Yes," complete Schedule F, Parts III and IV       15 X         17 Did the organization report a total of more than \$15,000 of gross income and contributions on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II       17 X         18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18 X         19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a X         20a Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a X         20a Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or tore than \$5,000 of grants or other assistance to any domes   | 13     |  |     |     |               |
| fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       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? If "Yes," complete Schedule F, Parts II and IV       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? If "Yes," complete Schedule F, Parts II and IV       15       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? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       20a       X         20a       X       20a       X         20a       X       20b       20       20a      <   | 14 a   |  | 14a | Х   |               |
| foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       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? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       20a       X         20b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b       21       X  | b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,             |     |     |               |
| <ul> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV</li> <li>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? If "Yes," complete Schedule G, Part I. See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II</li> <li>19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II</li> <li>JSA</li> </ul>   |        |  |     |     |               |
| for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       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? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       20a       X   |        | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV               | 14b | Х   |               |
| 16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or other the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X   | 15     |  |     |     |               |
| assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II       18       X         19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       X         20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X   |        |  | 15  | Х   | L             |
| <ul> <li>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</li></ul>  | 16     |  |     |     |               |
| Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       X         20 a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X   |        | -  | 16  |     | 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? If "Yes," complete Schedule G, Part II       18       x         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18       x         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       x         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       x  | 17     |  |     |     |               |
| Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?       19       X         20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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? If "Yes," complete Schedule I, Parts I and II       21       X  |        |  | 17  |     | X             |
| 19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?<br>If "Yes," complete Schedule G, Part III       19       X         20 a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or<br>domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X   | 18     |  |     |     |               |
| If "Yes," complete Schedule G, Part III.       19       X         20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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? If "Yes," complete Schedule I, Parts I and II       21       X   | 40     |  | 18  | X   | <u> </u>      |
| 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20 a       X         b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20 b       20 b         21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21 X   | 19     |  |     |     | 37            |
| 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? If "Yes," complete Schedule I, Parts I and II       21       X   | 20-    |  |     |     |               |
| 21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       x         JSA  |        |  |     |     |               |
| domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  |        |  | 200 |     | <u> </u>      |
|  | £ I    |  | 21  | x   | 1             |
|  |        |  |     |     | (2022)        |

Form 990 (2022)

| Page | 4 |
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| Part          | V Checklist of Required Schedules (continued)   |      |     |          |
|---------------|---|------|-----|----------|
|               |   |      | Yes | No       |
| 22            | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |      |     |          |
|               | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22   | Х   |          |
| 23            | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the  |      |     |          |
|               | organization's current and former officers, directors, trustees, key employees, and highest compensated   |      |     |          |
|               | employees? If "Yes," complete Schedule J  | 23   | х   |          |
| 24 a          | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   |      |     |          |
|               | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b   |      |     |          |
|               | through 24d and complete Schedule K. If "No," go to line 25a  | 24a  |     | Х        |
| b             | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |     |          |
|               | Did the organization maintain an escrow account other than a refunding escrow at any time during the year   |      |     |          |
|               | to defease any tax-exempt bonds?  | 24c  |     |          |
| d             | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d  |     |          |
|               | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |      |     |          |
|               | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a  |     | х        |
| b             | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior  |      |     |          |
|               | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  |      |     |          |
|               | If "Yes," complete Schedule L, Part I   | 25b  |     | Х        |
| 26            | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |      |     |          |
|               | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |      |     |          |
|               | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.   | 26   |     | Х        |
| 27            | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key   |      |     |          |
|               | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee  |      |     |          |
|               | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these  |      |     |          |
|               | persons? If "Yes," complete Schedule L, Part III  | 27   |     | Х        |
| 28            | Was the organization a party to a business transaction with one of the following parties (see the Schedule L,   |      |     |          |
| 20            | Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  |      |     |          |
| а             | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  |      |     |          |
| u             | "Yes," complete Schedule L, Part IV   | 28a  |     | Х        |
| h             | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b  |     | X        |
|               | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  | 200  |     |          |
| U             | "Yes," complete Schedule L, Part IV   | 28c  |     | Х        |
| 29            | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29   |     | X        |
| 30            | Did the organization receive note than \$25,000 in hon-cash contributions in res, complete obledule in<br>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified    | 23   |     | <u></u>  |
| 30            | conservation contributions? If "Yes," complete Schedule M   | 30   |     | Х        |
| 31            | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31   |     | X        |
| 32            | Did the organization requidate, terminate, or dissolve and cease operations? If res, complete ochedule N, Part P<br>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 51   |     | <u></u>  |
| 52            | complete Schedule N, Part II  | 32   |     | Х        |
| 33            | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | 52   |     | <u></u>  |
| 55            | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |     | Х        |
| 34            | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,  |      |     | 21       |
| 54            | or IV, and Part V, line 1.  | 34   | х   |          |
| 35 a          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |     | X        |
|               | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a   | Jour |     |          |
| 2             | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b  |     |          |
| 36            | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable  |      |     | <u> </u> |
|               | related organization? If "Yes," complete Schedule R, Part V, line 2   | 36   |     | Х        |
| 37            | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |      |     |          |
| •••           | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.   | 37   |     | Х        |
| 38            | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and  |      |     |          |
|               | 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.   | 38   | х   |          |
| Part          |   |      |     | <u> </u> |
|               | Check if Schedule O contains a response or note to any line in this Part V  |      |     |          |
|               |   |      | Yes | No       |
| 1a            | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |      |     |          |
|               | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   |      |     |          |
|               | Did the organization comply with backup withholding rules for reportable payments to vendors and  |      |     |          |
|               | reportable gaming (gambling) winnings to prize winners?   | 1c   | х   |          |
| JSA<br>2E1030 |   |      |     | (2022)   |
|               | 1997MY 702V 06/27/2024 12:43:19   |      | 8   |          |

| Form | 990 (2022)   |     | F   | Page 5 |
|------|--|-----|-----|--------|
| Par  | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |     | Yes | No     |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |     |     |        |
|      | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 297  |     |     |        |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | Х   |        |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | Х      |
|      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b  |     |        |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,  |     |     |        |
|      | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a  | Х   |        |
| b    | If "Yes," enter the name of the foreign country ISRAEL   |     |     |        |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |        |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | Х      |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | Х      |
|      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |        |
|      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |     |     |        |
|      | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a  |     | Х      |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |     |     |        |
|      | gifts were not tax deductible?   | 6b  |     |        |
| 7    | Organizations that may receive deductible contributions under section 170(c).  |     |     |        |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |     |     |        |
|      | and services provided to the payor?  | 7a  | Х   |        |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  | Х   |        |
| С    | 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  |     |     |        |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | Х      |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | Х      |
| 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   |     | Х      |
| 9    | Sponsoring organizations maintaining donor advised funds.  |     |     |        |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     | Х      |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     | X      |
| 10   | Section 501(c)(7) organizations. Enter:  |     |     |        |
| а    | 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  |     |     |        |
|      | Section 501(c)(12) organizations. Enter:   |     |     |        |
|      | Gross income from members or shareholders  |     |     |        |
| b    | Gross income from other sources. (Do not net amounts due or paid to other sources  |     |     |        |
|      | against amounts due or received from them.)  |     |     |        |
|      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |        |
|      | 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.   | 40. |     |        |
| а    | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |        |
|      | Note: See the instructions for additional information the organization must report on Schedule O.  |     |     |        |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which   |     |     |        |
|      | the organization is licensed to issue qualified health plans   |     |     |        |
|      | Enter the amount of reserves on hand   | 14a |     | X      |
|      | Did the organization receive any payments for indoor tanning services during the tax year?   |     |     |        |
|      | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>   | 14b |     |        |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15  |     | Х      |
|      | If "Yes," see the instructions and file Form 4720, Schedule N.   | 13  |     | Λ      |
| 16   |  | 16  |     | Х      |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  |     |     | - 21   |
| 17   |  |     |     |        |
| 17   | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17  |     |        |
|      | If "Yes," complete Form 6069.  |     |     |        |

| Form 9        | 90(2022) JEWISH NATIONAL FUND 13-   | -1659627       |              | Page <b>6</b> |
|---------------|---|----------------|--------------|---------------|
| 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 Sched                                 | ule O. See i   | nstruc       |               |
|               | Check if Schedule O contains a response or note to any line in this Part VI   |                |              | Х             |
| Sect          | on 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   | 31             |              |               |
| iu            | 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  |                |              |               |
| h             | committee, explain on Schedule O.<br>Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> | 31             |              |               |
| 2             | Did any officer, director, trustee, or key employee have a family relationship or a business relationship                         |                |              |               |
| 2             | any other officer, director, trustee, or key employee?  |                |              | х             |
| 2             | Did the organization delegate control over management duties customarily performed by or under the c                              | ••             |              |               |
| 3             |   |                |              | x             |
|               | supervision of officers, directors, trustees, or key employees to a management company or other person?.                          |                |              | X             |
| 4             | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                  | · · ·          |              | X             |
| 5             | Did the organization become aware during the year of a significant diversion of the organization's assets?                        | ••             | x            | - 22          |
| 6             | Did the organization have members or stockholders?  | •• –           |              |               |
| 7a            | Did the organization have members, stockholders, or other persons who had the power to elect or ap                                |                | x            |               |
|               | one or more members of the governing body?  | ••             | A            | <u> </u>      |
| b             | Are any governance decisions of the organization reserved to (or subject to approval by) mem                                      |                |              | v             |
| _             | stockholders, or persons other than the governing body?   |                |              | X             |
| 8             | Did the organization contemporaneously document the meetings held or written actions undertaken d                                 | uring          |              |               |
|               | the year by the following:  | 0.0            | 37           |               |
| а             | The governing body?   |                | X            | <u> </u>      |
| b             | Each committee with authority to act on behalf of the governing body?   |                | X            | <u> </u>      |
| 9             | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach                       | ed at          |              |               |
| Centi         | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O                                       |                |              | X             |
| Secti         | on B. Policies (This Section B requests information about policies not required by the Internal Rev                               | enue Cou       | 9.)<br>Yes   | No            |
|               |   | 40-            | 103          |               |
| 10a           | Did the organization have local chapters, branches, or affiliates?  |                |              | X             |
| b             | If "Yes," did the organization have written policies and procedures governing the activities of such char                         | 14.01          |              |               |
|               | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                       |                |              | <u> </u>      |
| 11a           | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form        | m?. 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   |                | X            |               |
| b             | Were officers, directors, or trustees, and key employees required to disclose annually interests that could                       | •              |              |               |
|               | rise to conflicts?  | . 12b          | X            | <u> </u>      |
| С             | Did the organization regularly and consistently monitor and enforce compliance with the policy? If '                              | 140            |              |               |
|               | describe on Schedule O how this was done  |                | -            | <u> </u>      |
| 13            | Did the organization have a written whistleblower policy?   |                | X            | <u> </u>      |
| 14            | Did the organization have a written document retention and destruction policy?  |                | X            |               |
| 15            | Did the process for determining compensation of the following persons include a review and approv                                 | al by          |              |               |
|               | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision                      |                |              |               |
| а             | The organization's CEO, Executive Director, or top management official  |                | -            | <u> </u>      |
| 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 arrange                        |                |              |               |
|               | with a taxable entity during the year?  |                |              | X             |
| b             | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate                        |                |              |               |
|               | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguare                         |                |              |               |
|               | organization's exempt status with respect to such arrangements?   | 16b            |              |               |
| Secti         | on C. Disclosure  |                |              |               |
| 17            | List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_O  |                |              |               |
| 18            | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and                            | 990-T (se      | ction 5      | 01(c)         |
|               | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.                          |                |              | . /           |
|               | Own website Another's website X Upon request Other (explain on Schedule O)  |                |              |               |
| 19            | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con                                | nflict of inte | erest p      | olicy.        |
|               | 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        |              |               |
|               | MITCHEL ROSENZWEIG 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570   |                |              |               |
| 10 4          | 516-678-6805  | Forr           | n <b>990</b> | (2022)        |
| JSA<br>2E1042 | 1.000   |                |              |               |
|               | 1007MM $700M$ $00/07/0000 10.000$   |                | 10           |               |

Page 7

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

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

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

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

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title          | (B)<br>Average<br>hours<br>per week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | box,<br>office<br>or direct | not ch<br>unles | Pos<br>neck<br>is pe | erson | e than c<br>is both<br>or/trust<br>Highest compensated | an | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-2/<br>1099-MISC/<br>1099-NEC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-2/<br>1099-MISC/<br>1099-NEC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related organizations |
|--------------------------------|--|-----------------------------|-----------------|----------------------|-------|--|----|--|---|--|
|                                |  | œ                           | tee             |                      |       | isated   |    |  |   |  |
| (1) RUSSELL ROBINSON           | 40.00  |                             |                 |                      |       |  |    |  |   |  |
| CEO                            | NONE   |                             |                 | Х                    |       |  |    | 820,244.   | NONE  | 39,876.  |
| (2) MATTHEW BERNSTEIN          | 40.00  |                             |                 | 21                   |       |  |    | 020,211.   | INCINE  | 35,070.  |
| CHIEF PLANNED GIVING OFFICER   | NONE   |                             |                 |                      | x     |  |    | 624,445.   | NONE  | 68,592.  |
| (3) YAEL SEPTEE KANE           | 40.00  |                             |                 |                      |       |  |    | 021,1101   |   |  |
| CHIEF ISRAEL ADVOCACY AND LEAD | NONE   |                             |                 |                      |       | x  |    | 422,393.   | NONE  | 55,079.  |
| (4) MITCHEL ROSENZWEIG         | 40.00  |                             |                 |                      |       |  |    |  |   | · · · ·  |
| CFO                            | NONE   | 1                           |                 | Х                    |       |  |    | 381,619.   | NONE  | 64,557.  |
| (5) STEPHEN BACH               | 40.00  |                             |                 |                      |       |  |    |  |   |  |
| CHIEF ADMINISTRATIVE OFFICER   | NONE   |                             |                 |                      | X     |  |    | 311,820.   | NONE  | 69,150.  |
| (6) RICHARD KROSNICK           | 40.00  |                             |                 |                      |       |  |    |  |   |  |
| CHIEF DEVELOPMENT OFFICER      | NONE   |                             |                 |                      | X     |  |    | 314,526.   | NONE  | 64,792.  |
| (7) DIANE SCAR                 | 40.00  |                             |                 |                      |       |  |    |  |   |  |
| NATIONAL CAMPAIGN DIRECTOR     | NONE   |                             |                 |                      |       | Х  |    | 259,327.   | NONE  | 59,326.  |
| (8) SHARON FREEDMAN            | 40.00  |                             |                 |                      |       |  |    |  |   |  |
| NATIONAL CAMPAIGN DIRECTOR     | NONE   |                             |                 |                      |       | X  |    | 259,274.   | NONE  | 49,864.  |
| (9) DEBBIE FREEDMAN            | 40.00  |                             |                 |                      |       |  |    |  |   |  |
| EXECUTIVE VP, GREATER NY       | NONE   |                             |                 |                      |       | Х  |    | 244,403.   | NONE  | 45,656.  |
| (10) MICHAEL FEINMAN           | 40.00  |                             |                 |                      |       |  |    |  |   |  |
| EXECUTIVE DIRECTOR             | NONE   |                             |                 |                      |       | X  |    | 212,834.   | NONE  | 36,212.  |
| (11) RONALD S. LAUDER          | 3.00   | -                           |                 |                      |       |  |    |  |   |  |
| CHAIRPERSON EMERITUS           | 1.00   | X                           |                 | Х                    |       |  |    | NONE   | NONE  | NONE   |
| (12) DR. SOL LIZERBRAM         | 5.00   | -                           |                 |                      |       |  |    |  |   |  |
| PRESIDENT                      | NONE   | X                           |                 | Х                    |       |  |    | NONE   | NONE  | NONE   |
| (13) JEFFREY E. LEVINE         | 3.00   | -                           |                 |                      |       |  |    |  |   |  |
| CHAIRPERSON OF THE BOARD       | NONE   | X                           |                 | Х                    |       |  |    | NONE   | NONE  | NONE   |
| (14) MICHAEL BLANK             | 3.00   |                             |                 |                      |       |  |    |  |   |  |
| TREASURER                      | NONE   | X                           |                 | Χ                    |       |  |    | NONE   | NONE  |  |
|                                |  |                             |                 |                      |       |  |    |  |   | Form <b>990</b> (2022)   |

| (A)                                     | (B)   |                                   |                       | (0      | C)           |                                  |        | (D)                                       | (E)   | (F)  |
|---|---|-----------------------------------|-----------------------|---------|--------------|----------------------------------|--------|---|---|--|
| Name and title                          | Average<br>hours per<br>week (list any<br>hours for | box,                              | unles                 | ss pe   | more<br>rson | e than c<br>is both<br>cor/trust | an     | Reportable<br>compensation<br>from<br>the | Reportable<br>compensation from<br>related<br>organizations | Estimated<br>amount of<br>other<br>compensation          |
|   | related<br>organizations<br>below dotted<br>line)   | Individual trustee<br>or director | Institutional trustee | Officer | Key employee | Highest compensated employee     | Former | organization<br>(W-2/1099-MISC)           | (W-2/1099-MISC)   | from the<br>organization<br>and related<br>organizations |
| MYRA CHACK-FLEISCHER                    | <u>3.00</u> _                                       |                                   |                       |         |              |                                  |        |   |   |  |
| RETARY                                  | NONE  | X                                 |                       | Х       |              |                                  |        | NONE                                      | NONE  | NO   |
| IRA BARTFIELD                           | <u>3.00</u> -                                       | v                                 |                       |         |              |                                  |        | NONE                                      | NONE  | NO   |
| RD MEMBER<br>EDWARD BLANK               | NONE 3.00   | X                                 |                       |         |              |                                  |        | NONE                                      | NONE  | NO   |
| EDWARD BLANK                            |   | x                                 |                       |         |              |                                  |        | NONE                                      | NONE  | NO   |
| BARBARA BURRY                           | 3.00  | Λ                                 |                       |         |              |                                  |        | INOINE                                    | INOINE  | INC  |
| RD MEMBER                               | <u></u>   | x                                 |                       |         |              |                                  |        | NONE                                      | NONE  | NO   |
| STEVEN CRYSTAL                          | 3.00  | - 71                              |                       |         |              |                                  |        | NONE                                      | NONE  | 110  |
| ND MEMBER                               |   | x                                 |                       |         |              |                                  |        | NONE                                      | NONE  | NO   |
| TONI DUSIK                              | 3.00  |                                   |                       |         |              |                                  |        |   |   |  |
| RD MEMBER                               | NONE  | x                                 |                       |         |              |                                  |        | NONE                                      | NONE  | NO   |
| BARUCH FELLNER, ESQ.                    | 3.00  |                                   |                       |         |              |                                  |        |   |   |  |
| RD MEMBER                               | NONE  | x                                 |                       |         |              |                                  |        | NONE                                      | NONE  | NC   |
| SCOTT H. GENDELL                        | 3.00  |                                   |                       |         |              |                                  |        |   |   |  |
| RD MEMBER                               | NONE  | x                                 |                       |         |              |                                  |        | NONE                                      | NONE  | NC   |
| SAMUEL GOLDBERG                         | 3.00  |                                   |                       |         |              |                                  |        |   |   |  |
| RD MEMBER                               | NONE  | x                                 |                       |         |              |                                  |        | NONE                                      | NONE  | NC   |
| DAVID GREENBAUM                         | 3.00  |                                   |                       |         |              |                                  |        |   |   |  |
| RD MEMBER                               | NONE  | X                                 |                       |         |              |                                  |        | NONE                                      | NONE  | NC   |
| VIVIAN GROSSMAN                         | 3.00  |                                   |                       |         |              |                                  |        |   |   |  |
| RD MEMBER                               | NONE  | X                                 |                       |         |              |                                  |        | NONE                                      | NONE  | NC   |
| ub-total                                |   |                                   |                       |         |              |                                  |        | 3,850,885.                                | NONE  | 553,10   |
| otal from continuation sheets to Part V | II, Section A                                       |                                   |                       |         |              |                                  | ►      | NONE                                      | NONE  | NC   |
| otal (add lines 1b and 1c)              |   |                                   |                       |         |              |                                  |        | 3,850,885.                                | NONE  | 553,10   |

| 3 | Did the organization list any <b>former</b> 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                        |
| - |   |

#### Section B. Independent Contractors

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

|   | (A)<br>Name and business address  | (B)<br>Description of services | <b>(C)</b><br>Compensation |
|---|---|--------------------------------|----------------------------|
|   |   |                                |                            |
| _ |   |                                |                            |
| 2 | Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► |                                |                            |

3

4

5

| (A)<br>Name and title   | (B)<br>Average<br>hours per<br>week (list any<br>hours for | box,<br>office                    | unles<br>er and       | ss pe<br>d a d | ition<br>more<br>rson<br>irect | e than c<br>is both<br>or/trust | an<br>ee) | <b>(D)</b><br>Reportable<br>compensation<br>from<br>the | (E)<br>Reportable<br>compensation from<br>related<br>organizations | <b>(F)</b><br>Estimated<br>amount of<br>other<br>compensation |
|---|--|-----------------------------------|-----------------------|----------------|--------------------------------|---------------------------------|-----------|---|--|---|
|   | related<br>organizations<br>below dotted<br>line)          | Individual trustee<br>or director | Institutional trustee | Officer        | Key employee                   | Highest compensated<br>employee | Former    | organization<br>(W-2/1099-MISC)                         | (W-2/1099-MISC)  | from the<br>organization<br>and related<br>organizations      |
| 26) BENJAMIN GUTMANN<br>BOARD MEMBER  | <u>3.00</u>  | x                                 |                       |                |                                |                                 |           | NONE  | NONE   | NOI   |
| 27) CHAD HOLTZMAN   | 3.00   |                                   |                       |                |                                |                                 |           |   |  | 1001  |
| BOARD MEMBER  | NONE   | x                                 |                       |                |                                |                                 |           | NONE  | NONE   | NON   |
| 28) HAROLD L. KAPLAN  | 3.00   |                                   |                       |                |                                |                                 |           |   |  |   |
| BOARD MEMBER  | NONE   | x                                 |                       |                |                                |                                 |           | NONE  | NONE   | NO  |
| 29) MICHAEL KESSLER   | 3.00   |                                   |                       |                |                                |                                 |           |   |  |   |
| BOARD MEMBER<br>30) JOSEPH KORN   | NONE 3.00  | X                                 |                       |                |                                |                                 |           | NONE  | NONE   | NO  |
| BOARD MEMBER  | NONE   | x                                 |                       |                |                                |                                 |           | NONE  | NONE   | NOI   |
| 31) LYNNE MERRIAM   | 3.00   | - 11                              |                       |                |                                |                                 |           | NONE  | NONE   | NO  |
| BOARD MEMBER  | NONE   | x                                 |                       |                |                                |                                 |           | NONE  | NONE   | NO  |
| 32) NINA PAUL   | 3.00   |                                   |                       |                |                                |                                 |           |   | INCIVE   |   |
| BOARD MEMBER  | NONE   | x                                 |                       |                |                                |                                 |           | NONE  | NONE   | NO  |
| 33) PENNY ROSEN   | 3.00   |                                   |                       |                |                                |                                 |           |   |  | 110.  |
| BOARD MEMBER  | NONE   | x                                 |                       |                |                                |                                 |           | NONE  | NONE   | NO  |
| 34) SCOTT N. SCHREIBER, ESQ.  | 3.00   |                                   |                       |                |                                |                                 |           |   |  | 1101  |
| BOARD MEMBER  | NONE   | x                                 |                       |                |                                |                                 |           | NONE  | NONE   | NO  |
| 35) JEFFREY SCHWARTZ  | 3.00   |                                   |                       |                |                                |                                 |           |   |  |   |
| BOARD MEMBER  | NONE   | x                                 |                       |                |                                |                                 |           | NONE  | NONE   | NO  |
| 36) KENNETH SEGEL   | 3.00   |                                   |                       |                |                                |                                 |           |   |  |   |
| BOARD MEMBER  | NONE   | x                                 |                       |                |                                |                                 |           | NONE  | NONE   | NO  |
| <ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part VII,</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but no</li> </ul> |  |                                   | •••                   |                | · ·                            |                                 |           |   |  |   |

| 3  | Did the organization list any former officer, director, or trustee, key employee, or highest compensated  |   |
|----|---|---|
|    | employee on line 1a? If "Yes," complete Schedule J for such individual  | 3 |
| 4  | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such |   |
|    | individual  | 4 |
| 5  | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual   |   |
|    | for services rendered to the organization? If "Yes," complete Schedule J for such person  | 5 |
| 6. | action D. Independent Contractors   |   |

#### Section B. Independent Contractors

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

|   | (A)<br>Name and business address  | (B)<br>Description of services | <b>(C)</b><br>Compensation |
|---|---|--------------------------------|----------------------------|
|   |   |                                |                            |
|   |   |                                |                            |
|   |   |                                |                            |
|   |   |                                |                            |
|   |   |                                |                            |
| 2 | Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► |                                |                            |

| Part VII Section A. Officers, Directors, Tru   |  | ey En                             | nplo                  |               |                       | and H                           | ligi          |  | ed Employe   |           |                      |   |     |
|--|--|-----------------------------------|-----------------------|---------------|-----------------------|---------------------------------|---------------|--|--|-----------|----------------------|---|-----|
| (A)<br>Name and title  | (B)<br>Average<br>hours per<br>week (list any<br>hours for | box,                              | unles                 | neck<br>ss pe | ition<br>more<br>rson | e than o<br>is both<br>or/trust | an            | (D)<br>Reportable<br>compensation<br>from<br>the | (E)<br>Reportabl<br>compensation<br>related<br>organizatio | from      | Est<br>am            | (F)<br>imated<br>ount of<br>other<br>censatio | f   |
|  | related<br>organizations<br>below dotted<br>line)          | Individual trustee<br>or director | Institutional trustee | Officer       | Key employee          | Highest compensated<br>employee | Former        | organization<br>(W-2/1099-MISC)                  | (W-2/1099-M  |           | orga<br>and          | m the<br>inization<br>related<br>nization     | b   |
| 37) RHODA SMOLOW   | 3.00   |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |
| BOARD MEMBER   | NONE   | X                                 |                       |               |                       |                                 |               | NONE   | 1  | JONE      |                      | ]   | NON |
| 38) RONALD WERNER<br>BOARD MEMBER  | <u>3.00</u> _<br>NONE                                      | x                                 |                       |               |                       |                                 |               | NONE   | , , , , , , , , , , , , , , , , , , ,                      | JONE      |                      | r   | NON |
| 39) ROBERT M. WIGODA, ESQ.   | 3.00   |                                   |                       |               |                       |                                 |               | NONE   |  | NOINE     |                      |   |     |
| BOARD MEMBER   | NONE   | x                                 |                       |               |                       |                                 |               | NONE   | 1  | JONE      |                      | 1   | NON |
| 40) JOSEPH WOLFSON   | 3.00   |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |
| BOARD MEMBER   | 5.00   | X                                 |                       |               |                       |                                 |               | NONE   | 1  | JONE      |                      | 1   | NON |
| 41) ALAN WOLK  | 3.00   |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |
| BOARD MEMBER   | NONE   | X                                 |                       |               |                       |                                 |               | NONE   | 1  | JONE      |                      | ]   | NON |
|  | +  |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |
|  |  |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |
|  |  | -                                 |                       |               |                       |                                 |               |  |  |           |                      |   |     |
|  |  | -                                 |                       |               |                       |                                 |               |  |  |           |                      |   |     |
|  |  |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |
|  |  |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |
| <ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part VII, S</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not</li> </ul> | ection A   | · · ·                             | • • •                 | <br>          | •••                   |                                 |               | ceived more than                                 | \$100.000 of   |           |                      |   |     |
| reportable compensation from the organization  |  | 1036                              | 11310                 | ua            | 0000                  | <i>s)</i> wiid                  |               | ceived more man                                  | \$100,000 OI   |           |                      |   |     |
| 3 Did the organization list any former offic   | er directo   | or or                             | tru                   | ista          | ے<br>ا م              |                                 | mn            | lovee or highes                                  | t compensat  | ed        |                      | Yes   | No  |
| employee on line 1a? If "Yes," complete Schedu   |  |                                   |                       |               |                       |                                 |               |  |  |           | 3                    |   | Х   |
| 4 For any individual listed on line 1a, is the sorganization and related organizations greater   | sum of rep<br>eater than                                   | oortab<br>\$15                    | ole c<br>50,0         | om<br>00?     | pen<br>If             | satior<br><i>"Ye</i> s          | n ar<br>;," ( | nd other compens<br>complete Schedu              | sation from t<br>le J for su                               | he<br>Ich |                      |   |     |
| <ul><li><i>individual</i></li><li>5 Did any person listed on line 1a receive or</li></ul>  |  |                                   |                       |               |                       |                                 |               |  |  | ual       | 4                    | X   |     |
| for services rendered to the organization? If "Ye  | es," comple  | te Scl                            | nedu                  | ıle J         | for                   | such                            | per           | son  |  |           | 5                    |   | Х   |
| Section B. Independent Contractors   |  |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |
| <ol> <li>Complete this table for your five highest com<br/>compensation from the organization. Report or<br/>year.</li> </ol>  |  |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |
| (A)<br>SEE SCHEDULE O Name and business add  | lress  |                                   |                       |               |                       |                                 |               | <b>(B)</b><br>Description of se                  | ervices  | Co        | <b>(C)</b><br>ompens | ation   |     |
|  |  |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |
|  |  |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |
|  |  |                                   |                       |               |                       |                                 |               |  |  |           |                      |   |     |

12

|  |                | Check if Schedule O contains a resp                           | onse or note to ar | y line in this Part V | /111  |   |   |
|--|----------------|---|--------------------|-----------------------|---|---|---|
|  |                |   |                    | (A)<br>Total revenue  | <b>(B)</b><br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
| Ś.Ś  | 1a             | Federated campaigns 1a  |                    |                       |   |   |   |
| Contributions, Gifts, Grants,<br>and Other Similar Amounts | b              | Membership dues   |                    |                       |   |   |   |
| ΰĈ   | c              | Fundraising events  | 6,429,606.         |                       |   |   |   |
| ts,  | d              | Related organizations   |                    |                       |   |   |   |
| i al   | u u            | Government grants (contributions)                             |                    |                       |   |   |   |
| Sin's,   | f              | All other contributions, gifts, grants,                       |                    |                       |   |   |   |
| rio<br>Lio   | '              | and similar amounts not included above <b>1</b>               | 86,860,522.        |                       |   |   |   |
| bu   |                | Noncash contributions included in                             | 00,000,0221        |                       |   |   |   |
|  | g              | lines 1a-1f 1g  | ¢                  |                       |   |   |   |
| and  | h              | Total. Add lines 1a-1f  |                    | 93,290,128.           |   |   |   |
|  | - "            |   | Business Code      | 55725672261           |   |   |   |
| ė  |                | MISSION INCOME (TOURS)  | 900099             | 1,494,232.            | 1,494,232.  |   |   |
| Program Service<br>Revenue                                 | 2a             |   |                    | 1,171,252.            | 1,191,252.  |   |   |
| Sei  | b              |   | -                  |                       |   |   |   |
| E S  | C .            |   | -                  |                       |   |   |   |
| gra  | d              |   |                    |                       |   |   |   |
| 20   | e              |   | -                  |                       |   |   |   |
| -  | f              | All other program service revenue                             |                    | 1,494,232.            |   |   |   |
|  | g              |   |                    | 1,191,292.            |   |   |   |
|  | 3              | Investment income (including dividends                        |                    | 12,292,647.           |   | -9,731.                                     | 12,302,378  |
|  |                | other similar amounts)  |                    | NONE                  |   | 5,751.                                      | 12,302,370  |
|  | 4<br>5         | Income from investment of tax-exempt bor<br>Royalties         | •                  | NONE                  |   |   |   |
|  |                | (i) Real  | (ii) Personal      | NONE                  |   |   |   |
|  | 6.2            | Gross rents 6a 299,60   |                    |                       |   |   |   |
|  | 6a             |   |                    |                       |   |   |   |
|  | b              | Less: rental expenses 6b<br>Rental income or (loss) 6c 299,60 | 6. NONE            |                       |   |   |   |
|  | с<br>с         | Net rental income or (loss)                                   | 1                  | 299,606.              |   |   | 299,606   |
|  | d<br>7a        | Gross amount from (i) Securities                              | (ii) Other         | 200,000.              |   |   | 233,000   |
|  | 10             | sales of assets   |                    |                       |   |   |   |
|  |                | other than inventory <b>7a</b> 199,836,05                     | 6                  |                       |   |   |   |
| <b>a</b>   | h              | Less: cost or other basis                                     |                    |                       |   |   |   |
| evenue   | b              |   | 2. 19,503.         |                       |   |   |   |
| evel   |                |   |                    |                       |   |   |   |
| 2  | C<br>d         |   |                    | 1,278,861.            |   |   | 1,278,861   |
| Other  | d              | Net gain or (loss)  |                    | 1,270,001.            |   |   | 1,270,001   |
| đ  | 8a             |   |                    |                       |   |   |   |
|  |                |   |                    |                       |   |   |   |
|  |                | of contributions reported on line                             | 1,058,438.         |                       |   |   |   |
|  |                |   |                    |                       |   |   |   |
|  | b<br>c         | Less: direct expenses   |                    | -3,292,750.           |   |   | -3,292,750  |
|  |                |   |                    | 2,222,200.            |   |   | 2,222,.30   |
|  | 9a             | Gross income from gaming activities. See Part IV, line 19     | NONE               |                       |   |   |   |
|  |                |   | •                  |                       |   |   |   |
|  | b<br>c         | Less: direct expenses   |                    | NONE                  |   |   |   |
|  |                |   |                    |                       |   |   |   |
|  | 10a            | Gross sales of inventory, less returns and allowances         | a NONE             |                       |   |   |   |
|  | L .            |   | u                  |                       |   |   |   |
|  | b<br>c         | Less: cost of goods sold                                      | ~                  | NONE                  |   |   |   |
|  | -              |   | Business Code      | TIONE                 |   |   |   |
| Miscellaneous<br>Revenue                                   |                | MISCELLANEOUS INCOME  | 900099             | 17,696.               |   |   | 17,696  |
| nue  | 11a            |   |                    | ±1,050.               |   |   | 1,,090  |
| ella   | b              |   |                    |                       |   |   |   |
| Re   | C<br>d         | All other revenue   | -                  |                       |   |   |   |
| Σ  |                |   |                    | 17,696.               |   |   |   |
|  | <u>е</u><br>12 | Total revenue. See instructions                               |                    | 105,380,420.          | 1,494,232.  | -9,731.                                     | 10,605,791  |
| _  |                |   |                    |                       | ,,  | -,  |   |

nent of Revenue

Form 990 (2022)

#### JEWISH NATIONAL FUND Part IX Statement of Functional Expenses .

| Check if Schedule O contains a respo  | onse or note to any line                | in this Part IX                           | <u></u>                                   | <u></u>                               |
|---|---|---|---|---------------------------------------|
| Do not include amounts reported on lines 6b, 7b,<br>8b, 9b, and 10b of Part VIII.                                     | (A)<br>Total expenses                   | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1 Grants and other assistance to domestic organizations   | 12 006 462                              | 12 006 462                                |   |                                       |
| and domestic governments. See Part IV, line 21  | 13,086,463.                             | 13,086,463.                               |   |                                       |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   | 1,043,406.                              | 1,043,406.                                |   |                                       |
| 3 Grants and other assistance to foreign  |   |   |   |                                       |
| organizations, foreign governments, and   |   |   |   |                                       |
| foreign individuals. See Part IV, lines 15 and 16   | 39,189,095.                             | 39,189,095.                               |   |                                       |
| 4 Benefits paid to or for members   | NONE                                    |   |   |                                       |
| 5 Compensation of current officers, directors,  |   |   |   |                                       |
| trustees, and key employees   | 2,527,899.                              | 1,540,448.                                | 458,097.                                  | 529,354                               |
| 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  | 21,235,222.                             | 12,940,296.                               | 3,848,171.                                | 4,446,75                              |
| 8 Pension plan accruals and contributions (include  | 1,694,861.                              | 1,070,483.                                | 281,650.                                  | 342,72                                |
| section 401(k) and 403(b) employer contributions)   |   |   |   |                                       |
| 9 Other employee benefits   | 4,194,169.                              | 2,641,994.                                | 701,762.                                  | 850,41                                |
| IO Payroll taxes  | 1,615,819.                              | 1,017,314.                                | 270,711.                                  | 327,79                                |
| I Fees for services (nonemployees):   |   |   |   |                                       |
| a Management  | NONE                                    |   |   |                                       |
| b Legal   | 125,641.                                |   | 125,641.                                  |                                       |
| c Accounting  | 221,248.                                | 45,265.                                   | 175,983.                                  |                                       |
| d Lobbying  | NONE                                    |   |   |                                       |
| e Professional fundraising services. See Part IV, line 17   | NONE                                    |   |   |                                       |
| f Investment management fees  | 2,624,361.                              |   | 2,624,361.                                |                                       |
| g Other. (If line 11g amount exceeds 10% of line 25, column   | , |   | ,   |                                       |
| (A), amount, list line 11g expenses on Schedule O.)   | 2,654,878.                              | 2,315,873.                                | NONE                                      | 339,00                                |
| 12 Advertising and promotion  | 1,154,684.                              | 882,692.                                  | 91,230.                                   | 180,76                                |
| 13 Office expenses  | 4,133,609.                              | 2,814,487.                                | 453,846.                                  | 865,27                                |
| I4 Information technology   | NONE                                    |   |   | ,                                     |
| 15 Royalties  | NONE                                    |   |   |                                       |
| 16 Occupancy  | 2,824,969.                              | 2,018,050.                                | 334,591.                                  | 472,328                               |
| 17 Travel   | 1,416,187.                              | 984,448.                                  | 171,645.                                  | 260,094                               |
| 8 Payments of travel or entertainment expenses  | 1,110,10,1                              | 501,110.                                  | 1/1/0101                                  | 200709                                |
| for any federal, state, or local public officials   | NONE                                    |   |   |                                       |
| 19 Conferences, conventions, and meetings   | 3,842,865.                              | 3,334,510.                                | 405,033.                                  | 103,32                                |
|   | NONE                                    | 5,551,510.                                | 105,055.                                  | 105,52                                |
| 20 Interest<br>21 Payments to affiliates  | NONE                                    |   |   |                                       |
|   | 656,229.                                | 452,798.                                  | 65,623.                                   | 137,808                               |
| 22 Depreciation, depletion, and amortization  | 485,928.                                | 403,770.                                  | 50,435.                                   | 31,72                                 |
| 23 Insurance  | 405,520.                                | 403,770.                                  | 50,455.                                   | 51,72                                 |
| 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.)   |   |   |   |                                       |
|   | E 100 200                               | 1 950 004                                 | 21/ E11                                   | 15 96                                 |
| a MISSIONS  | 5,189,380.                              | 4,859,004.                                | 314,511.                                  | 15,86                                 |
| b TAXES & LICENSES  | 659,702.                                | 620,998.                                  | 25,637.                                   | 13,06                                 |
| c EQUIPMENT AND LEASES  | 565,671.                                | 380,650.                                  | 80,397.                                   | 104,62                                |
| d SPEAK/HONORARIUM FEES & PROM  | 467,365.                                | 306,880.                                  | 75,236.                                   | 85,24                                 |
| e All other expenses  | 331,741.                                | 274,113.                                  | 30,777.                                   | 26,85                                 |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e<br><b>26 Joint costs.</b> Complete this line only if the | 111,941,392.                            | 92,223,037.                               | 10,585,337.                               | 9,133,018                             |
| organization reported in column (B) joint costs from a combined educational campaign and                              |   |   |   |                                       |
| fundraising solicitation. Check here if if  |   |   |   |                                       |

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following SOP 98-2 (ASC 958-720)

Form 990 (2022)

| Page 1 | 11 |
|--------|----|
|--------|----|

|                                  | Check if Schedule O contains a response or note to any line in this Pa                         |                                 | • • •    |                           |
|----------------------------------|--|---------------------------------|----------|---------------------------|
|                                  |  | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
| 1                                | Cash - non-interest-bearing  | 3,952,459.                      | 1        | 530,978                   |
| 2                                | Savings and temporary cash investments   | 93,704,826.                     | 2        | 40,103,108                |
| 3                                | Pledges and grants receivable, net   | 48,687,248.                     | 3        | 45,918,980                |
| 4                                | Accounts receivable, net   | NONE                            | 4        | NO                        |
| 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        | NC                        |
| 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        | NC                        |
| 7                                | Notes and loans receivable, net  | 150,000.                        | 7        | 150,37                    |
| 7<br>8                           | Inventories for sale or use  | NONE                            | 8        | NC                        |
| 9                                | Prepaid expenses and deferred charges  | 1,036,399.                      | 9        | 2,369,29                  |
| 10a                              | Land, buildings, and equipment: cost or other  |                                 |          |                           |
|                                  | basis. Complete Part VI of Schedule D  |                                 |          |                           |
| b                                | Less: accumulated depreciation 10b 15,011,323.   | 16,937,169.1                    | 10c      | 16,452,32                 |
| 11                               | Investments - publicly traded securities   |                                 | 11       | 270,206,32                |
| 12                               | Investments - other securities. See Part IV, line 11   |                                 | 12       | 21,931,43                 |
| 13                               | Investments - program-related. See Part IV, line 11  | NONE                            |          | N                         |
| 14                               | Intangible assets  |                                 | 14       | NC                        |
| 15                               | Other assets. See Part IV, line 11   |                                 | 15       | 107,400,52                |
| 16                               | Total assets. Add lines 1 through 15 (must equal line 33)                                      |                                 | 16       | 505,063,34                |
| 17                               | Accounts payable and accrued expenses  |                                 | 17       | 2,972,54                  |
| 18                               | Grants payable   |                                 | 18       | 2,127,03                  |
| 19                               | Deferred revenue   | NONE                            |          | N(                        |
| 20                               | Tax-exempt bond liabilities  | NONE                            |          | NO                        |
| 21                               | Escrow or custodial account liability. Complete Part IV of Schedule D                          | NONE                            |          | N                         |
|                                  | Loans and other payables to any current or former officer, director,                           | HONE                            |          |                           |
|                                  | trustee, key employee, creator or founder, substantial contributor, or 35%                     |                                 |          |                           |
| 22                               | controlled entity or family member of any of these persons                                     | NONE                            | 22       | NC                        |
| 23                               | Secured mortgages and notes payable to unrelated third parties                                 |                                 | 23       | 5,000,00                  |
| 24                               | Unsecured notes and loans payable to unrelated third parties                                   | NONE                            |          |                           |
| 25                               | Other liabilities (including federal income tax, payables to related third                     | NONE                            | 24       | 100                       |
| 20                               | parties, and other liabilities not included on lines 17-24). Complete Part X                   |                                 |          |                           |
|                                  | of Schedule D  | 41,250,098.                     | 25       | 44,926,88                 |
| 26                               | Total liabilities. Add lines 17 through 25.  |                                 | 26       | 55,026,46                 |
| 27<br>28<br>29<br>30<br>31<br>32 | Organizations that follow FASB ASC 958, check here X<br>and complete lines 27, 28, 32, and 33. | 52755675251                     |          |                           |
| 27                               | Net assets without donor restrictions  | 344,357,892.                    | 27       | 363,262,25                |
| 28                               | Net assets with donor restrictions.  |                                 | 28       | 86,774,63                 |
| 20                               | Organizations that do not follow FASB ASC 958, check here                                      | 04,010,230.                     | 20       | 00,774,03                 |
|                                  | 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                               |                                 | 29<br>30 |                           |
| 30                               | Retained earnings, endowment, accumulated income, or other funds                               |                                 |          |                           |
| 32                               | Total net assets or fund balances  |                                 | 31       | 450 026 00                |
| 32                               | Total liabilities and net assets/fund balances   |                                 | 32       | 450,036,88                |
| 33                               | ו טנמו וומטווונופא מחט חפר מאפנא/זעחט שמומחכפא   | 481,559,079.                    | 33       | 505,063,34                |

Form **990** (2022)

|  | JEWISH | NATIONAL | FUND |
|--|--------|----------|------|
|--|--------|----------|------|

| Part | XI Reconciliation of Net Assets  |       |      |     |     |              |
|------|--|-------|------|-----|-----|--------------|
|      | Check if Schedule O contains a response or note to any line in this Part XI                              |       |      |     |     | X            |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1     | 10   | 5,3 | 80, | <u>420</u> . |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2     | 11   | 1,9 | 41, | 392.         |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3     | _    | 6,5 | 60, | 972.         |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                | 4     | 42   | 8,9 | 68, | 150.         |
| 5    | Net unrealized gains (losses) on investments   | 5     | 3    | 1,0 | 35, | 207.         |
| 6    | Donated services and use of facilities   | 6     |      |     |     |              |
| 7    | Investment expenses  | 7     |      |     |     |              |
| 8    | Prior period adjustments   | 8     |      |     |     |              |
| 9    | Other changes in net assets or fund balances (explain on Schedule O).                                    | 9     | _    | 3,4 | 05, | 502.         |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line           |       |      |     |     |              |
|      | 32, column (B))  | 10    | 45   | 0,0 | 36, | 883.         |
| Part |  |       |      |     |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                             |       |      |     |     |              |
|      |  |       |      |     | Yes | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other                                     |       |      |     |     |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," ex            | olain | on   |     |     |              |
|      | Schedule O.  |       |      |     |     |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?          |       |      | 2a  |     | X            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were com           | piled | 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?                       |       |      | 2b  | Х   |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audit         |       |      |     |     |              |
|      | separate basis, consolidated basis, or both:   |       |      |     |     |              |
|      | X Separate basis Consolidated basis Both consolidated and separate basis                                 |       |      |     |     |              |
| с    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove    | rsigh | t of |     |     |              |
|      | the audit, review, or compilation of its financial statements and selection of an independent accountain | -     |      | 2c  | Х   |              |
|      | If the organization changed either its oversight process or selection process during the tax year, ex    |       | I    |     |     |              |
|      | Schedule O.  | •     |      |     |     |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set for   | th in | the  |     |     |              |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |       |      | 3a  |     | Х            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not under   |       |      |     |     |              |
|      | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au      | •     |      | 3b  |     |              |

Form **990** (2022)

Page **12** 

13-1659627

| SCHE  | ÐU  | LE | Α |
|-------|-----|----|---|
| (Form | 990 | )  |   |

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047

|       | al Revenue           |                                       |  | Go to www.irs.go   | v/Form990 for instruction  | ons and t                                   | he latest                         | information.  | Inspection                          |
|-------|----------------------|---------------------------------------|--|--|--|---|-----------------------------------|---|-------------------------------------|
| Name  | e of the orga        | ں anization                           | TEWISH NAT   | IONAL FUND   |  |   |                                   | Employer identi   | fication number                     |
| (KE   | EREN KA              | YEMETH                                | LEISRAEL   | ) INC.   |  |   |                                   | 13-1  | 659627                              |
| Pa    | ntl R                | eason fo                              | or Public Ch                                       | arity Status. (All   | organizations must   | t comple                                    | ete this                          | part.) See instructio   | ns.                                 |
| The   | organizat            | ion is not                            | a private fou                                      | ndation because i  | t is: (For lines 1 throu   | gh 12, ch                                   | neck only                         | one box.)   |                                     |
| 1     | A ch                 | urch, con                             | vention of chu                                     | urches, or associa   | tion of churches desc  | ribed in <b>s</b>                           | section 1                         | 70(b)(1)(A)(i).   |                                     |
| 2     | A sc                 | hool desc                             | ribed in <b>secti</b>                              | on 170(b)(1)(A)(ii)  | . (Attach Schedule E   | (Form 99                                    | 90).)                             |   |                                     |
| 3     |                      | -                                     | -  | -  | organization described   |   |                                   |   |                                     |
| 4     |                      |                                       | -  |  | conjunction with a ho  | spital de                                   | scribed i                         | n section 170(b)(1)(A   | )(iii). Enter the                   |
|       |                      |                                       | ne, city, and st                                   |  |  |   |                                   |   |                                     |
| 5     |                      | •                                     | •  |  | a college or universi  | ty owne                                     | d or ope                          | erated by a governm   | ental unit described in             |
|       |                      | -                                     |  | Complete Part II.)   |  |   |                                   |   |                                     |
| 6     |                      |                                       | -  | -  | rnmental unit describe   |   |                                   |   |                                     |
| 7     |                      | -                                     |  | -  | -  | upport fr                                   | om a go                           | vernmental unit or fr   | om the general public               |
| -     |                      |                                       |  | (1)(A)(vi). (Comp  |  | -   |                                   |   |                                     |
| 8     |                      | -                                     |  |  | b)(1)(A)(vi). (Complete  | -   |                                   | 1.1   |                                     |
| 9     |                      | -                                     |  | -  | ed in <b>section 170(b)(</b> 1   |   | -                                 | -   |                                     |
|       |                      |                                       | or a non-land-                                     | grant college of a   | griculture (see instruc  | tions). E                                   | nter the                          | name, city, and state o   | of the college or                   |
| 40    |                      | ersity:                               | an that name                                       | 11. 10001.000 (1) 100  | are then 22 ( o l/ of ite  |   | from 00                           | ntributione mencheral   | hin face and areas                  |
| 10    | rece<br>supp<br>acqu | ipts from<br>oort from<br>iired by th | activities rela<br>gross investm<br>ne organizatio | ted to its exempt<br>nent income and u<br>n after June 30, 1 | ore than 331/3 % of its<br>functions, subject to c<br>nrelated business tax<br>975. See <b>section 509</b> | ertain ex<br>able inco<br><b>(a)(2).</b> (0 | xceptions<br>ome (les<br>Complete | s; and (2) no more tha<br>s section 511 tax) fron<br>e Part III.) | n 331/3 % of its                    |
| 11    |                      | •                                     | •  | •  | usively to test for publ   | •   |                                   |   |                                     |
| 12    |                      |                                       |  |  |  |   |                                   |   | rry out the purposes of             |
|       |                      |                                       |  |  |  |   |                                   |   | ction 509(a)(3). Check              |
|       |                      |                                       | -  |  | bes the type of suppo  |   |                                   | -   | -                                   |
| а     | -                    | -                                     |  |  | l, supervised, or contr  | -   |                                   |   |                                     |
|       |                      |                                       | -  |  | regularly appoint or e   |   | ajority o                         | t the directors or trust  | ees of the                          |
|       |                      |                                       | -  | -  | te Part IV, Sections A   |   |                                   |   |                                     |
| b     |                      |                                       |  |  | ed or controlled in co   |   |                                   |   |                                     |
|       |                      |                                       |  |  | organization vested in   | the sam                                     | ie persoi                         | ns that control or mai  | nage the supported                  |
|       |                      | -                                     |  | -  | , Sections A and C.  | atad in a                                   | onnootio                          | n with and functions  | ly integrated with                  |
| С     | -                    | -                                     |  | - · ·  | ing organization opera<br>ns). <b>You must comple</b>  |   |                                   |   | any megrated with,                  |
| d     |                      |                                       | -  |  | porting organization   |   |                                   |   | rted organization(s)                |
| u     | -                    | -                                     | -  |  | nization generally must  | -   |                                   |   | - · ·                               |
|       |                      |                                       | -  |  | omplete Part IV, Sect  | -   |                                   |   |                                     |
| е     |                      |                                       | •  | ,  | a written determination  |   |                                   |   | II Type III                         |
| U     |                      |                                       | -  |  | tionally integrated sup  |   |                                   |   | n, type m                           |
| f     |                      |                                       |  |  |  |   |                                   |   |                                     |
| g     |                      |                                       |  |  | orted organization(s).   |   |                                   |   |                                     |
|       |                      | supported                             |  | (ii) EIN   | (iii) Type of organization   | (iv) Is the                                 | organization                      | (v) Amount of monetary  | (vi) Amount of                      |
|       |                      |                                       |  |  | (described on lines 1-10<br>above (see instructions))  |   | ur governing<br>ment?             | support (see<br>instructions)                                     | other support (see<br>instructions) |
|       |                      |                                       |  |  |  | Yes   | No                                |   | matructions                         |
| ( )   |                      |                                       |  |  |  |   |                                   |   |                                     |
| (A)   |                      |                                       |  |  |  |   |                                   |   |                                     |
| (B)   |                      |                                       |  |  |  |   |                                   |   |                                     |
| (B)   |                      |                                       |  |  |  |   |                                   |   |                                     |
| (C)   |                      |                                       |  |  |  |   |                                   |   |                                     |
| (0)   |                      |                                       |  |  |  |   |                                   |   |                                     |
| (D)   |                      |                                       |  |  |  |   |                                   |   |                                     |
| (-)   |                      |                                       |  |  |  |   |                                   |   |                                     |
| (E)   |                      |                                       |  |  |  |   |                                   |   |                                     |
|       |                      |                                       |  |  |  |   |                                   |   |                                     |
| Tota  | ıl                   |                                       |  |  |  |   |                                   |   |                                     |
|       |                      | Ded. (                                | - A - ( N - 1                                      |  | (  |   |                                   | -   |                                     |
| For I | -aperwork            | Reauctio                              | n act notice, s                                    | ee the instructions  | for Form 990 or 990-EZ.  |   |                                   | 5   | Schedule A (Form 990) 2022          |

JSA 2E1210 1.000 1997MY 702V 06/27/2024 12:43:19 Schedule A (Form 990) 2022

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.)

| Sec             | tion A. Public Support   |                    |                    |                  |                  |                  |                |
|-----------------|--|--------------------|--------------------|------------------|------------------|------------------|----------------|
| Cale            | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2018    | <b>(b)</b> 2019    | (c) 2020         | (d) 2021         | (e) 2022         | (f) Total      |
| 1               | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")   | 81,230,434.        | 85,126,908.        | 110,036,803.     | 110,765,057.     | 93,290,128.      | 480,449,330.   |
| 2               | Tax revenues levied for the<br>organization's benefit and either paid to<br>or expended on its behalf  |                    |                    |                  |                  |                  | NONE           |
| 3               | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge  |                    |                    |                  |                  |                  | NONE           |
| 4               | Total. Add lines 1 through 3   | 81,230,434.        | 85,126,908.        | 110,036,803.     | 110,765,057.     | 93,290,128.      | 480,449,330.   |
| 5               | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount |                    |                    |                  |                  |                  |                |
| ~               | shown on line 11, column (f)   |                    |                    |                  |                  |                  | 76,975,687.    |
| $\frac{6}{800}$ | Public support. Subtract line 5 from line 4  |                    |                    |                  |                  |                  | 403,473,643.   |
|                 | tion B. Total Support<br>ndar year (or fiscal year beginning in)   | (a) 2018           | <b>(b)</b> 2019    | (c) 2020         | (d) 2021         | (e) 2022         | (f) Total      |
|                 |  | 81,230,434.        | 85,126,908.        | 110,036,803.     | 110,765,057.     | 93,290,128.      | 480,449,330.   |
| 7<br>8          | Amounts from line 4<br>Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources                    | 11,321,972.        | 10,627,818.        | 10,540,398.      | 10,841,095.      | 12,592,253.      | 55,923,536.    |
| 9               | Net income from unrelated business<br>activities, whether or not the business<br>is regularly carried on   |                    | 5,534.             |                  | 2,881,281.       |                  | 2,886,815.     |
| 10              | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.) SEE SUPP PAGE  | 57,323.            | 58,628.            | 68,559.          | 53,272.          | 17,696.          | 255,478.       |
| 11              | Total support. Add lines 7 through 10  |                    |                    |                  |                  |                  | 539,515,159.   |
| 12              | Gross receipts from related activities, etc. (s  | ee instructions) . |                    |                  |                  | 12               | 3,291,535.     |
| 13              | First 5 years. If the Form 990 is for organization, check this box and stop here   | the organizatio    | on's first, second | , third, fourth, | or fifth tax yea | ar as a section  | 501(c)(3)      |
| Sec             | tion C. Computation of Public Supp   |                    |                    |                  |                  | 1 1              |                |
| 14              | Public support percentage for 2022 (lin  |                    |                    |                  |                  | 14               | 74.78 <b>%</b> |
| 15              | Public support percentage from 2021  |                    |                    |                  |                  |                  | 73.55 <b>%</b> |
| 16a             | 331/3% support test - 2022. If the org   | ganization did n   | ot check the bo    | x on line 13, ar | nd line 14 is 33 | 1/3 % or more, c | heck this      |
|                 | box and stop here. The organization qu   |                    |                    | -                |                  |                  |                |
| b               | 331/3% support test - 2021. If the org   |                    |                    |                  |                  |                  |                |
|                 | this box and stop here. The organization   | -                  |                    | -                |                  |                  |                |
| 17a             | 10%-facts-and-circumstances test - 2   | -                  | •                  |                  |                  |                  |                |
|                 | 10% or more, and if the organization   |                    |                    |                  |                  | -                | -              |
|                 | Part VI how the organization meets to organization.  |                    |                    | -                |                  |                  |                |
| b               | 10%-facts-and-circumstances test - 2   |                    |                    |                  |                  |                  |                |
|                 | 15 is 10% or more, and if the organiz  |                    |                    |                  |                  |                  |                |
|                 | in Part VI how the organization meets organization   | s the facts-and    | -circumstances t   | est. The organi  | zation qualifies | as a publicly s  | upported       |
| 18              | Private foundation. If the organizatio   | n did not chec     | k a box on line    | 13, 16a, 16b     | , 17a, or 17b,   | check this box   | and see        |
|                 | instructions   |                    |                    |                  |                  |                  | <u></u>        |

Schedule A (Form 990) 2022

| Schedule | Δ | Form  | aan | 2022   |
|----------|---|-------|-----|--------|
| Schedule | A | FOILI | 990 | ) ZUZZ |

#### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec       | tion A. Public Support   |                  |                  |                |                |                 |                   |
|-----------|--|------------------|------------------|----------------|----------------|-----------------|-------------------|
| Cale      | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2018  | <b>(b)</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 $\hfill {\hfill \hfill \h$ |                  |                  |                |                |                 |                   |
| 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  |                  |                  |                |                |                 |                   |
|           | Add lines 7a and 7b  |                  |                  |                |                |                 |                   |
| 8         | Public support. (Subtract line 7c from   |                  |                  |                |                |                 |                   |
| <u> </u>  | line 6.)   |                  |                  |                |                |                 |                   |
|           | tion B. Total Support  | (a) 2018         | <b>(b)</b> 2019  | (c) 2020       | (d) 2021       | (e) 2022        | (f) Total         |
|           | ndar year (or fiscal year beginning in)  | (a) 2010         | (b) 2019         | (c) 2020       | (u) 2021       | (e) 2022        | (I) I Otal        |
| 9<br>10 a | Amounts from line 6<br>Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from similar   |                  |                  |                |                |                 |                   |
|           | sources  |                  |                  |                |                |                 |                   |
| b         | Unrelated business taxable income (less  |                  |                  |                |                |                 |                   |
|           | section 511 taxes) from businesses   |                  |                  |                |                |                 |                   |
|           | acquired after June 30, 1975   |                  |                  |                |                |                 |                   |
|           | 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   |                  |                  |                |                |                 |                   |
| 10        | (Explain in Part VI.)  |                  |                  |                |                |                 |                   |
| 13        | Total support. (Add lines 9, 10c, 11, and 12.)   |                  |                  |                |                |                 |                   |
| 14        | First 5 years. If the Form 990 is fo   | r the organizati | on's first secon | d third fourth | or fifth tax v | ar as a section | 501(c)(3)         |
| 14        | organization, check this box and <b>stop here</b>  | -                |                  |                |                |                 |                   |
| Sec       | tion C. Computation of Public Sup  |                  |                  |                |                |                 |                   |
| 15        | Public support percentage for 2022 (line 8   | •                |                  | (f))           |                | 15              | %                 |
| 16        | Public support percentage from 2021 Sche   |                  |                  | ( //           |                | 16              | %                 |
|           | tion D. Computation of Investmen   |                  |                  |                |                | 10              | 70                |
| 17        | Investment income percentage for 2022 (li  |                  |                  | 13 column (f)) |                | 17              | %                 |
| 18        | Investment income percentage for 2022 (in  |                  |                  |                |                | 18              | %                 |
|           | 331/3% support tests - 2022. If the o  |                  |                  |                |                |                 |                   |
|           | 17 is not more than 331/3%, check thi  | -                |                  |                |                |                 |                   |
| b         | 331/3% support tests - 2021. If the org  | -                | -                | -              |                |                 |                   |
| 2         | line 18 is not more than 331/3%, check   |                  |                  |                |                |                 |                   |
| 20        | <b>Private foundation.</b> If the organization   |                  | •                | •              |                |                 |                   |
| JSA       |  |                  |                  |                |                |                 | A (Form 990) 2022 |
| 20122     | 1 1.000  |                  |                  |                |                |                 |                   |

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

# Section A. All Supporting Organizations

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

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2022

#### Part IV Supporting Organizations (continued)

- 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.*

#### Section B. Type I Supporting Organizations

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

#### Section C. Type II Supporting Organizations

 Yes
 No

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

# Section D. All Type III Supporting Organizations

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

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

| 1 | Che   | ck the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see ins</b> | tructio  | ons).  |     |
|---|-------|---|----------|--------|-----|
| а |       | The organization satisfied the Activities Test. Complete line 2 below.  |          |        |     |
| b |       | The organization is the parent of each of its supported organizations. Complete line 3 below.                               |          |        |     |
| С |       | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see          | e instru | uction | s). |
| • | A     | it as Table Assessment from One and OL for large  |          | Yes    | Ν   |
| 2 | ACTIV | rities 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.*

Page 5

1

Yes No

3b Schedule A (Form 990) 2022

2a

2b

3a

ο

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#### Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

| Schedu   | le A (Form 990) 2022  |                                    |  |   | Page <b>7</b>                             |
|----------|---|------------------------------------|--|---|---|
| Part     | V Type III Non-Functionally Integrated 509(a)(3)  | Supporting Organizat               | ions (continued)                       |   |   |
| Secti    | on D - Distributions  |                                    |  |   | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish ex  | xempt purposes                     |  | 1 |   |
| 2        | Amounts paid to perform activity that directly furthers exer  | npt purposes of support            | ed                                     |   |   |
|          | organizations, in excess of income from activity  |                                    |  | 2 |   |
| 3        | Administrative expenses paid to accomplish exempt purpo   | ses of supported organiz           | zations                                | 3 |   |
| 4        | Amounts paid to acquire exempt-use assets   |                                    |  | 4 |   |
| 5        | Qualified set-aside amounts (prior IRS approval required - p  | rovide details in <b>Part VI</b> ) |  | 5 |   |
| 6        | Other distributions (describe in Part VI). See instructions.  |                                    |  | 6 |   |
| 7        | Total annual distributions. Add lines 1 through 6.  |                                    |  | 7 |   |
| 8        | Distributions to attentive supported organizations to which   | the organization is resp           | onsive                                 |   |   |
|          | (provide details in <b>Part VI</b> ). See instructions.   |                                    |  | 8 |   |
| 9        | Distributable amount for 2022 from Section C, line 6  |                                    |  | 9 |   |
| 10       | Line 8 amount divided by line 9 amount  | 1                                  | 1                                      | 0 |   |
| Secti    | on E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions        | (ii)<br>Underdistributions<br>Pre-2022 | 5 | (iii)<br>Distributable<br>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 <b>Part VI</b></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  |                                    |  |   |   |
| <u>g</u> | Applied to underdistributions of prior years  |                                    |  | _ |   |
| <u>h</u> | Applied to 2022 distributable amount  |                                    |  |   |   |
| i        | Carryover from 2017 not applied (see instructions)  |                                    |  |   |   |
|          | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                    |  |   |   |
| 4        | Distributions for 2022 from   |                                    |  |   |   |
|          | Section D, line 7: \$   |                                    |  | _ |   |
|          | Applied to underdistributions of prior years  |                                    |  | - |   |
|          | Applied to 2022 distributable amount<br>Remainder. Subtract lines 4a and 4b from line 4.                          |                                    |  | _ |   |
| <br>5    |   |                                    |  | _ |   |
| 5        | Remaining underdistributions for years prior to 2022, if<br>any. Subtract lines 3g and 4a from line 2. For result |                                    |  |   |   |
|          | greater than zero, explain in <b>Part VI.</b> See instructions.   |                                    |  |   |   |
| 6        | Remaining underdistributions for 2022. Subtract lines 3h  |                                    |  | - |   |
| 0        | and 4b from line 1. For result greater than zero, <i>explain in</i>   |                                    |  |   |   |
|          | Part VI. 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  |                                    |  |   |   |
| С        | Excess from 2020  |                                    |  |   |   |
| d        | Excess from 2021  |                                    |  |   |   |
| е        | 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

Schedule A (Form 990 or 990-EZ) 2022

| DESCRIPTION           | 2018    | 2019    | 2020    | 2021    | 2022    | TOTAL    |
|-----------------------|---------|---------|---------|---------|---------|----------|
| MISCELLANEOUS REVENUE | 57,323. | 58,628. | 68,559. | 53,272. | 17,696. | 255,478. |
|                       |         |         |         |         |         |          |
| TOTALS                | 57,323. | 58,628. | 68,559. | 53,272. | 17,696. | 255,478. |
|                       |         |         |         |         |         |          |

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### Name of the organization

JEWISH NATIONAL FUND

(KEREN KAYEMETH LEISRAEL) INC

| Organization type (check one): |  |  |  |
|--------------------------------|--|--|--|
| Filers of:                     | Section:   |  |  |
| Form 990 or 990-EZ             | X 501(c)( 3 ) (enter number) organization  |  |  |
|                                | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |  |
|                                | 527 political organization   |  |  |

Schedule of Contributors

|  | 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**

Form 990-PF

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**

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

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

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

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

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| OMB No. ' | 1545-0047 |
|-----------|-----------|
|-----------|-----------|



Employer identification number

13-1659627

|          | Attach to Form  | 990 or Form 990-PF.      |         |
|----------|-----------------|--------------------------|---------|
| Go to wi | ww.irs.gov/Form | 990 for the latest infor | mation. |

|            | 3 (Form 990) (2022)<br>organization JEWISH NATIONAL FUND |                                       | Page 2<br>Employer identification number   |
|------------|--|---------------------------------------|--|
| Part I     | (KEREN KAYEMETH LEISRAEL) INC.                           | ion of Part Lif additional space is p | 13-1659627   |
| (a)        | Contributors (see instructions). Use duplicate copi      |                                       | (d)  |
| No.        | Name, address, and ZIP + 4                               | Total contributions                   | Type of contribution   |
| 1_         | <u>N/A</u>   | \$3,697,569.                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                        | (c)<br>Total contributions            | (d)<br>Type of contribution  |
|            |  | \$                                    | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                        | (c)<br>Total contributions            | (d)<br>Type of contribution  |
|            |  | \$                                    | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                        | (c)<br>Total contributions            | (d)<br>Type of contribution  |
|            |  | \$                                    | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                        | (c)<br>Total contributions            | (d)<br>Type of contribution  |
|            |  | \$                                    | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                        | (c)<br>Total contributions            | (d)<br>Type of contribution  |
|            |  | \$                                    | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |

Schedule B (Form 990) (2022)

| lame of org               | (Form 990) (2022)<br>ganization JEWISH NATIONAL FUND      | Emplover ic                                     | Page<br>lentification number |
|---------------------------|---|---|------------------------------|
|                           | (KEREN KAYEMETH LEISRAEL) INC.                            |   | -1659627                     |
| Part II                   | Noncash Property (see instructions). Use duplicate copies |   |                              |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|                           |   | \$  |                              |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|                           |   | \$  |                              |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|                           |   | \$  |                              |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|                           |   | \$  |                              |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|                           |   | \$  |                              |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given              | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received         |
|                           |   | \$  |                              |

Schedule B (Form 990) (2022)

| Schedule B (Form 990) (2022)  |   |  |   | Page 4  |
|---|---|--|---|---|
|   | TIONAL FUND   |  |   | Employer identification number  |
| Part III Exclusively religious,<br>(10) that total more t<br>the following line entr<br>contributions of \$1,00 | han \$1,000 for the y<br>y. For organizations o<br>00 or less for the yea | tributions to or<br>year from any<br>completing Part<br>ar. (Enter this in | one contributor. C<br>t III, enter the total of<br>formation once. Se | 13-1659627         ribed in section 501(c)(7), (8), or         Complete columns (a) through (e) and         of exclusively religious, charitable, etc.,         ee instructions.) |
| Use duplicate copies  | of Part III if additional   | space is neede   | ed.   |   |
| (a) No.<br>from (b) Purpose<br>Part I   | of gift   | (c) Use  | of gift   | (d) Description of how gift is held   |
|   |   | (e) Transf   | er of gift  |   |
| Transferee's  | name, address, and Z  | IP + 4   | Relations   | hip of transferor to transferee   |
| (a) No.<br>from (b) Purpose<br>Part I   | of gift   | (c) Use of gift  |   | (d) Description of how gift is held   |
| Transferee's  | name, address, and Z  | (e) Transf<br>IP + 4   | -   | hip of transferor to transferee   |
| (a) No.<br>from (b) Purpose<br>Part I   | of gift   | (c) Use  | of gift   | (d) Description of how gift is held   |
| Transferee's  | name, address, and Z  | (e) Transf<br>IP + 4   | -   | hip of transferor to transferee   |
| (a) No.   |   |  |   |   |
| (a) No.<br>from (b) Purpose<br>Part I   | of gift   | (c) Use  | of gift   | (d) Description of how gift is held   |
| Transferee's  | name, address, and Z  | (e) Transf<br>IP + 4   | -   | hip of transferor to transferee   |
|   |   |  |   | Schedule B (Form 990) (2022)  |

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|      | IEDULE D   | Supplem  | ental Financial Statements  |                         | OMB No. 1545-0047  |
|------|--|--|---|-------------------------|--|
| (For | m 990)   |  | ne organization answered "Yes" on Form 990,   | •                       | ୭ <b></b>  |
|      |  | Part IV, line 6, 7,  | 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1   | 2b.                     |  |
|      | rtment of the Treasury   |  | Attach to Form 990.   | tion                    | Open to Public<br>Inspection   |
|      | al Revenue Service<br>of the organization                          | · · · · ·  | Form990 for instructions and the latest informa   |                         | ployer identification number   |
|      | U U  | JEWISH NATIONAL FUND<br>LEISRAEL) INC.   |   |                         | 13-1659627   |
|      |  |  | ised Funds or Other Similar Funds or  | Acco                    |  |
| ı a  | _  | -  | "Yes" on Form 990, Part IV, line 6.   |                         | Junto.   |
|      | Complete   |  | (a) Donor advised funds   |                         | (b) Funds and other accounts   |
| 1    | Total number at o  | nd of year   |   |                         | (  |
| 2    |  | of contributions to (during year)  | 6,553,213.  |                         |  |
| 3    |  | of grants from (during year)   |   |                         |  |
| 4    |  | at end of year   |   |                         |  |
| 5    |  |  | advisors in writing that the assets held i  | n do                    | nor advised  |
| •    | -  |  | e organization's exclusive legal control?   |                         |  |
| 6    | -  |  | and donor advisors in writing that grant fur  |                         |  |
| -    | •  | <b>u</b>   | fit of the donor or donor advisor, or for ar  |                         |  |
|      |  |  |   |                         |  |
| Ра   |  | tion Easements.  |   |                         |  |
|      |  | e if the organization answered   | "Yes" on Form 990, Part IV, line 7.   |                         |  |
| 1    | Purpose(s) of con  | servation easements held by the  | organization (check all that apply).  |                         |  |
|      | Preservatio  | n of land for public use (for example  | , recreation or education) Preservation c   | fah                     | istorically important land area  |
|      | Protection of  | of natural habitat   | Preservation c  | fac                     | ertified historic structure  |
|      | Preservatio  | n of open space  |   |                         |  |
| 2    | Complete lines 2a  | through 2d if the organization he  | eld a qualified conservation contribution in  | the fo                  |  |
|      | easement on the l  | ast day of the tax year.   | _   |                         | Held at the End of the Tax Year  |
| а    | Total number of c  | onservation easements  |   | 2a                      |  |
| b    | Total acreage res  | tricted by conservation easements  | s   | 2b                      |  |
| С    |  |  | historic structure included in (a)  | 2c                      |  |
| d    |  |  | acquired after July 25, 2006, and not on  |                         |  |
|      |  |  |   | 2d                      |  |
| 3    | Number of conse  | rvation easements modified, tra  | nsferred, released, extinguished, or termir   | nated                   | by the organization during the   |
|      | tax year   |  |   |                         |  |
| 4    |  |  | rvation easement is located   |                         |  |
| 5    | -  |  | garding the periodic monitoring, inspection   |                         | -  |
| •    |  |  | sements it holds?   |                         |  |
| 6    | Staff and volunteer  | hours devoted to monitoring, insp  | ecting, handling of violations, and enforcing o   | onse                    | rvation easements during the year  |
| 7    | Amount of overage  |  | ting handling of violations, and enforcing as   | noon                    | etion accoments during the year  |
| 1    | Amount of expens   | ses incurred in monitoring, inspec   | ting, handling of violations, and enforcing co  | nser                    | valion easements during the year   |
| 8    | Does each conserv  | wation easement reported on line '   | 2(d) above satisfy the requirements of sectio   | n 17(                   | h(h)(4)(B)(i)  |
| •    |  |  |   |                         |  |
| 9    | In Part XIII, des  | cribe how the organization re  | ports conservation easements in its rev   | enue                    | and expense statement and  |
| •    |  | •  | of the footnote to the organization's fina  |                         | •  |
|      |  | ounting for conservation easeme  | -   |                         |  |
| Ра   | rt III Organiza  | tions Maintaining Collections  | of Art, Historical Treasures, or Other  | Sim                     | ilar Assets.   |
|      | Complete   | e if the organization answered   | "Yes" on Form 990, Part IV, line 8.   |                         |  |
| 1a   | If the organization<br>of art, historical t<br>service, provide in | n elected, as permitted under FA<br>treasures, or other similar asse<br>Part XIII the text of the footnote | SB ASC 958, not to report in its revenue<br>ts held for public exhibition, education, o<br>to its financial statements that describes the | stat<br>or re<br>ese it | ement and balance sheet works<br>search in furtherance of public<br>ems. |
| b    | art, historical treas<br>provide the follow                        | sures, or other similar assets he ing amounts relating to these iter                                       |   | arch                    | in furtherance of public service,  |
|      | (i) Revenue inclu  | ded on Form 990, Part VIII, line 1   |   | • •                     | \$   |
|      |  |  |   |                         |  |
| 2    |  |  | rt, historical treasures, or other similar a  | ssets                   | for financial gain, provide the  |
|      | following amounts  | s required to be reported under F  | ASB ASC 958 relating to these items:  |                         |  |

| b    | Assets included in Form 990, Part X                                | \$  |
|------|--|-----|
| For  | Paperwork Reduction Act Notice, see the Instructions for Form 990. | Sch |
| JSA  |  |     |
| 2E12 | 68 1.000   |     |

а

Schedule D (Form 990) 2022

| _         |  | ISH NATIONAL H       |                 |                    |                 |                    | 13-165        |           | Page 2       |
|-----------|--|----------------------|-----------------|--------------------|-----------------|--------------------|---------------|-----------|--------------|
|           | rt III Organizations Maintainin  |                      |                 |                    |                 |                    |               |           | <u>,</u>     |
| 3         | Using the organization's acquisition<br>collection items (check all that apply   |                      | . —             | -                  |                 | -                  | iake signific | ant us    | e of its     |
| а         | Public exhibition  |                      | d               | Loan or exch       | nange pr        | rogram             |               |           |              |
| b         | Scholarly research   |                      | e               | Other              |                 |                    |               |           |              |
| С         |  |                      |                 |                    |                 |                    |               |           |              |
| 4         | 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. |                      |                 |                    |                 |                    |               |           |              |
| 5         |  |                      |                 |                    |                 |                    |               |           |              |
|           | assets to be sold to raise funds rather than to be maintained as part of the organization's collection?                                |                      |                 |                    |                 |                    |               |           |              |
| Ра        | rt IV Escrow and Custodial Ar  |                      |                 | 0                  |                 |                    |               |           |              |
|           | Complete if the organiza<br>990, Part X, line 21.  |                      | es" on Form     | 990, Part IV       | , line 9,       | , or reported a    | n amount c    | on For    | m            |
| 1a        | Is the organization an agent, trust  | ee, custodian or o   | ther interme    | diary for cont     | tribution       | s or other ass     | ets not       |           |              |
|           | included on Form 990, Part X?  |                      |                 |                    |                 |                    | 🗔             | Yes       | No           |
| b         | If "Yes," explain the arrangement in   | Part XIII and comp   | olete the follo | wing table:        |                 |                    |               |           |              |
|           |  |                      |                 | -                  |                 |                    | Amount        |           |              |
| с         | Beginning balance  |                      |                 |                    | 1c              |                    |               |           |              |
| d         | Additions during the year  |                      |                 |                    | 1d              |                    |               |           |              |
| е         | Distributions during the year  |                      |                 |                    | 1e              |                    |               |           |              |
| f         | Ending balance   |                      |                 |                    | 1f              |                    |               |           |              |
| 2a        | Did the organization include an amo  | ount on Form 990,    | Part X, line 2  | 1, for escrow      | or cust         | odial account lia  | bility?       | Yes       | No           |
| b         | If "Yes," explain the arrangement in   | Part XIII. Check he  | ere if the exp  | lanation has be    | en prov         | vided on Part XIII |               |           |              |
| Ра        | rt V Endowment Funds.<br>Complete if the organiza  | tion answered "Ye    | es" on Form     | 990, Part IV       | , line 1        | 0.                 |               |           |              |
|           |  | (a) Current year     | (b) Prior y     |                    | ,<br>vo years b |                    | ears back (e  | ) Four ye | ears back    |
| 10        | Beginning of year balance  | 8,447,997.           | 9,335           | ,385. 8,           | ,169,106        | . 7,77             | 76,207.       | 6,99      | 95,899.      |
| 1a<br>b   | Contributions  | 2,436,940.           |                 | ,488.              | 430,000         |                    | 0,000.        |           | 0,000.       |
|           |  |                      |                 |                    |                 |                    |               |           |              |
| С         | Net investment earnings, gains, and losses   | 790,019.             | -1,158          | .790.              | 938,579         | . 18               | 37,962.       | 28        | 36,808.      |
| Ь         |  |                      |                 |                    |                 |                    |               |           |              |
| d         | Grants or scholarships<br>Other expenditures for facilities  |                      |                 |                    |                 |                    |               |           |              |
| e         |  | 385,429.             | 133             | ,086.              | 202,300         | 19                 | 95,063.       | 20        | 06,500.      |
| 4         | Administrative expenses  |                      |                 |                    |                 |                    |               |           |              |
| t<br>a    | Administrative expenses  | 11,289,527.          | 8,447           | .997. 9.           | , 335 , 385     | 8.16               | 59,106.       | 7.77      | 6,207.       |
| g         | End of year balance  |                      |                 |                    |                 |                    |               | .,        |              |
| 2<br>a    | Board designated or quasi-endowm   |                      |                 | ine ig, colum      | n (a)) ne       | as.                |               |           |              |
| b         | Permanent endowment 98.120   |                      |                 |                    |                 |                    |               |           |              |
| c         | Term endowment 1.8800 %  |                      |                 |                    |                 |                    |               |           |              |
|           | The percentages on lines 2a, 2b, a   | nd 2c should equal ' | 100%.           |                    |                 |                    |               |           |              |
| 3a        | Are there endowment funds not in t   |                      |                 | on that are he     | ld and a        | administered for   | the           |           |              |
|           | organization by:   | -                    | <u>-</u>        |                    |                 |                    |               | Y         | es No        |
|           | (i) Unrelated organizations  |                      |                 |                    |                 |                    |               | a(i)      | X            |
|           | (ii) Related organizations   |                      |                 |                    |                 |                    |               | a(ii)     | X            |
| b         | If "Yes" on line 3a(ii), are the relate  |                      |                 |                    |                 |                    |               | 3b        |              |
| 4         | Describe in Part XIII the intended u   | •                    |                 |                    |                 |                    |               |           |              |
| Pa        | rt VI Land, Buildings, and Equ<br>Complete if the organization   | ipment.              |                 |                    | /, line 1       | 1a. See Form       | 990, Part 2   | K, line   | 10.          |
|           | Description of property  | (a) Cost or          | other basis     | b) Cost or other b |                 | c) Accumulated     |               | ook value |              |
| 4.0       | Land   | (inves               | unent)          | (other)            |                 | depreciation       |               | 1 /       | E00          |
| 1a<br>հ   | Land   |                      |                 | 1,147,50           |                 | E 712 20C          |               |           | ,500.        |
| b         | Buildings  |                      |                 | 20,777,00          |                 | 5,713,206.         | 15            | ,063      | <u>,798.</u> |
| C<br>L    | Leasehold improvements   |                      |                 | 111,2              |                 | 111,211.           |               | 1 4 0     | NONE         |
| d         | Equipment.   |                      |                 | 4,843,68           |                 | 4,693,755.         |               |           | ,925.        |
| e<br>Toto | Other  |                      | m 000 Darit M   | 4,584,2            |                 | 4,493,151.         |               |           | ,105.        |
| i ota     | I. Add lines 1a through 1e. (Column  | (u) must equal Forr  | n 990, Part X   | column (B), ll     | ne TUC.)        | )                  | 16            | ,452      | ,328.        |

Schedule D (Form 990) 2022

| Part VII      | Investments - Other Securities.<br>Complete if the organization answered | d "Yes" on Form 990     | ). Part IV. line 11b. See Form 990.                     | Part X. line 12.   |
|---------------|--|-------------------------|---|--------------------|
|               | (a) Description of security or category<br>(including name of security)  | (b) Book value          | (c) Method of valuat<br>Cost or end-of-year mark        | ion:               |
| (1) Financia  | al derivatives   |                         |   |                    |
| . ,           | held equity interests  |                         |   |                    |
| (3) Other _   |  |                         |   |                    |
| (A)           |  |                         |   |                    |
| (B)           |  |                         |   |                    |
| (C)           |  |                         |   |                    |
| (D)           |  |                         |   |                    |
| (E)           |  |                         |   |                    |
| (F)           |  |                         |   |                    |
| (G)           |  |                         |   |                    |
| (H)           |  |                         |   |                    |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 12.)                    |                         |   |                    |
| Part VIII     | Investments - Program Related.   |                         |   |                    |
|               | Complete if the organization answered                                    | d "Yes" on Form 990     | ), Part IV, line 11c. See Form 990,                     | Part X, line 13.   |
|               | (a) Description of investment  | (b) Book value          | <b>(c)</b> Method of valuat<br>Cost or end-of-year mark |                    |
| (1)           |  |                         |   |                    |
| (2)           |  |                         |   |                    |
| (3)           |  |                         |   |                    |
| (4)           |  |                         |   |                    |
| (5)           |  |                         |   |                    |
| (6)           |  |                         |   |                    |
| (7)           |  |                         |   |                    |
| (8)           |  |                         |   |                    |
| (9)           |  |                         |   |                    |
|               | n (b) must equal Form 990, Part X, col. (B) line 13.)                    |                         |   |                    |
| Part IX       | Other Assets.<br>Complete if the organization answered                   | d "Yes" on Form 990     | ), Part IV, line 11d. See Form 990,                     | , Part X, line 15. |
| SEE           | SUPPLEMENTAL PAGE (a) De   | escription              |   | (b) Book value     |
| (1)           |  |                         |   |                    |
| (2)           |  |                         |   |                    |
| (3)           |  |                         |   |                    |
| (4)           |  |                         |   |                    |
| (5)           |  |                         |   |                    |
| (6)           |  |                         |   |                    |
| (7)           |  |                         |   |                    |
| (8)           |  |                         |   |                    |
| (9)           |  |                         |   |                    |
| Total. (Colu  | umn (b) must equal Form 990, Part X, col. (B)                            | line 15.)               |   | 107,400,522.       |
| Part X        | Other Liabilities.<br>Complete if the organization answered<br>line 25.  | d "Yes" on Form 990     | ), Part IV, line 11e or 11f. See For                    | m 990, Part X,     |
| 1.            |  | otion of liability      |   | (b) Book value     |
|               | ral income taxes   | ,                       |   | (,,                |
|               | -INTEREST AGREEMENTS   |                         |   | 44,926,885.        |
| (3)           |  |                         |   | ,,220,000.         |
| (4)           |  |                         |   |                    |
| (5)           |  |                         |   |                    |
| (6)           |  |                         |   |                    |
| (7)           |  |                         |   |                    |
| (8)           |  |                         |   |                    |
| (9)           |  |                         |   |                    |
|               | nn (b) must equal Form 990, Part X, col. (B) line 25.)                   |                         |   | 44,926,885.        |
|               |  | · · · · · · · · · · · · | the encoderation of the encire state ( ) (              |                    |

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.

X

| Schedu  | IN D (Form 990) 2022 JEWISH NATIONAL FUND   | 13.          | -1659627 Page <b>4</b> |
|---|---|--------------|------------------------|
| Part  |   | n.           |                        |
|   | 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            | 130,385,764.           |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |              |                        |
| а   | Net unrealized gains (losses) on investments  |              |                        |
| b   | Donated services and use of facilities  |              |                        |
| с   | Recoveries of prior year grants   |              |                        |
| d   | Other (Describe in Part XIII.)  |              |                        |
| е   | Add lines 2a through 2d   | 2e           | 27,629,705.            |
| 3   | Subtract line 2e from line 1  | 3            | 102,756,059.           |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |              |                        |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b  |              |                        |
| b   | Other (Describe in Part XIII.)  |              |                        |
| С   | Add lines <b>4a</b> and <b>4b</b>   | 4c           | 2,624,361.             |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | 5            | 105,380,420.           |
|   |   |              |                        |
| Part  |   | ırn.         |                        |
| Part  | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   | urn.         |                        |
| Part  |   | urn.         | 109,317,031.           |
|   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   | 1            | 109,317,031.           |
| 1   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.<br>Total expenses and losses per audited financial statements   | 1            | 109,317,031.           |
| 1<br>2  | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1            | 109,317,031.           |
| 1<br>2<br>a   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a  | 1            | 109,317,031.           |
| 1<br>2<br>a<br>b                                    | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements  | 1            | 109,317,031.           |
| 1<br>2<br>a<br>b<br>c                               | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses   | 1            | 109,317,031.           |
| 1<br>2<br>b<br>c<br>d                               | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)  | 1            | 109,317,031.           |
| 1<br>2<br>b<br>c<br>d<br>e                          | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d  | 1<br>2e      |                        |
| 1<br>2<br>b<br>c<br>d<br>e<br>3                     | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther losses.Other (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a2,624,361.  | 1<br>2e      |                        |
| 1<br>2<br>b<br>c<br>d<br>e<br>3<br>4                | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:  | 1<br>2e      |                        |
| 1<br>2<br>b<br>c<br>d<br>e<br>3<br>4<br>a           | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         4a         2,624,361.         4b | 1<br>2e<br>3 |                        |
| 1<br>2<br>b<br>c<br>d<br>e<br>3<br>4<br>a<br>b<br>5 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)   | 1<br>2e<br>3 | 109,317,031.           |

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

SCHEDULE D, PART V, LINE 4:

THE PRIMARY OBJECTIVE OF THE ENDOWMENT IN THE NEAR TERM IS TO PRESERVE THE NORMAL MARKET VALUE OF ITS ASSETS IN ORDER TO LIMIT REALIZED AND UNREALIZED INVESTMENT LOSSES. THE SECONDARY OBJECTIVE OF THE ENDOWMENT IS TO GROW THE VALUE OF ITS ASSETS AT A MODEST RATE TO ALLOW FOR CONTINUED SUPPORT OF JNF'S OPERATIONS.

SCHEDULE D, PART X, LINE 2:

JEWISH NATIONAL FUND ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED. THE IMPLEMENTATION OF ASC 740 HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES. SCHEDULE D, PART XI, LINE 2D:

CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS.....\$(3,405,502)

| Schedule D (Form 990) 2022 JEWISH NATIONAL FUND |
|---|
|---|

Part XIIISupplemental Information (continued)SCHEDULE D, PART IX - OTHER ASSETS

| DESCRIPTION   | BOOK VALUE   |
|---|--|
|   |  |
| INV. HELD UNDER SPLIT-INT.<br>INVESTMENT IN REAL ESTATE<br>PROPERTY HELD FOR SALE<br>BENEFICIAL INTEREST IN TRUST<br>CASH SURRENDER VALUE OF INSUR.<br>PRECIOUS COINS AND MEDALS<br>SECURITY DEPOSITS<br>OTHER ASSETS<br>DEPOSIT RECEIVABLE<br>OPERATING RIGHT-OF-USE ASSET | 102,630,424.<br>1,677,165.<br>44,000.<br>626,626.<br>342,939.<br>193,510.<br>87,959.<br>319,837.<br>6,197.<br>1,471,865. |
| TOTALS  | 107,400,522.   |

Schedule D (Form 990) 2022

| SCHEDULE F<br>(Form 990) | Statement of Activities Outside the United St<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15<br>Attach to Form 990.<br>Go to www.irs.gov/Form990 for instructions and the latest information. | 5, or 16. 20 <b>22</b><br>Open to Public     |
|--------------------------|--|--|
| Internal Revenue Service | WISH NATIONAL FUND   | Inspection<br>Employer identification number |
| (KEREN KAYEMETH          |  | 13-1659627                                   |
|                          | formation on Activities Outside the United States. Complete if the Part IV, line 14b.  | organization answered "Yes" on               |
|                          | Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?  | eria used to                                 |

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

|                         | (a) Region                                  | (b) Number<br>of offices in<br>the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in the region | (d) Activities conducted in the<br>region (by type) (such as,<br>fundraising, program services,<br>investments, grants to recipients<br>located in the region) | (e) If activity listed in (d) is<br>a program service,<br>describe specific type of<br>service(s) in the region | (f) Total<br>expenditures for<br>and investments<br>in the region |
|-------------------------|---|---|---|--|---|---|
| <b>(1)</b> <sup>1</sup> | MIDDLE EAST AND NORTH AFRICA                | 1   | 7   | GRANTMAKING  |   | 39,189,095.   |
| <b>(2)</b> 1            | MIDDLE EAST AND NORTH AFRICA                | NONE                                      | NONE  | INVESTMENTS  |   | 800,000.  |
| (3)                     |   |   |   |  |   |   |
| (4)                     |   |   |   |  |   |   |
| (5)                     |   |   |   |  |   |   |
| (6)                     |   |   |   |  |   |   |
| (7)                     |   |   |   |  |   |   |
| (8)                     |   |   |   |  |   |   |
| (9)                     |   |   |   |  |   |   |
| <u>(10)</u>             |   |   |   |  |   |   |
| <u>(11)</u>             |   |   |   |  |   |   |
| (12)                    |   |   |   |  |   |   |
| (13)                    |   |   |   |  |   |   |
| (14)                    |   |   |   |  |   |   |
| (15)                    |   |   |   |  |   |   |
| <u>(16)</u>             |   |   |   |  |   |   |
| <u>(17)</u>             |   |   |   |  |   |   |
| 3a                      | Subtotal                                    | 1   | 7.  |  |   | 39,989,095.   |
| b                       | Total from continuation<br>sheets to Part I |   |   |  |   |   |
| C                       | Totals (add lines 3a and 3b)                | 1.  | 7.  |  |   | 39,989,095.   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 2E1274 1.000

<sup>2</sup> 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

Schedule F (Form 990) 2022

Part II

1

| Part IV, line 15, for any re | ecipient who receiv                                       | ved more than \$5,000. F | Part II can be       | duplicated if addition   | onal space is                         | needed.                    |
|------------------------------|---|--------------------------|----------------------|--------------------------|---------------------------------------|----------------------------|
| (a) Name of organization     | <b>(b)</b> IRS code<br>section and EIN<br>(if applicable) | (c) Region               | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amo<br>nonc<br>assista |

| 1    | (a) Name of<br>organization | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region               | (d) Purpose of<br>grant | (e) Amount of<br>cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount of<br>noncash<br>assistance | (h) Description<br>of noncash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|------|-----------------------------|--|--------------------------|-------------------------|-----------------------------|---------------------------------------|--|---|--|
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (1)  |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 229,000.                    | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (2)  |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 2,743,000.                  | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (3)  |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 137,422.                    | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (4)  |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 61,100.                     | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (5)  |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 127,500.                    | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (6)  |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 196,543.                    | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (7)  |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 1,271,685.                  | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (8)  |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 586,000.                    | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (9)  |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 1,110,000.                  | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (10) |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 25,000.                     | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (11) |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 4,600,000.                  | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (12) |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 50,000.                     | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (13) |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 3,625,000.                  | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (14) |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 107,500.                    | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (15) |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 31,300.                     | WIRE                                  |  |   |  |
|      |                             |  |                          | GENERAL                 |                             |                                       |  |   |  |
| (16) |                             |  | MIDDLE EAST/NORTH AFRICA | SUPPORT                 | 85,000.                     | WIRE                                  |  |   |  |

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2022

59

(i) Method of

(h) Description

(g) Amount of

JEWISH NATIONAL FUND

13-1659627 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

39

Schedule F (Form 990) 2022 WISH NATIONAL FUND

13-1659627

| Page 2 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<br>section and EIN<br>(if applicable) | (c) Region               | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount of<br>noncash<br>assistance | (h) Description<br>of noncash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (1)  |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 342,431.                 | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (2)  |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 25,000.                  | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (3)  |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 30,000.                  | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (4)  |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 487,426.                 | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (5)  |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 44,000.                  | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (6)  |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 229,000.                 | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (7)  |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 140,000.                 | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (8)  |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 555,200.                 | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (9)  |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 986,000.                 | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (10)   |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 900,000.                 | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (11)   |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 450,000.                 | WIRE                                  |  |   |  |
| · · /  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (12)   |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 247,000.                 | WIRE                                  |  |   |  |
| . /  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (13)   |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 642,500.                 | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (14)   |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 60,000.                  | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (15)   |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 29,600.                  | WIRE                                  |  |   |  |
|  |                          |  |                          | GENERAL              |                          |                                       |  |   |  |
| (16)   |                          |  | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 101,000.                 | WIRE                                  |  |   |  |
| ()   |                          |  |                          |                      | 101,000.                 |                                       |  |   |  |

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

Enter total number of other organizations or entities 3

Schedule F (Form 990) 2022

Page 2

Schedule F (Form 990) 2022 WISH NATIONAL FUND

Part II

13-1659627

| 1    | (a) Name of organization | <b>(b)</b> IRS code<br>section and EIN<br>(if applicable) | <b>(c)</b> Region        | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount of<br>noncash<br>assistance | (h) Description<br>of noncash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|------|--------------------------|---|--------------------------|----------------------|--------------------------|---------------------------------------|--|---|--|
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (1)  |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 76,478.                  | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (2)  |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 15,000.                  | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (3)  |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 50,000.                  | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (4)  |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 250,188.                 | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (5)  |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 945,000.                 | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (6)  |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 1,320,940.               | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (7)  |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 675,441.                 | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (8)  |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 742,500.                 | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (9)  |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 25,000.                  | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (10) |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 226,000.                 | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (11) |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 285,000.                 | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (12) |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 2,441,079.               | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (13) |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 95,000.                  | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (14) |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 2,584,600.               | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (15) |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 4,677,398.               | WIRE                                  |  |   |  |
|      |                          |   |                          | GENERAL              |                          |                                       |  |   |  |
| (16) |                          |   | MIDDLE EAST/NORTH AFRICA | SUPPORT              | 336,000.                 | WIRE                                  |  |   |  |

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

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

Enter total number of other organizations or entities 3

Schedule F (Form 990) 2022

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Schedule F (Form 990) 2022 WISH NATIONAL FUND

13-1659627

| Part II | Grants and Other Assist<br>Part IV, line 15, for any r | ecipient who rece                                  | eived more than \$5,000. F | Part II can be o        | duplicated if additi     | ional space is                        | needed.                                       | 1   | 1  |
|---------|--|--|----------------------------|-------------------------|--------------------------|---------------------------------------|---|---|--|
| 1       | (a) Name of organization                               | (b) IRS code<br>section and EIN<br>(if applicable) | <b>(c)</b> Region          | (d) Purpose of<br>grant | (e) Amount of cash grant | (f) Manner of<br>cash<br>disbursement | <b>(g)</b> Amount of<br>noncash<br>assistance | (h) Description<br>of noncash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|         |  |  |                            | GENERAL                 |                          |                                       |   |   |  |
| (1)     |  |  | MIDDLE EAST/NORTH AFRICA   | SUPPORT                 | 15,000.                  | WIRE                                  |   |   |  |
|         |  |  |                            | GENERAL                 |                          |                                       |   |   |  |
| (2)     |  |  | MIDDLE EAST/NORTH AFRICA   | SUPPORT                 | 419,367.                 | WIRE                                  |   |   |  |
|         |  |  |                            | GENERAL                 |                          |                                       |   |   |  |
| (3)     |  |  | MIDDLE EAST/NORTH AFRICA   | SUPPORT                 | 38,200.                  | WIRE                                  |   |   |  |
|         |  |  |                            | GENERAL                 |                          |                                       |   |   |  |
| (4)     |  |  | MIDDLE EAST/NORTH AFRICA   | SUPPORT                 | 10,000.                  | WIRE                                  |   |   |  |
|         |  |  |                            | GENERAL                 |                          |                                       |   |   |  |
| (5)     |  |  | MIDDLE EAST/NORTH AFRICA   | SUPPORT                 | 207,500.                 | WIRE                                  |   |   |  |
|         |  |  |                            | GENERAL                 |                          |                                       |   |   |  |
| (6)     |  |  | MIDDLE EAST/NORTH AFRICA   | SUPPORT                 | 1,092,897.               | WIRE                                  |   |   |  |
|         |  |  |                            | GENERAL                 |                          |                                       |   |   |  |
| (7)     |  |  | MIDDLE EAST/NORTH AFRICA   | SUPPORT                 | 25,000.                  | WIRE                                  |   |   |  |
|         |  |  |                            | GENERAL                 |                          |                                       |   |   |  |
| (8)     |  |  | MIDDLE EAST/NORTH AFRICA   | SUPPORT                 | 35,000.                  | WIRE                                  |   |   |  |
|         |  |  |                            | GENERAL                 |                          |                                       |   |   |  |
| (9)     |  |  | MIDDLE EAST/NORTH AFRICA   | SUPPORT                 | 687,500.                 | WIRE                                  |   |   |  |
|         |  |  |                            | GENERAL                 |                          |                                       |   |   |  |
| (10)    |  |  | MIDDLE EAST/NORTH AFRICA   | SUPPORT                 | 22,800.                  | WIRE                                  |   |   |  |
|         |  |  |                            | GENERAL                 |                          |                                       |   |   |  |
| (11)    |  |  | MIDDLE EAST/NORTH AFRICA   | SUPPORT                 | 1,625,000.               | WIRE                                  |   |   |  |
| (4.0)   |  |  |                            |                         |                          |                                       |   |   |  |
| (12)    |  |  |                            |                         |                          |                                       |   |   |  |
| (13)    |  |  |                            |                         |                          |                                       |   |   |  |
| (14)    |  |  |                            |                         |                          |                                       |   |   |  |
| (15)    |  |  |                            |                         |                          |                                       |   |   |  |
| (16)    |  |  |                            |                         |                          |                                       |   |   |  |

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

Enter total number of other organizations or entities 3

Schedule F (Form 990) 2022

Page 2

JEWISH NATIONAL FUND

13-1659627

Page 3

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

Schedule F (Form 990) 2022

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

# Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

THE JEWISH NATIONAL FUND ("JNF") IS DEVOTED TO PROMOTING AND FURTHERING THE CULTURAL, PHYSICAL, SOCIAL, MEDICAL, AGRICULTURAL AND GENERAL WELFARE OF THE PEOPLE OF ISRAEL. ONE OF THE PRINCIPAL WAYS JNF ACCOMPLISHES THIS MISSION IS BY GRANTING FUNDS TO SUPPORT PROJECTS AND ORGANIZATIONS IN ISRAEL. ALL FUNDS GRANTED (AND REPORTED ON SCHEDULE F) ARE MADE TO ORGANIZATIONS LOCATED IN ISRAEL FOR THE PURPOSES OF BETTERING THE ISRAELI SOCIETY. JNF TAKES ITS RESPONSIBILITY OF MONITORING THESE PROJECTS VERY SERIOUSLY AND UNDERTAKES RIGOROUS PROCESSES TO ENSURE THAT THE FUNDS GRANTED ARE USED FOR THE PURPOSES INTENDED.

JNF ESTABLISHED THE ISRAEL RELATIONS COMMITTEE WHICH TRAVELS ANNUALLY TO ISRAEL TO STUDY IN-DEPTH THE NEEDS, REVIEW ONGOING PROJECTS, AND EVALUATE FUTURE PLANS. ISRAEL PROJECTS ARE CARRIED OUT BY JNF BOARD- APPROVED SELECT ISRAEL NOT-FOR-PROFIT ORGANIZATIONS. JNF STAFF IN ISRAEL MONITOR THE PROGRESS OF PROJECTS TO ENSURE THAT THEY ARE BEING IMPLEMENTED PROPERLY. REPRESENTATIVES IN ISRAEL SEND MONTHLY REPORTS BACK TO JNF ON 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).

THE STATUS OF ALL FUNDED PROJECTS IN ISRAEL.

SCHEDULE F, PART II:

JEWISH NATIONAL FUND MADE GRANTS TO THE FOLLOWING ORGANIZATIONS:

### ADAM V'ADAMA HIGH SCHOOL \$229,000

IN COOPERATION WITH JNF, HASHOMER HACHADASH RECENTLY OPENED ADAM V'ADAMA

LEADERS OF THE LAND HIGH SCHOOL AT HATZEVA TO TEACH STATE-OF-THE-ART

ENVIRONMENTAL SCIENCE AND AGRICULTURAL SECURITY.

ALEH NEGEV (ADI NEGEV) \$2,743,000

A STATE-OF-THE-ART REHABILITATIVE VILLAGE IN THE NEGEV, ALEH NEGEV OFFERS UNPARALLELED CARE FOR PEOPLE WITH SEVERE DISABILITIES, EMPOWERING RESIDENTS AND OUTPATIENTS TO HELP THEM REACH THEIR POTENTIAL FOR COMMUNICATION AND DEVELOPMENT.

AMMUNITION HILL \$137,422

AMMUNITION HILL VIVIDLY PORTRAYS THE SIEGE OF JERUSALEM IN THE '67 WAR

AND SERVES AS AN EDUCATIONAL CENTER OF THE CRUCIAL BATTLE WAGED THERE FOR

THE REUNIFICATION OF JERUSALEM.

AMUTAT DERECH ERETZ \$61,100

OPERATION OF AN EDUCATIONAL PROGRAM FOR YOUTH, SIX MONTHS PRIOR TO THEIR INDUCTION INTO THE MILITARY, TO CREATE A SUBSTANTIAL CHANGE IN THEIR LIVES WHICH WILL BE EXPRESSED IN MORE SIGNIFICANT MILITARY SERVICE, PURSUIT OF ACADEMIC EDUCATION AND INTEGRATION INTO FOCI OF INFLUENCE AND LEADERSHIP IN ISRAELI SOCIETY.

ARAD MUNICIPALITY \$127,500

ARAD IS A CITY IN THE SOUTHERN DISTRICT OF ISRAEL. IT IS LOCATED ON THE BORDER OF THE NEGEV AND THE JUDEAN DESERTS. JNF CONTINUES TO FUND THE YEHOSHAFAT PARK, ARAD MUSIC CONSERVATORY AND CAM TECH PROGRAMS.

ARAVA BUILDING AND DEVELOPMENT LTD \$196,543

JEWISH NATIONAL FUND, THE UNIVERSITY OF ARIZONA, AND ISRAEL'S ARAVA

information (see instructions).

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

REGIONAL COUNCILS HAVE FORMED THE KASSER JOINT INSTITUTE FOR FOOD, WATER AND ENERGY SECURITY WITH THE MISSION OF INTRODUCING INNOVATIVE TECHNOLOGY THAT BUILDS CAPACITY FOR FOOD, WATER, AND ENERGY SECURITY IN VULNERABLE COMMUNITIES IN ARID AND HYPER-ARID ENVIRONMENTS - WITH A FOCUS ON AFRICA. LEVERAGING THE EXISTING FACILITIES AND RESOURCES OF THE UNIVERSITY OF ARIZONA AND THE ARAVA REGION, THE JOINT INSTITUTE WILL PROMOTE APPLIED RESEARCH AND STUDENT TRAINING PROGRAMS. OVER THE NEXT FIVE YEARS, THE KASSER JOINT INSTITUTE WILL ESTABLISH MULTI-DISCIPLINARY PROGRAMS IN AFRICA TO PROVIDE TECHNOLOGY TRANSFER, APPLIED RESEARCH, KNOWLEDGE, TRAINING, ONGOING GUIDANCE, AND EDUCATION.

ARAVA INSTITUTE FOR ENVIRONMENTAL STUDIES \$1,271,685

THE ARAVA INSTITUTE FOR ENVIRONMENTAL STUDIES IS A WORLD-CLASS TEACHING AND RESEARCH CENTER IN SOUTHERN ISRAEL THAT PREPARES MUSLIM, CHRISTIAN, AND JEWISH STUDENTS TO COOPERATIVELY ADDRESS THE SHARED ENVIRONMENTAL CHALLENGES OF THE MIDDLE EAST.

ARAVA REGIONAL COUNCIL- CENTRAL ARAVA \$586,000

AS PART OF ITS BLUEPRINT NEGEV CAMPAIGN TO MAKE THE NEGEV HABITABLE TO THE NEXT GENERATION OF ISRAEL'S RESIDENTS, JNF IS INVESTING IN THE ARAVA IN AN EFFORT TO DOUBLE THE POPULATION OF THE REGION OVER THE NEXT DECADE. THESE PROJECTS INCLUDE AN AQUATICS CENTER AND SPORTS CENTER.

ASSOCIATION FOR EMPLOYMENT DEVELOPMENT FOR THE NEGEV \$1,110,000 THE LAUDER EMPLOYMENT CENTER OFFERS COMPREHENSIVE CAREER SERVICES AND PROVIDES GUIDANCE AND RESOURCES TO STUDENTS AND ALUMNI FOCUSED ON STAYING IN THE NEGEV WORKING WITH BEN GURION UNIVERSITY.

ASSOCIATION FOR PROMOTING SPORT IN SHAAR NEGEV \$25,000 SUPPORTED BY JEWISH NATIONAL FUND, THIS AMBITIOUS PROJECT CREATES NEW OPPORTUNITIES IN THE REGION IN LINE WITH THE ORGANIZATION'S VISION TO CREATE A HIGH-QUALITY OF LIFE IN THE GAZA ENVELOPE AND SURROUNDING AREAS.

ASSOCIATION FOR THE CULINARY INSTITUTE \$4,600,000

BASED IN THE HEART OF ISRAEL'S GALILEE THE GALILEE CULINARY INSTITUTE BEING CONSTRUCTED BY JNF IS A ONE-OF-A-KIND CULINARY INSTITUTION THAT

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COMBINES CULINARY AND RESTAURANT EXPERTISE, TOURISM AND ENTREPRENEURSHIP.

BEN GURION HERITAGE INSTITUTE \$50,000

THE HOME AND MUSEUM OF THE FIRST PRIME MINISTER OF ISRAEL. THE HEART OF THE HOUSE IS BEN-GURION'S STUDY WITH A LIBRARY OF 5,000 BOOKS (MOST OF HIS BOOKS REMAINED IN HIS HOUSE IN TEL AVIV, WHERE TILL TODAY THERE ARE OVER 22,000 BOOKS) COVERING HIS FIELDS OF INTEREST: JUDAISM AND THE BIBLE, PHILOSOPHY, HISTORY, GEOGRAPHY, THE IDF SECURITY AND MORE. THE LIBRARY REFLECTS HIS WIDE RANGE OF INTERESTS, AND THE MANY LANGUAGES HE SPOKE. IN THIS ROOM, BEN-GURION WROTE HIS MEMOIR, WHICH HE DEDICATED MOSTLY FOR ISRAEL'S YOUTH AND NEXT GENERATION.

#### BEYACHAD FUND \$3,625,000

SUPPORT AND DEVELOP AREAS IN NEGEV AND GALILEE. TO DATE JNF AND ITS HOUSING DEVELOPMENT FUND HAVE DEVELOPED OVER 1300 HOUSING SITES PROVIDING THE NECESSARY FUNDS TO COMMUNITIES FOR GROUND INFRASTRUCTURE COSTS.

CHABAD OF DEAD SEA - BE INSCRIBED PROJECT \$107,500

PARTICIPATION IN THE SACRED ACT OF WRITING A SCROLL ON TOP OF MASADA.

CHIMES ISRAEL \$31,300

FOR OVER 25 YEARS, CHIMES ISRAEL HAS BEEN THE LEADER IN DEVELOPING AND PROVIDING EXCEPTIONAL SUPPORT AND REHABILITATION SERVICES TO PEOPLE WITH SPECIAL NEEDS OF ALL AGES FROM NEWBORNS TO SENIORS, WITH INTELLECTUAL, DEVELOPMENTAL AND MENTAL DISABILITIES, REGARDLESS OF RACE, NATIONALITY OR RELIGION.

#### COOPERATIVE ASSOCIATION HALUTZA DAIRY \$85,000

A DAIRY FARM IN THE HALUTZA COMMUNITIES WHICH WILL BE 100% GREEN WITH THE MOST ADVANCED TECHNOLOGY AND, OF COURSE, WILL HELP SUPPLY MILLIONS OF LITERS OF MILK ALL ACROSS ISRAEL.

DEAD SEA AND ARAVA SCIENCE CENTER \$342,431

THE UNIVERSITY OF ARIZONA (UA), JEWISH NATIONAL FUND, AND ISRAEL'S PREMIER AGRICULTURE REGION (THE ARAVA) SIGNED A TRILATERAL MEMORANDUM OF UNDERSTANDING (MOU) TO ESTABLISH THE JNF JOINT INSTITUTE FOR GLOBAL FOOD,

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WATER, AND ENERGY SECURITY.

DEAD SEA DRAINAGE AUTHORITY - ARAD PARK \$25,000

RESPONSIBLE FOR THE CONSTRUCTION, OPERATION AND MAINTENANCE OF

INFRASTRUCTURES AND OTHER FACILITIES ASSOCIATED WITH DRAINAGE IN THE DEAD

SEA REGION, INCLUDING THE CITY OF ARAD AND IS ACTING WITH FULL

PARTNERSHIP WITH THE MUNICIPALITY OF ARAD IN THE CONSTRUCTION OF THE

YEHOSHAFAT PARK AND THE PROMENADE.

EILOT REGIONAL COUNCIL \$30,000

THE JOINT INSTITUTE WILL INTRODUCE INNOVATIVE TECHNOLOGY AND BUILD CAPACITY FOR FOOD, WATER, AND ENERGY SECURITY IN VULNERABLE COMMUNITIES IN AFRICA AND AROUND THE WORLD.

ERETZ-IR - LAUDER EMPLOYMENT CENTER \$487,426

ERETZ-IR WORKS CLOSELY WITH THE LAUDER EMPLOYMENT CENTER IN PROVIDING EMPLOYMENT OPPORTUNITIES THROUGHOUT THE NEGEV AND GALIL. IT AIMS TO IMPROVE THE COMMUNAL FABRIC OF THE NEGEV THROUGH BUILDING NEW COMMUNITIES

AND STRENGTHENING EXISTING ONES, PROMOTING A SUSTAINABLE LOCAL ECONOMY

AND DEVELOPING CRUCIAL INFRASTRUCTURE AND SERVICES WHICH ARE LACKING IN

ISRAEL'S PERIPHERY.

FRIENDS OF PORIYA HOSPITAL ASSOCIATION \$44,000

OVERLOOKING THE SEA OF GALILEE, THE MEDICAL CENTER IS A THRIVING HUB OF

MEDICAL EXCELLENCE AND PERSONAL COMMITMENT, SERVING THE

CULTURALLY-DIVERSE POPULATION OF THE GALILEE AND THE JORDAN VALLEY.

FUND FOR DEVELOPING SDEROT - INDOOR RECREATION CENTER & OUTDOOR PARK FOR

CHILDREN \$229,000

JNF RENOVATED A 21,000 SQUARE FOOT SECURE INDOOR PLAYGROUND AND COMMUNITY CENTER. IN ADDITION, JNF IS CURRENTLY CONSTRUCTING A RESILIENCE CENTER IN SDEROT TO HELP THE COMMUNITY DEAL WITH STRESS AND ANXIETY FROM TERROR ATTACKS.

GUSH ETZION FDN \$140,000

THE GUSH ETZION FOUNDATION WAS ESTABLISHED IN 1997 TO ASSIST AND PROMOTE

THE COMMUNITIES AND RESIDENTS OF GUSH ETZION.

HA'AMUTA LEKIDUM TOSHVEI HEVEL ESHKOL \$555,200

THE ESHKOL REGIONAL COUNCIL IS A REGIONAL COUNCIL IN THE NORTH-WESTERN NEGEV, IN ISRAEL'S SOUTHERN DISTRICT. THE REGION HAS BEEN A FREQUENT TARGET OF ROCKET ATTACKS AND INCENDIARY DEVICES FROM THE NEARBY GAZA STRIP, CAUSING FREQUENT DAMAGE TO FARMS AND SOME STRUCTURES WITHIN THE REGION. JNF'S PROJECTS INCLUDE THERAPY RESILIENCE CENTERS SECURITY AND FIREFIGHTING EQUIPMENT AND AN AFTER SCHOOL INDOOR RECREATION AND SCIENCE CENTER.

HALUTZIT \$986,000

HALUTZA IS COMPRISED OF THREE COMMUNITIES: NAVEH, BNEI NETZARIM, AND SHLOMIT. PROJECTS HAVE INCLUDED THE HALUTZA MEDICAL CENTER, THE HALUTZA STUDENT PROGRAM, THE NAVEH SYNAGOGUE PROJECT, AND THE YOUNG FARMER'S INCUBATOR PROJECT.

HUGAY SAYARUT \$900,000

GREEN HORIZONS, KNOWN IN ISRAEL AS HUGEY SAYARUT, OFFERS OUTDOOR EDUCATIONAL ACTIVITIES TO ISRAELI YOUTH IN GRADES 5-12. THE TRANSFORMATIVE PROGRAM TAKES PARTICIPANTS ON HIKING AND CAMPING TRIPS THROUGHOUT THE COUNTRY TO BUILD INTERPERSONAL AND LEADERSHIP SKILLS AND

FOSTER A STRONG CONNECTION TO THE LAND OF ISRAEL.

## INTERNATIONAL VILLAGE FOR ISRAEL EDUCATION \$450,000

LOCATED IN THE DESERT CITY OF BE'ER SHEVA, ISRAEL, THIS 20 ACRE VILLAGE WILL SERVE AS AN ECOSYSTEM OF ZIONIST ENGAGEMENT INCLUDING JEWISH NATIONAL FUND'S HIGH SCHOOL ABROAD, A PROGRAM FOR POST-COLLEGE GRADUATES TO PURSUE YEARLONG INTERNSHIPS AT LEADING HIGH TECH COMPANIES, AND AN ADULT EDUCATION CENTER TO CONVENE ADULTS, CONGREGATIONS, TEACHERS, ALL TO REVOLUTIONIZE ZIONIST AND JEWISH EDUCATIONAL ENGAGEMENT FOR THE DECADES AHEAD.

## ISRAEL AIRFORCE ASSOCIATION \$247,000

RECREATION PROJECTS DESIGNATED FOR THE ISRAEL AIR FORCE WITHIN VARIOUS AIR FORCE BASES WHERE JNF PREVIOUSLY CONSTRUCTED AN OUTDOOR WETLANDS AND

# **Supplemental Information**

Part V 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).

AMPHITHEATER.

ISRAEL NATURE AND HERITAGE FOUNDATION \$642,500

A NONPROFIT ORGANIZATION THAT SUPPORTS THE ISRAEL NATURE AND PARKS

AUTHORITY'S GOALS OF PROTECTING ISRAEL'S NATURE, LANDSCAPE, AND HERITAGE.

### ISRAEL SOFTBALL ASSOCIATION \$60,000

THE ISRAEL SOFTBALL ASSOCIATION (ISA) IS A REGISTERED ASSOCIATION AND IS THE BODY RECOGNIZED BY THE STATE OF ISRAEL FOR THE PURPOSE OF CONDUCTING AND MANAGING THE COUNTRY'S ATHLETICS ACTIVITIES, AND IS THE SOLE ISRAELI BODY REPRESENTING THE STATE TOWARDS THE INTERNATIONAL BODIES SUCH AS THE EUROPEAN SOFTBALL FEDERATION (ESF), AND THE WORLD BASEBALL AND SOFTBALL CONFEDERATION (WBSC) AND OTHER PUBLIC BODIES AROUND THE WORLD.

ISRAEL-ASIA CENTER \$29,600

ACTIVITIES DEDICATED TO BUILDING A SHARED FUTURE BETWEEN ISRAEL AND ASIA. WORKING IN JOINT COOPERATION WITH THE ISRAEL ASIA CENTER.

# Part V Supplemental Information

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JERUSALEM FOUNDATION \$101,000

THE JERUSALEM FOUNDATIONS MISSION IS TO SHAPE A MODERN, OPEN AND VIBRANT CITY BY CREATING COMMUNAL STRENGTH FOR ALL JERUSALEM RESIDENTS AND INSPIRING NEW GENERATIONS TO TAKE PART IN JERUSALEM'S FUTURE.

KEDAR GAP LTD \$76,478

A LEADING PROVIDER OF SUSTAINABLE FOOD SECURITY PROJECTS, ESPECIALLY IN UNDERDEVELOPED AREAS AND EMERGING MARKETS. WORKING WITH THE KASSER JOINT INSTITUTE OF JNF KEDAR GAP IMPLEMENTED THE AGRAVOLTAIC RESEARCH PROJECT IN MUEKUNI, KENYA.

KEREN BE'ER SHEVA FOUNDATION \$15,000

WORKING CLOSELY WITH THE CITY OF BEERSHEVA, JNF PROVIDED FUNDS FOR CAMP SCHOLARSHIPS FOR NEEDY FAMILIES.

KEREN LEPITUAH SHLOMIT \$50,000

IN THE WESTERN NEGEV JNF IS CURRENTLY CONSTRUCTING A COMMUNITY CENTER FOR THE RESIDENTS OF SHLOMIT. IT WILL INCLUDE A 400 SEAT AUDITORIUM AND A 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).

CENTER FOR PERFORMING ARTS.

KIBBUTZ KEREM SHALOM \$250,188

KIBBUTZ KEREM SHALOM IS LOCATED IN THE SOUTHWEST CORNER OF ISRAEL, 30 YARDS FROM THE GAZA BORDER. ABOUT 30 FAMILIES LIVE ON THE KIBBUTZ, INCLUDING ALMOST 100 CHILDREN. THE RESIDENTS ARE YOUNG AND OLD, RELIGIOUS AND SECULAR. WORKING CLASS PEOPLE. THERE IS LIMITED INDUSTRY ON THE KIBBUTZ. MOST RESIDENTS WORK IN LOCAL AGRICULTURE AND TEACHING. OTHERS HOLD JOBS IN NEIGHBORING COMMUNITIES. THE INFRASTRUCTURE OF THE KIBBUTZ WITH THE HELP OF JNF HAS BEEN RENEWED.

#### KIRYAT SHMONA MUNICIPALITY \$945,000

IN THE NORTHERN CITY OF KIRYAT SHEMONA JNF IS STEPPING IN TO IMPROVE THE QUALITY OF LIFE FOR RESIDENTS IN THE AREA; HELPING TO ESTABLISH MUCH-NEEDED MEDICAL SERVICES INCLUDING URGENT CARE, X-RAYS AND IMAGING, PEDIATRICS, AND A 24-HOUR PHARMACY.

KKL - AFFORESTATION AND OTHER \$1,320,940

 Part V
 Supplemental Information

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 AS AN INNOVATOR IN GREEN INNOVATIONS AND A PIONEER IN FOREST CREATION,

JNF HAS PLANTED MORE THAN 240 MILLION TREES IN ISRAEL, PROVIDING LUSCIOUS

BELTS OF GREEN COVERING MORE THAN 250,000 ACRES, AND INVESTS IN

AGRICULTURAL INFRASTRUCTURE DEVELOPMENT, RESEARCH, SOIL CONSERVATION, AND

FIREFIGHTING.

### LOTEM INTEGRATED NATURE STUDIES \$675,441

LOTEM BRINGS PEOPLE WITH SPECIAL NEEDS CLOSER TO NATURE THROUGH FIELD

TRIPS, ACCESSIBLE HIKES IN JNF'S FIRST INCLUSIVE PARK, AND CREATIVE

WORKSHOPS IN NATURE, ADAPTED TO THE NEEDS OF PARTICIPANTS AND FOR PEOPLE

OF ALL AGES.

MAKOM LEKULAM KIDUM/NATIONAL COUNCIL ACTIVIST COMMUNITIES \$742,500 PROVIDING SOCIAL SERVICES TO BOTH NEW AND STRUGGLING COMMUNITIES TO INCREASE THE QUALITY OF LIFE AND ATTRACT NEW RESIDENTS.

MASLAN - NEGEVS SEXUAL ASSAULT ZONE \$25,000

THE AIM OF MASLAN IS TO COMBAT THE SEXUAL AND DOMESTIC VIOLENCE IN THE

# **Supplemental Information**

Part V 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).

NEGEV REGION.

MATTE ASHER INITIATION AND PROJECTS DEVELOPMENT LTD \$226,000 AS A PART OF JEWISH NATIONAL FUND'S GO NORTH INITIATIVE TO STRENGTHEN THE FRONTIER OF ISRAEL SEEKS TO CONSTRUCT A VOLUNTEER FIRE STATION IN KIBBUTZ EILOT WITHIN MATEH ASHER. WITH OUR LONG-TIME RELATIONSHIP BOTH WITH MATEH ASHER AND THE ISRAEL FIRE AUTHORITY WE ARE PROUD TO PARTNER ON THIS STRATEGIC PROJECT.

# MINT PROPERTIES \$285,000

THE JNF FOOD INNOVATION CENTER WILL BE HOME TO RESEARCHERS DEVELOPING FOOD SECURITY, AGRI-TECH, AND NEW HEALTHIER PRODUCTS TO HELP FEED THE WORLD. UTILIZING THE STRATEGIC PARTNERING OF TEL HAI COLLEGE AND THE REGIONAL RESEARCH CENTERS FOR AGRICULTURE AND WATER IN THE UPPER EASTERN GALILEE, AND JEWISH NATIONAL FUND'S COLLABORATION IS POISED TO MAKE THE UPPER EASTERN GALILEE A MAJOR WORLD FOOD CAPITOL.

NEFESH B'NEFESH \$2,441,079

NEFESH B'NEFESH IS DEDICATED TO REVITALIZING ALIYAH BY REMOVING OR

MINIMIZING THE FINANCIAL, PROFESSIONAL, LOGISTICAL AND SOCIAL OBSTACLES

OF THE MOVE TO ISRAEL. JNF IS CURRENTLY CONSTRUCTING AND PARTNERING WITH

NEFESH B'NEFESH IN CREATING THE JERUSALEM ALIYA CENTER.

NEOT KEDUMIN \$95,000

NEOT KEDUMIM, THE BIBLICAL LANDSCAPE RESERVE IN ISRAEL IS A BIBLICAL GARDEN AND NATURE PRESERVE LOCATED NEAR MODI'IN, MIDWAY BETWEEN JERUSALEM AND TEL AVIV.

NETZARIM DEVELOPMENT (CHALUTZA MEDICAL CENTER) \$2,584,600 BENI NETZARIM IS ONE OF THREE COMMUNITIES IN HALUTZA WHICH IS LOCATED IN THE NORTHWEST NEGEV ON ISRAEL'S BORDERS WITH EGYPT AND GAZA. JNF CONSTRUCTED A MEDICAL CENTER TO PROVIDE MEDICAL SERVICES FOR THE REGION.

NEW GUARD ASSOCIATION \$4,677,398

ESTABLISHED IN 2007, HASHOMER HACHADASH, OR "THE NEW GUARDIANS," IS A VOLUNTEER ORGANIZATION DEDICATED TO SAFEGUARDING THE LAND IN THE NEGEV

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AND GALILEE AND UPHOLDING THE ZIONIST IDEALS ON WHICH THE STATE OF ISRAEL
WAS FOUNDED. AS PART OF BLUEPRINT NEGEV AND GO NORTH, JNF HAS PARTNERED
WITH HASHOMER HACHADASH TO TRAIN YOUNG JEWISH ZIONIST LEADERS ABOUT THE
LAND OF ISRAEL AND THEIR CONNECTION TO ISRAEL, TO SUPPORT ITS VARIOUS
PROGRAMMING AND OPPORTUNITIES FOR GLOBAL JEWRY TO STRENGTHEN THEIR BOND
WITH THE LAND OF ISRAEL.

OTZEM PRE- MILITARY TORAH ACADEMY \$336,000

FUNDS TO SUPPORT CONSTRUCTION TOWARDS THE ESTABLISHMENT OF AN OUTDOOR

ADVENTURE PARK AT MECHINA IN NAVEH.

RAMAT HANEGEV REGION - YOUNG ADULT CENTER \$15,000

RED MOUNTAIN THERAPEUTIC RIDING CENTER (GROFIT) \$419,367 RED MOUNTAIN THERAPEUTIC RIDING CENTER PROVIDES WEEKLY HORSEBACK RIDING THERAPY TO MORE THAN 200 CHILDREN AND ADULTS WITH PHYSICAL AND MENTAL DISABILITIES AS WELL AS EMOTIONAL AND BEHAVIORAL ISSUES IN ISRAEL'S REMOTE ARAVA REGION.

**Supplemental Information** 

Part V 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).

RENEWABLE ENERGY- EILAT \$38,200

THIS EILAT-EILOT RENEWABLE ENERGY INITIATIVE PROMOTES THE USE AND DEVELOPMENT OF RENEWABLE ENERGY AS A REGIONAL DEVELOPMENT CATALYST. THE GOAL IS TO TRANSFORM THE REGION INTO AN INTERNATIONAL CENTER FOR RESEARCH AND DEVELOPMENT OF TECHNOLOGIES THAT PRODUCE RENEWABLE ENERGY.

RIMON SCHOOL OF MUSIC \$10,000

THE SCHOOLS MISSION IS TO SERVE AS A CREATIVE CENTER OF INSPIRATION,

ENCOURAGING STUDENTS TO EXPLORE, LEARN AND TRAIN, DEVELOPING PROFESSIONAL CAREERS IN MUSIC.

SHA'AR HANEGEV REGIONAL COUNCIL \$207,500

CONSTRUCTION OF TREATMENT ROOMS, WAITING AREA, AND AN ACCESSIBLE BATHROOM IN THE COMMUNITY RESILIENCE CENTER. INCLUDES FURNISHING, FULL A/V APPARATUS, AND UNIQUE PEDIATRIC TREATMENT TOOLS SUCH AS SENSORY EQUIPMENT.

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).

SOCIETY OF FRIENDS FOR THE PRESERVATION OF HISTORICAL SITES IN ISRAEL

(SPIHS) \$1,092,897

SOCIETY FOR PRESERVATION OF ISRAEL HERITAGE SITES WORKS TO LOCATE,

RESTORE, AND PRESERVE HERITAGE SITES ACROSS ISRAEL, INCLUDING THE ATLIT

IMMIGRATION CAMP AND THE AYALON INSTITUTE.

## SUSTAINABILITY LABORATORY \$25,000

PROJECT WADI ATTIR IS A GROUNDBREAKING INITIATIVE OF THE BEDOUIN

COMMUNITY IN THE NEGEV TO ESTABLISH A MODEL, AND REPLICABLE, SUSTAINABLE

AGRICULTURAL OPERATION FOR ARID ENVIRONMENTS.

TEL AVIV UNIVERSITY \$35,000

TEL AVIV UNIVERSITY IS THE LARGEST, MOST COMPREHENSIVE AND MOST DYNAMIC RESEARCH AND TEACHING INSTITUTION IN ISRAEL, OFFERING THE COUNTRY'S MOST DIVERSIFIED RANGE OF STUDY AND RESEARCH FIELDS.

WESTERN GALILEE NOW \$687,500

WGN IS A CONSORTIUM OF SMALL TOURISM OPERATORS AND ARTISANAL BUSINESSES

Part V Supplemental Information

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WHICH PROMOTES AWARENESS AND APPRECIATION FOR THE REGION'S BOUTIQUE

WINES, FOOD, ART AND PRODUCE, ALONG WITH ITS CULTURAL DIVERSITY, HISTORIC

TRADITIONS, AND OPERATES THE JNF VISITOR CENTER IN AKKO.

WOMAN TO WOMAN \$22,800

THE SHELTER PROVIDES PHYSICAL HAVEN AND EMOTIONAL SECURITY FOR ALL WOMEN

ALL OVER THE COUNTRY.

YAD LAYELED HAMEYUCHAD \$1,625,000

INTEGRATES YOUTH WITH DISABILITIES INTO THE ISRAEL DEFENSE FORCES (IDF)

AND LATER ON INTO ISRAEL SOCIETY. AND LATER ON INTO ISRAEL SOCIETY.

# Part V Supplemental Information

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FORM 990, SCHEDULE F, PART IV:

THE JEWISH NATIONAL FUND INVESTS IN VARIOUS ALTERNATIVE INVESTMENTS, BOTH DOMESTICALLY AND INTERNATIONALLY. WHILE THE FUND MAY OWN THESE INVESTMENT VEHICLES, ITS OWNERSHIP IN (OR TRANSFERS TO) THESE INVESTMENTS MAY NOT RISE TO THE THRESHOLDS REQUIRED FOR FILING FORMS 926, 8865 OR 5471. TO THE EXTENT THAT THE FUND IS REQUIRED TO FILE EITHER FORM, THEY ARE SUBMITTED ALONG WITH ITS FORM 990-T, BUSINESS INCOME TAX RETURN.

| SCHEDULE G                         | OMB No. 1545-0047                                       |  |               |               |                        |                      |                     |  |  |  |
|------------------------------------|---|--|---------------|---------------|------------------------|----------------------|---------------------|--|--|--|
| (Form 990)                         |   | he organization answer<br>organization entered n |               |               |                        | 9, or if the         | 2022                |  |  |  |
| Department of the Treasury         |   | Attach t   | o Form 990    | or Form 990-  | ·EZ.                   |                      | Open to Public      |  |  |  |
| Internal Revenue Service           |   | to www.irs.gov/Form9                             | 90 for instru | ictions and t | he latest information. |                      | Inspection          |  |  |  |
| Name of the organization           | JEWISH NATION   | -  |               |               |                        | Employer identificat |                     |  |  |  |
| (KEREN KAYEMETH                    | <u>LEISRAEL)</u> INC<br>g Activities. Comp              |  | zation or     | ewored "      | Voc" on Form 00        | 13-16596             |                     |  |  |  |
|                                    | EZ filers are not re                                    | •  |               |               |                        | o, Part IV, line     | 17.                 |  |  |  |
|                                    | the organization rais                                   | •  |               |               | activities Check a     | all that apply       |                     |  |  |  |
| a Mail solicita                    | •   | e e  |               | •             | non-government g       |                      |                     |  |  |  |
|                                    | email solicitations                                     | f  |               |               | government grants      |                      |                     |  |  |  |
| c Phone solici                     |   | g  |               |               | ising events           | -                    |                     |  |  |  |
| d In-person solicitations          |   |  |               |               |                        |                      |                     |  |  |  |
| 2a Did the organiza                | tion have a written o                                   | r oral agreement w                               | ith any ind   | dividual (in  | cluding officers, d    | irectors, trustees,  |                     |  |  |  |
|                                    | es listed in Form 990                                   |  |               | •             |                        | •                    | Yes No              |  |  |  |
|                                    | 10 highest paid indi                                    |  | (fundraise    | rs) pursua    | int to agreements      | under which the      | fundraiser is to be |  |  |  |
| compensated at                     | least \$5,000 by the                                    | organization.                                    |               |               |                        |                      |                     |  |  |  |
| (i) Name and addr<br>or entity (fu | (vi) Amount paid to<br>(or retained by)<br>organization |  |               |               |                        |                      |                     |  |  |  |
|                                    |   |  | Yes           | No            |                        | col. (i)             |                     |  |  |  |
| 1                                  |   |  | 103           |               |                        |                      |                     |  |  |  |
|                                    |   |  |               |               |                        |                      |                     |  |  |  |
| 2                                  |   |  |               |               |                        |                      |                     |  |  |  |
|                                    |   |  |               |               |                        |                      |                     |  |  |  |
| 3                                  |   |  |               |               |                        |                      |                     |  |  |  |
|                                    |   |  |               |               |                        |                      |                     |  |  |  |
| 4                                  |   |  |               |               |                        |                      |                     |  |  |  |
|                                    |   |  |               |               |                        |                      |                     |  |  |  |
| 5                                  |   |  |               |               |                        |                      |                     |  |  |  |
| 6                                  |   |  |               |               |                        |                      |                     |  |  |  |
| Ū                                  |   |  |               |               |                        |                      |                     |  |  |  |
| 7                                  |   |  |               |               |                        |                      |                     |  |  |  |
|                                    |   |  |               |               |                        |                      |                     |  |  |  |
| 8                                  |   |  |               |               |                        |                      |                     |  |  |  |
|                                    |   |  |               |               |                        |                      |                     |  |  |  |
| 9                                  |   |  |               |               |                        |                      |                     |  |  |  |
|                                    |   |  |               |               |                        |                      |                     |  |  |  |
| 10                                 |   |  |               |               |                        |                      |                     |  |  |  |
|                                    |   |  |               |               |                        |                      |                     |  |  |  |
| Tetel                              |   |  |               |               |                        |                      |                     |  |  |  |
| Total<br>3 List all states in      | which the organization                                  | tion is registered o                             | or licensed   | to solicit    | contributions or       | has been notified    | lit is exempt from  |  |  |  |
|                                    | which the organiza                                      | uon is registered o                              |               |               |                        | nas been noulled     | a it is evenibr nom |  |  |  |

registration or licensing.

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

|                        |          | gross receipts greater than \$5,00  | 0.   |                               |                                |   |
|------------------------|----------|---|--|-------------------------------|--------------------------------|---|
|                        |          |   | (a) Event #1<br>NYC TOL DINNER                     | (b) Event #2<br>LA GOLF TOUR. | <b>(c)</b> Other events<br>314 | (d) Total events<br>(add col. (a) through |
| 0                      |          |   | (event type)                                       | (event type)                  | (total number)                 | col. <b>(c)</b> )                         |
| Revenue                | 1        | Gross receipts  | 723,525.   | 573,220.                      | 6,191,299.                     | 7,488,044.                                |
| œ                      | 2        | Less: Contributions   | 628,525.   | 258,220.                      | 5,542,861.                     | 6,429,606.                                |
|                        | 3        | Gross income (line 1 minus line 2)  | 95,000.  | 315,000.                      | 648,438.                       | 1,058,438.                                |
|                        | 4        | Cash prizes   |  |                               |                                |   |
| (0                     | 5        | Noncash prizes  |  |                               |                                |   |
| sesue                  | 6        | Rent/facility costs   | 105,400.   | 44,370.                       | 1,236,977.                     | 1,386,747.                                |
| <b>Direct Expenses</b> | 7        | Food and beverages  | 15,127.  | 143,279.                      | 1,811,164.                     | 1,969,570.                                |
| Direc                  | 8        | Entertainment   | 28,568.  | 4,968.                        | 961,335.                       | 994,871.                                  |
|                        | 9        | Other direct expenses   |  |                               |                                |   |
|                        | 10<br>11 | Direct expense summary. Add lir<br>Net income summary. Subtract l                             | nes 4 through 9 in colu<br>ine 10 from line 3, col | umn (d)<br>lumn (d)           |                                | 4,351,188.<br>-3,292,750.                 |
| Ра                     | rt II    | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, lin                                   | anization answered "                               | Yes" on Form 990, F           | Part IV, line 19, or           | reported more than                        |
| Pe                     |          | \$13,000 0H1 0HH 330-LZ, HH   | (a) Bingo  | (b) Pull tabs/instant         | (c) Other gaming               | (d) Total gaming (add                     |
| Revenue                |          |   |  | bingo/progressive bingo       |                                | col. (a) through col. (c))                |
| Å                      | 1        | Gross revenue   |  |                               |                                |   |
| ses                    | 2        | Cash prizes   |  |                               |                                |   |
| Exper                  | 3        | Noncash prizes  |  |                               |                                |   |
| Direct Expenses        | 4        | Rent/facility costs   |  |                               |                                |   |
| _                      | 5        | Other direct expenses   |  |                               |                                |   |
|                        | 6        | Volunteer labor   | Yes %  | 9Yes%<br>No                   | Yes%<br>No                     |   |
|                        | 7        | Direct expense summary. Add lin   | nes 2 through 5 in colu                            | umn (d)                       |                                |   |
|                        | 8        | Net gaming income summary. S  | ubtract line 7 from line                           | e 1, column (d)               | <u></u>                        |   |
| 9<br>a<br>k            | i I      | Enter the state(s) in which the org<br>s the organization licensed to con<br>f "No," explain: | duct gaming activities                             | in each of these state        |                                | Yes No                                    |
| 10a<br>k               |          | Were any of the organization's gaming<br>f "Yes," explain:                                    |  |                               |                                | Yes No                                    |

| Sched | ule G (Form 990 or 990-EZ) 2022 JEWISH NATIONAL FUND  | 13-1     | 1659627 | Page <b>3</b> |
|-------|---|----------|---------|---------------|
| 11    | Does the organization conduct gaming activities with nonmembers?  |          |         |               |
| 12    | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent  |          |         |               |
|       | formed to administer charitable gaming?   |          | Yes     | No            |
| 13    | Indicate the percentage of gaming activity conducted in:  |          |         |               |
| а     | The organization's facility   | 13a      |         | %             |
| b     | An outside facility   | 13b      |         | %             |
| 14    | Enter the name and address of the person who prepares the organization's gaming/special events book   | ks and   |         |               |
|       | records:  |          |         |               |
|       | Nama N  |          |         |               |
|       | Name ▶  |          |         |               |
|       | Address ►   |          |         |               |
| 15 0  | Does the organization have a contract with a third party from whom the organization receives  |          |         |               |
| 15 a  | revenue?  |          | Ves     | No            |
| h     | If "Yes," enter the amount of gaming revenue received by the organization ► \$  | and the  | 163     |               |
| , N   | amount of gaming revenue retained by the third party $\triangleright$ \$  |          |         |               |
| с     | If "Yes," enter name and address of the third party:  |          |         |               |
|       | ······································  |          |         |               |
|       | Name ▶  |          |         |               |
|       | Address ►   |          |         |               |
|       |   |          |         |               |
| 16    | Gaming manager information:   |          |         |               |
|       | Name ▶  |          |         |               |
|       |   |          |         |               |
|       | Gaming manager compensation ► \$  |          |         |               |
|       | Description of services provided ►  |          |         |               |
|       | Director/officer Employee Independent contractor  |          |         |               |
|       |   |          |         |               |
| 17    | Mandatory distributions:  |          |         |               |
| а     | Is the organization required under state law to make charitable distributions from the gaming pr  | oceeds t | 0       |               |
|       | retain the state gaming license?  |          |         | No            |
| b     | Enter the amount of distributions required under state law to be distributed to other exempt org  |          |         |               |
|       | or spent in the organization's own exempt activities during the tax year 🕨 \$   |          |         |               |
| Part  | <b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional statements of the second statement of t |          |         |               |
|       | (see instructions).   |          | mation  |               |
| FOR   | M 990, SCHEDULE G, PART II - EVENT ACTIVITIES:  |          |         |               |
|       |   |          |         |               |
| THE   | JEWISH NATIONAL FUND OPERATES THROUGHOUT THE UNITED STATES IN PURSUIT   |          |         |               |
| OF 1  | ITS CHARITABLE MISSION. THE ORGANIZATION CONDUCTS HUNDREDS OF SPECIAL   |          |         |               |
| EVE   | NTS AND FUNDRAISING ACTIVITIES IN MULTIPLE JURISDICTIONS AND SO   |          |         |               |
|       | TURING THE PRECISE INFORMATION FOR THE SCHEDULE G IS QUITE DIFFICULT.   |          |         |               |
|       | ORGANIZATION ATTRIBUTES APPROXIMATELY 15% OF ALL SPECIAL EVENT  |          |         |               |
|       | DRAISING INCOME AS BEING DERIVED FROM THE GOODS AND SERVICES COMPONENT  |          |         |               |
|       | THE TICKET PRICE AND THUS THE COLUMN C BREAKOUT OF REVENUE (FOR THE   |          |         |               |
|       | EVENTS) HAS BEEN CALCULATED USING THIS ALLOCATION METHODOLOGY.  |          |         |               |
|       | ENSES ATTRIBUTABLE TO THESE EVENTS HAVE NOT BEEN CLASSIFIED AS THE  |          |         |               |
| SHE   | ER VOLUME OF EVENTS MAKES THIS VERY DIFFICULT TO CAPTURE ACCURATELY.  |          |         |               |

Schedule G (Form 990 or 990-EZ) 2022

|  |                  |                                    | Assistance t<br>ndividuals in | -                                   | •   | -                                     | OMB No. 1545-0047                     |  |  |  |  |  |
|--|------------------|------------------------------------|-------------------------------|-------------------------------------|---|---------------------------------------|---------------------------------------|--|--|--|--|--|
| Con  | nplete if the o  | rganization ans                    | wered "Yes" on F              | orm 990, Part IV,                   | , line 21 or 22.  |                                       |                                       |  |  |  |  |  |
|  |                  | -                                  | tach to Form 990.             |                                     |   |                                       | Open to Public                        |  |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service   | Go t             | o www.irs.gov/                     | Form990 for the la            | test information.                   |   |                                       | Inspection                            |  |  |  |  |  |
| Name of the organization JEWISH NATIONAL FUN   | D                | _                                  |                               |                                     |   | Employer identific                    | ation number                          |  |  |  |  |  |
| (KEREN KAYEMETH LEISRAEL) INC.   |                  |                                    |                               |                                     |   | 13-165962                             | 27                                    |  |  |  |  |  |
| Part I General Information on Grants a   | nd Assistanc     | e                                  |                               |                                     |   | •                                     |                                       |  |  |  |  |  |
| <ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,</li> </ol> |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| <b>Part II</b> Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| 1 (a) Name and address of organization<br>or government  | (b) EIN          | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant   | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |  |
| (1) A TORAH INFERTILITY MEDIUM OF EXCHANGE   |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| 1310 48TH ST BROOKLYN, NY 11219  | 11-3394747       | 501(C)(3)                          | 50,000.                       |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (2) ADOPTIONS TOGETHER   | 11 3394/4/       | 501(0)(5)                          | 50,000.                       |                                     |   |                                       | SENERAL SUFFORT                       |  |  |  |  |  |
| 4061 POWDER MILL RD CALVERTON, MD 20705  | 52-1703994       | 501(C)(3)                          | 6,000.                        |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (3) AGUDATH ISRAEL OF AMERICA  | 52 17000001      | 562(6)(5)                          |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| 42 BROADWAY NEW NEW YORK, NY 10004   | 13-5604164       | 501(C)(3)                          | 50,000.                       |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (4) ALEXANDER MUSS INSTITUTE FOR ISRAEL EDU.   |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| 114 W 26TH ST., 10TH FL NEW YORK, NY 10001   | 59-0173782       | 501(C)(3)                          | 3,770,085.                    |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (5) ALGEMEINER, INC  |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| 788 EASTERN PKWY BROOKLYN, NY 11213  | 81-1236747       | 501(C)(3)                          | 7,200.                        |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (6) ALS ASSOCIATION GOLD   |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| PO BOX 565 AGOURA HILLS, CA 91376  | 95-4163338       | 501(C)(3)                          | 10,000.                       |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (7) ALZHEIMER DISEASE RESEARCH FDN   |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| 34 WASHINGTON ST WELLESELY HILLS, MA 02481   | 52-2396428       | 501(C)(3)                          | 10,000.                       |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (8) AMERICAN FRIENDS OF ATERET COHANEM INC   |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| PO BOX 390 WOODMERE, NY 11598  | 11-2706563       | 501(C)(3)                          | 36,000.                       |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (9) AMERICAN FRIENDS OF IDC HERZLIYA   |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| 142 W 57TH ST NEW YORK, NY 10019   | 31-1577589       | 501(C)(3)                          | 25,000.                       |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (10) AMERICAN FRIENDS OF MAGEN DAVID ADOM  |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| 6505 WILSHIRE BLVD LOS ANGELES, CA 90048   | 13-1790719       | 501(C)(3)                          | 10,000.                       |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (11) AMERICAN FRIENDS OF MOSDOT ZERA YITZCHAK  |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| 924 AVENUE O BROOKLYN, NY 11230  | 20-0793026       | 501(C)(3)                          | 30,000.                       |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (12) AMERICAN FRIENDS OF SHEBA MEDICAL   |                  |                                    |                               |                                     |   |                                       |                                       |  |  |  |  |  |
| 6505 WILSHIRE BLVD LOS ANGELES, CA 90048   | 23-7076117       |                                    | 7,500.                        |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| 2 Enter total number of section 501(c)(3) and  | 0                | 0                                  |                               |                                     |   |                                       | 147                                   |  |  |  |  |  |
| 3 Enter total number of other organizations li   | sted in the line | 1 table                            |                               |                                     |   |                                       |                                       |  |  |  |  |  |

Schedule I (Form 990) 2022

| SCHEDULE I   |   |                   |                                    | Assistance t             | -                                | •   | F                                     | OMB No. 1545-0047                     |  |  |  |  |
|--|---|-------------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---------------------------------------|--|--|--|--|
| (Form 990)   |   |                   | •                                  | ndividuals in            |                                  |   |                                       | 2022                                  |  |  |  |  |
|  | Coi                                     | mplete if the oi  | -                                  | wered "Yes" on F         | orm 990, Part IV,                | line 21 or 22.  |                                       | Open to Public                        |  |  |  |  |
| Department of the Treasury   |   | •                 |                                    | tach to Form 990.        |                                  |   |                                       | Inspection                            |  |  |  |  |
| Internal Revenue Service   |   | Go t              | o www.irs.gov/l                    | Form990 for the la       | test information.                |   |                                       |                                       |  |  |  |  |
| Name of the organization $_{\rm J}$  | EWISH NATIONAL FUND                     |                   |                                    |                          |                                  |   | Employer identifie                    | cation number                         |  |  |  |  |
| (KEREN KAYEMETH LEIS   |   |                   |                                    |                          |                                  |   | 13-1659627                            |                                       |  |  |  |  |
| Part I General Information on Grants and Assistance  |   |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and |   |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| the selection criteria used to award the grants or assistance?   |   |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  |   |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,             |   |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.                                |   |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
|  | d address of organization<br>government | <b>(b)</b> EIN    | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |
| (1) AMERICAN FRIENDS   | OF YAD ELIEZER                          |                   |                                    |                          |                                  | ,   |                                       |                                       |  |  |  |  |
| 410 GLENN RD JACKSON,  |   | 11-3459952        | 501(C)(3)                          | 21,600.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (2) AMERICAN GEERZ FO  | R LIFE                                  |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| 3350 DRENNAN INDUSTRI  |   | 47-5273403        | 501(C)(3)                          | 233,213.                 |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (3) AMERICAN ISRAEL E  | DUCATION                                |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| 251 H STREET NW WASHI  |   | 52-1623781        | 501(C)(3)                          | 80,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (4) AMERICAN JEWISH C  | OMMITTEE                                |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| 165 E 56TH ST NEW YOR  |   | 13-5563393        | 501(C)(3)                          | 25,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (5) ARIE CROWN HEBREW  | DAY SCHOOL                              |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| 4600 MAIN ST SKOKIE,   |   | 36-4421022        | 501(C)(3)                          | 10,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (6) BAIS MEDRASH EAST  | FIFTH INC                               |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| 419 E 5TH ST LAKEWOOD  | , NJ 08701                              | 47-2308521        | 501(C)(3)                          | 62,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (7) BIRTHRIGHT ISRAEL  | FOUNDATION                              |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| PO BOX 21615 NEW YORK  | , NY 10087                              | 13-4092050        | 501(C)(3)                          | 32,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (8) BNEI DAVID FOUNDA  | TION                                    |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| 333 OGDEN AVE TEANECK  | , NJ 07666                              | 81-3428122        | 501(C)(3)                          | 10,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (9) BOCA RATON SYNAGO  | GUE                                     |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| 7900 MONTOYA CIR N BO  | CA RATON, FL 33433                      | 59-2446537        | 501(C)(3)                          | 21,850.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (10) BRANDEIS HILLEL D   | AY SCHOOL - MARIN                       |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| 180 N SAN PEDRO SAN R  | AFEL, CA 94903                          | 47-1253063        | 501(C)(3)                          | 36,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (11) CAMERA  |   |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| PO BOX 35040 BOSTON,   | MA 02135                                | 52-1332702        | 501(C)(3)                          | 25,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (12) CENTER FOR ISRAEL   | EDUCATION                               |                   |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |
| 825 HOUSTON MILL ROAD  |   | 26-0220636        |                                    | 245,000.                 |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
|  | per of section 501(c)(3) an             |                   |                                    |                          |                                  |   |                                       | ·                                     |  |  |  |  |
| 3 Enter total numb   | per of other organizations l            | isted in the line | 1 table                            |                          |                                  |   |                                       |                                       |  |  |  |  |

| SCHEDULE I   | Grants a   | nd Other A                         | Assistance t             | o Organiza                       | tions,  |                                       | OMB No. 1545-0047                     |  |  |  |  |  |
|--|--|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---------------------------------------|--|--|--|--|--|
|  | (Form 990) Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| Com  | plete if the o   | rganization ans                    | wered "Yes" on F         | orm 990, Part IV                 | , line 21 or 22.  |                                       | 2022                                  |  |  |  |  |  |
| Department of the Treasury   |  | At                                 | tach to Form 990.        |                                  |   |                                       | Open to Public                        |  |  |  |  |  |
| Internal Revenue Service   | Go t   | o www.irs.gov/                     | Form990 for the la       | test information.                |   |                                       | Inspection                            |  |  |  |  |  |
| Name of the organization JEWISH NATIONAL FUND  |  |                                    |                          |                                  |   | Employer identific                    | ation number                          |  |  |  |  |  |
| (KEREN KAYEMETH LEISRAEL) INC.   |  |                                    |                          |                                  |   | 13-1659627                            |                                       |  |  |  |  |  |
| Part I General Information on Grants an  | d Assistanc  | е                                  |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| <ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol> |  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| Part II Grants and Other Assistance to I   | Oomestic Or  | ganizations ar                     | nd Domestic Gov          | vernments. Com                   | plete if the organiz  | ation answered                        | "Yes" on Form 990,                    |  |  |  |  |  |
| Part IV, line 21, for any recipient t  | hat received   | more than \$5                      | ,000. Part II can I      | be duplicated if a               | additional space is r                                       | needed.                               |                                       |  |  |  |  |  |
| 1 (a) Name and address of organization<br>or government  | <b>(b)</b> EIN   | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |  |
| (1) CENTRAL FUND OF ISRAEL   |  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 980 6TH AVENUE, 3RD FL NEW YORK, NY 10018  | 13-2992985   | 501(C)(3)                          | 190,000.                 |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (2) CENTRAL FUND OF ISRAEL   |  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 980 6TH AVENUE NEW YORK, NY 10018  | 13-2992985   | 501(C)(3)                          | 140,000.                 |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (3) CHABAD AT UCF INC  |  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 3144 N ALAFAYA TRL ORLANDO, FL 32826   | 20-5758752   | 501(C)(3)                          | 5,400.                   |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (4) CHABAD LUBAVITCH OF MYRTLE BEACH   |  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 2803 N OAK ST MYRTLE BEACH, SC 29577   | 57-0852427   | 501(C)(3)                          | 19,800.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (5) CHABAD LUBAVITCH OF SOUTHWEST BROWARD INC  |  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 10601 STIRLING RD COOPER CITY, FL 33328  | 65-0374355   | 501(C)(3)                          | 26,750.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (6) CHABAD OF TEXAS A&M UNIVERSITY   | _  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 201 LIVE OAK ST COLLEGE STATION, TX 77840  | 23-7278350   | 501(C)(3)                          | 10,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (7) CHABAD-LUBAVITCH OF DELAWARE INC   | _  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 1811 SILVERSIDE RD WILMINGTON, DE 19810  | 22-2842237   | 501(C)(3)                          | 28,368.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (8) CHAI LIFELINE  | _  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 151 W 30TH ST NEW YORK, NY 10001   | 11-2940331   | 501(C)(3)                          | 15,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (9) CHARLES E SMITH JEWISH DAY SCHOOL  |  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 1901 EAST JEFFERSON ST ROCKVILLE, MD 20852   | 52-0961920   | 501(C)(3)                          | 100,000.                 |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (10) CHEDER CHABAD INC   |  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 9085 HAPPY HOLLOW RD DELRAY BEACH, FL 33446  | 84-2269463   | 501(C)(3)                          | 10,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (11) CONG MAGEN DAVID OF WEST DEAL   |  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 395 DEAL RD OCEAN, NJ 07712  | 22-2177210   | 501(C)(3)                          | 14,591.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (12) CONGREGATION BETH AM  |  |                                    |                          |                                  |   |                                       |                                       |  |  |  |  |  |
| 5050 DEL MAR HEIGHTS RD SAN DIEGO, CA 92130  | 95-3754483   | 501(C)(3)                          | 62,000.                  |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| 2 Enter total number of section 501(c)(3) and  | government   | organizations lis                  | sted in the line 1 tak   |                                  |   |                                       |                                       |  |  |  |  |  |
| 3 Enter total number of other organizations lis  | ted in the line  | 1 table                            |                          |                                  |   |                                       |                                       |  |  |  |  |  |

Schedule I (Form 990) 2022

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| SCHEDULE I   |  | Grants a         | nd Other A                         | Assistance t                | o Organiza                          | tions.  | 1                                    | OMB No. 1545-0047  |  |  |  |  |
|--|--|------------------|------------------------------------|-----------------------------|-------------------------------------|---|--------------------------------------|--------------------|--|--|--|--|
| (Form 990)   |  |                  |                                    | ndividuals i                | -                                   | •   |                                      | 2022               |  |  |  |  |
|  | Com  | plete if the o   | rganization ans                    | wered "Yes" on F            | orm 990, Part IV,                   | , line 21 or 22.  |                                      |                    |  |  |  |  |
| Depertment of the Treesury   |  | -                | At                                 | tach to Form 990.           |                                     |   |                                      | Open to Public     |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service   |  | Go t             | o www.irs.gov/                     | Form990 for the la          | test information.                   |   |                                      | Inspection         |  |  |  |  |
| Name of the organization J   | EWISH NATIONAL FUND                                  |                  |                                    |                             |                                     |   | Employer identifi                    | cation number      |  |  |  |  |
| (KEREN KAYEMETH LEIS   |  |                  |                                    |                             |                                     |   | 13-1659627                           |                    |  |  |  |  |
|  | nformation on Grants ar                              | nd Assistanc     | e                                  |                             |                                     |   |                                      |                    |  |  |  |  |
| <ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,</li> </ol> |  |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
|  | nd Other Assistance to I<br>ne 21, for any recipient |                  | -                                  |                             |                                     | • •   |                                      | "Yes" on Form 990, |  |  |  |  |
| <b>1 (a)</b> Name an   | d address of organization<br>government              | (b) EIN          | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistanc |                    |  |  |  |  |
| (1) CONGREGATION BETH  | SHALOM INC   |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| 1801 BAYNARD BLVD WIL  |  | 51-0072863       | 501(C)(3)                          | 21,800.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (2) CONGREGATION EMAN  | U-EL REDLANDS  |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| 1495 FORD STREET REDL  |  | 95-2113598       | 501(C)(3)                          | 203,038.                    |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (3) CONGREGATION KNES  | ST SIMCHA  |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| 199 LEE AVE BROOKLYN,  |  | 11-3356058       | 501(C)(3)                          | 10,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (4) CONGREGATION NEVE  | SHALOM   |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| 250 GROVE AVENUE METU  | CHEN, NJ 08840                                       | 22-1599193       | 501(C)(3)                          | 50,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (5) CONGREGATION REFU  | AH HELPLINE  |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| 9 MERON DRIVE MONROE,  | NY 10950   | 20-8216686       | 501(C)(3)                          | 17,002.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (6) CONGREGATION RODE  | F SHOLOM OF MARIN                                    |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| 170 NORTH SAN PEDRO R  | D SAN RAFAEL, CA 94903                               | 94-6030040       | 501(C)(3)                          | 174,780.                    |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (7) CONGREGATION SHAA  | REI TORAH  |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| 2400 SECTION ROAD CIN  | CINNATI, OH 45237                                    | 45-1263585       | 501(C)(3)                          | 20,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (8) DIX HILLS JEWISH   | CENTER   |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| 555 VANDERBILT PKWY D  | IX HILLS, NY 10022                                   | 11-2166192       | 501(C)(3)                          | 10,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (9) ELEVATION WORLDWI  | DE FDN   |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| 4711 GOLF ROAD SKOKIE  | , IL 60076   | 30-1126212       | 501(C)(3)                          | 8,675.                      |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (10) FLORIDA BREAST CA   | NCER   |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| 11900 BISCAYNE BLVD N  | MIAMI BEACH, FL 33181                                | 01-0694045       | 501(C)(3)                          | 10,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (11) FRIENDS OF BET EL   | AZRAKI   |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| PO BOX 277 TEANECK, N  | J 07666  | 86-3965030       | 501(C)(3)                          | 12,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (12) FRIENDS OF IDF  |  |                  |                                    |                             |                                     |   |                                      |                    |  |  |  |  |
| 6505 WILSHIRE BLVD LO  | S ANGELES, CA 90048                                  | 13-3156445       | 501(C)(3)                          | 10,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| 2 Enter total numb   | per of section 501(c)(3) and                         | government       | organizations lis                  | sted in the line 1 tal      |                                     |   |                                      | •                  |  |  |  |  |
| 3 Enter total numb   | per of other organizations list                      | sted in the line | 1 table                            |                             |                                     |   |                                      |                    |  |  |  |  |

Schedule I (Form 990) 2022

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| SCHEDULE I   |   | Grants a         | nd Other A                         | Assistance t                | o Organiza                       | tions,  | L                                     | OMB No. 1545-0047                     |  |  |  |  |
|--|---|------------------|------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|---------------------------------------|--|--|--|--|
| (Form 990)   |   |                  | •                                  | ndividuals in               |                                  |   |                                       | 2022                                  |  |  |  |  |
|  | Com                                     | plete if the o   | •                                  | wered "Yes" on F            | orm 990, Part IV,                | line 21 or 22.  |                                       | -                                     |  |  |  |  |
| Department of the Treasury   |   | _                |                                    | tach to Form 990.           |                                  |   |                                       | Open to Public                        |  |  |  |  |
| Internal Revenue Service   |   | Go t             | o www.irs.gov/                     | Form990 for the la          | test information.                |   |                                       | Inspection                            |  |  |  |  |
| Name of the organization $_{\rm J}$  | EWISH NATIONAL FUND                     |                  |                                    |                             |                                  |   | Employer identifie                    | cation number                         |  |  |  |  |
| (KEREN KAYEMETH LEIS   |   |                  |                                    |                             |                                  |   | 13-1659627                            |                                       |  |  |  |  |
| Part I General Information on Grants and Assistance  |   |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| <ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol> |   |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| Part II Grants ar  | nd Other Assistance to I                | Domestic Or      | ganizations ar                     | nd Domestic Gov             | vernments. Com                   | plete if the organiz  | ation answered                        | "Yes" on Form 990,                    |  |  |  |  |
|  | ne 21, for any recipient                |                  | -                                  |                             |                                  |   |                                       |                                       |  |  |  |  |
| <b>1 (a)</b> Name an   | d address of organization<br>government | (b) EIN          | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |
| (1) FRIENDS OF LUBAVI  | ТСН                                     |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| 7037 FRERET ST NEW OR  | LEANS, LA 70118                         | 72-0791958       | 501(C)(3)                          | 5,400.                      |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (2) FRIENDS OF MIDRES  | HET MORIAH                              |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| 607 COLONADE RD WEST   | HEMPSTEAD, NY 10020                     | 84-2464293       | 501(C)(3)                          | 40,000.                     |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (3) FRIENDS OF OHEL S  | HELOMOH                                 |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| 525 E 89TH STREET NEW  | YORK, NY 10128                          | 13-4130696       | 501(C)(3)                          | 8,950.                      |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (4) FRIENDS OF THE AR  | AVA INSTITUTE                           |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| 1320 CENTRE STREET NE  | WTON CENTRE, MA 02459                   | 11-3485736       | 501(C)(3)                          | 61,000.                     |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (5) FRIENDS OF THE AR  | AVA INSTITUTE                           |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| 1320 CENTRE STREET NE  | WTON CENTRE, MA 02459                   | 11-3485736       | 501(C)(3)                          | 50,000.                     |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (6) FRIENDS OF THE IS  | RAEL DEFENSE FORCES                     |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| 60 EAST 42ND ST NEW Y  | ORK, NY 10165                           | 13-3156445       | 501(C)(3)                          | 25,000.                     |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (7) FRIENDS OF UNITED  | HATZALAH                                |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| 208 EAST 51ST ST NEW   | YORK, NY 10022                          | 11-3533002       | 501(C)(3)                          | 100,000.                    |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (8) FUEL FOR TRUTH, I  | NC.                                     |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| 47 ELDERBERRY RD SYOS  | SET, NY 11791                           | 30-0129917       | 501(C)(3)                          | 170,000.                    |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (9) FUENTE LATINA  |   |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| 7300 BISCAYNE BLVD MI  | AMI, FL 33138                           | 47-1624899       | 501(C)(3)                          | 10,000.                     |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (10) GEMILOS CHASODIM  | CHASDEL MOSHE                           |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| 5314 16TH AVE BROOKLY  | N, NY 11204                             | 52-2280459       | 501(C)(3)                          | 75,000.                     |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (11) GLOBAL VILLAGE PR   | OJECT                                   |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| PO BOX 1548 DECATUR,   | GA 30031                                | 26-4152199       | 501(C)(3)                          | 10,000.                     |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (12) GOTTESMAN RTW ACA   | DEMY                                    |                  |                                    |                             |                                  |   |                                       |                                       |  |  |  |  |
| 146 DOVER CHESTER RD   |   | 22-1833220       |                                    | 107,000.                    |                                  |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| 2 Enter total numb   | per of section 501(c)(3) and            | government       | organizations lis                  | sted in the line 1 tak      | ble                              |   |                                       | ·                                     |  |  |  |  |
| 3 Enter total numb   | per of other organizations list         | sted in the line | 1 table                            |                             |                                  |   |                                       |                                       |  |  |  |  |

Schedule I (Form 990) 2022

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| SCHEDULE I<br>(Form 990)   | -   | OMB No. 1545-0047<br>എ <b>റ്ററ</b> |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
|--|---|------------------------------------|------------------------------------|-----------------------------|----------------------------------|--|---------------------------------------|---------------------------------------|--|--|--|--|
|  |   | 2022                               |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.<br>Attach to Form 990.  |   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| Department of the Treasury       Internal Revenue Service         Go to www.irs.gov/Form990 for the latest information.  |   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| Department of the neasury<br>Internal Revenue Service       Go to www.irs.gov/Form990 for the latest information.       Inspection         Name of the organization<br>Name of the organization<br>Service       JEWISH NATIONAL FUND       Employer identification number   |   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| (KEREN KAYEMETH LEIS   | 13-1659627                                      |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
|  | nformation on Grants an                         | d Assistanc                        | e                                  |                             |                                  |  |                                       |                                       |  |  |  |  |
| <ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul> |   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,   |   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  |   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
|  | d address of organization<br>government         | <b>(b)</b> EIN                     | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of noncash assistance | <b>(f)</b> Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |
| (1) HASBARA FELLOWSHI  | PS  |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| 313 WEST 83 ST NEW YORK, NY 10024  |   | 20-1651102                         | 501(C)(3)                          | 15,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (2) HELPING ISRAEL FUND  |   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| 3010 N MILITARY TRAIL BOCA RATON, FL 33431   |   | 20-4981268                         | 501(C)(3)                          | 11,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (3) HEROES TO HEROES FOUNDATION  |   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| 96 LINWOOD PLAZA FOR LEE, NJ 07024   |   | 27-2037965                         | 501(C)(3)                          | 400,000.                    |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (4) HILLEL FOUNDATION  |   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| 800 8TH STREET WASHINGTON, DC 20001  |   | 52-1844823                         | 501(C)(3)                          | 10,400.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (5) HONEST REPORTING   |   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| 165 EAST 56TH STREET NEW YORK, NY 10022  |   | 06-1611859                         | 501(C)(3)                          | 10,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (6) IRANIAN AMERICAN   | (6) IRANIAN AMERICAN JEWISH FEDERATION OF NY    |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| 770 MIDDLE NECK RD GR  | EAT NECK, NY 11024                              | 01-0651843                         | 501(C)(3)                          | 30,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (7) ISRAEL CAMPUS COA  | LITION  |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| PO BOX 34640 WASHINGTO   | DN, DC 20043                                    | 30-0664947                         | 501(C)(3)                          | 1,050,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (8) JACK M BARRACK HE  | BREW ACADEMY                                    |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| 272 SOUTH BRYN MAWR AV   | 272 SOUTH BRYN MAWR AVE BRYN MAWR, PA 19010 23- |                                    | 501(C)(3)                          | 327,945.                    |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (9) JELF   | ) JELF  |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| 4549 CHAMBLEE DUNWOOD  | X RD ATLANTA, GA 30338         58-0568686       |                                    | 501(C)(3)                          | 10,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (10) JEWISH CENTER OF 2  | WISH CENTER OF ATLANTIC BEACH                   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| PARK ST NASSAU AVE AT  | E ATLANTIC BEACH, NY 11509 11-1752015           |                                    | 501(C)(3)                          | 13,180.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (11) JEWISH COMMUNAL FUND  |   | _                                  |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| 575 MADISON AVE NEW YORK, NY 10021   |   | 23-7174183                         | 501(C)(3)                          | 586,836.                    |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (12) JEWISH FAMILY & CAREER SERVICES   |   | _                                  |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |
| 4549 CHAMBLEE DUNWOODY RD ATLANTA, GA 30338  |   | 58-1479212                         |                                    | 20,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| <ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>  |   |                                    |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |

Schedule I (Form 990) 2022

| SCHEDULE IGrants and Other Assistance to Organizations,(Form 990)Governments, and Individuals in the United States   |                           |                                    |                             |                                  |  |                                       | OMB No. 1545-0047                     |  |  |  |  |  |
|--|---------------------------|------------------------------------|-----------------------------|----------------------------------|--|---------------------------------------|---------------------------------------|--|--|--|--|--|
|  |                           |                                    |                             |                                  |  |                                       | ຉ⋒ <b>ງງ</b>                          |  |  |  |  |  |
|  |                           | 2022                               |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.<br>Attach to Form 990.  |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.   |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| Name of the organization JEWISH NATIONAL FUND  |                           |                                    |                             |                                  |  | Employer identifica                   | ation number                          |  |  |  |  |  |
| (KEREN KAYEMETH LEISRAEL) INC.   | 13-1659627                |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| Part I General Information on Grants and   | d Assistanc               | e                                  |                             |                                  |  | I                                     |                                       |  |  |  |  |  |
| <ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,</li> </ol> |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
|  |                           | -                                  |                             |                                  |  |                                       | Yes" on Form 990,                     |  |  |  |  |  |
| Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| <b>1 (a)</b> Name and address of organization<br>or government   | <b>(b)</b> EIN            | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of noncash assistance | <b>(f)</b> Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |  |
| (1) JEWISH FEDERATION JEWISH SOCIAL SERVICE  |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| 4049 KINGSRIDGE RD FORT WORTH, TX 76109  |                           |                                    | 10,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (2) JEWISH FEDERATION OF CHICAGO   |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| 30 S WELLS ST CHICAGO, IL 60606  | 36-2167761                | 501(C)(3)                          | 15,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (3) JEWISH FEDERATION OF CINCINNATI  |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| 8499 RIDGE ROAD CINCINNATI, OH 45236   | 31-0537174                | 501(C)(3)                          | 40,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (4) JEWISH FEDERATION OF GREATER ATLANTA   |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| 1440 SPRING ST ATLANTA, GA 30309   | 58-1021791                | 501(C)(3)                          | 15,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (5) JEWISH FEDERATION OF GREATER LOS ANGELES   |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| 6505 WILSHIRE BLVD LOS ANGELES, CA 90048   | 95-1643388                | 501(C)(3)                          | 25,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (6) JEWISH FEDERATION OF MIDDLESEX AND MONMOUTH  |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| 230 OLD BRIDGE TPKE SOUTH RIVER, NJ 08882  | 22-1500549                | 501(C)(3)                          | 200,000.                    |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (7) JEWISH FUNDERS NETWORK   |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| 150 WEST 30TH ST NEW YORK, NY 10001  | 23-2742482                | 501(C)(3)                          | 65,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (8) JEWISH NEWS SERVICE  |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| PO BOX 610100 NEWTON, MA 02461   | 45-0949784                | 501(C)(3)                          | 22,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (9) JEWISH UNITED FUND OF CHICAGO  | SH UNITED FUND OF CHICAGO |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| 0 S. WELLS STREET CHICAGO, IL 60606 36-21670   |                           | 501(C)(3)                          | 8,600.                      |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (10) KEREN TIFERET MENACHEM  |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| 4921 NW 65TH AVE LAUDERHILL, FL 33319  | 85-3852853                | 501(C)(3)                          | 10,000.                     |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (11) KFAR YELADIM DAVID  |                           |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| 42 EAST 69TH STREET NEW YORK, NY 10021   | 27-3033292                | 501(C)(3)                          | 6,000.                      |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| (12) LAURELLEN PRODUCTIONS   | _                         |                                    |                             |                                  |  |                                       |                                       |  |  |  |  |  |
| 18 WEATHER WAY NEWTON SQUARE, PA 19073   | 85-4023864                | 501(C)(3)                          | 100,000.                    |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |  |
| <ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations lis</li> </ul>   | -                         | -                                  |                             |                                  |  |                                       |                                       |  |  |  |  |  |

Schedule I (Form 990) 2022

| SCHEDULE I   |   | Grants a        | nd Other A                         | Assistance t                | o Organiza                          | tions,  | L                                    | OMB No. 1545-0047  |  |  |  |
|--|---|-----------------|------------------------------------|-----------------------------|-------------------------------------|---|--------------------------------------|--------------------|--|--|--|
| (Form 990)   |   |                 |                                    | ndividuals i                | -                                   | •   |                                      | 2022               |  |  |  |
|  | Com   | plete if the o  | ganization ans                     | wered "Yes" on F            | orm 990, Part IV,                   | line 21 or 22.  |                                      |                    |  |  |  |
| Department of the Treasury   |   |                 | At                                 | tach to Form 990.           |                                     |   |                                      | Open to Public     |  |  |  |
| Internal Revenue Service   |   | Go t            | o www.irs.gov/                     | Form990 for the la          | test information.                   |   |                                      | Inspection         |  |  |  |
| Name of the organization J   | EWISH NATIONAL FUND                                     |                 |                                    |                             |                                     |   | Employer identifi                    | cation number      |  |  |  |
| (KEREN KAYEMETH LEIS   |   |                 |                                    |                             |                                     |   | 13-1659627                           |                    |  |  |  |
| Part I General I   | nformation on Grants and                                | d Assistanc     | e                                  |                             |                                     |   |                                      |                    |  |  |  |
| <ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol> |   |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
|  | nd Other Assistance to D<br>ne 21, for any recipient th |                 | -                                  |                             |                                     |   |                                      | "Yes" on Form 990, |  |  |  |
| <b>1 (a)</b> Name an   | d address of organization<br>government                 | (b) EIN         | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistanc |                    |  |  |  |
| (1) LAW FARE PROJECT   |   |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| 633 THIRD AVE NEW YOR  | K, NY 10019   | 27-2402908      | 501(C)(3)                          | 50,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| (2) LEFFELL SCHOOL   |   |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| 555 W HARTSDALE AVE H  | ARTSDALE, NY 10530                                      | 13-6209307      | 501(C)(3)                          | 10,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| (3) LEONARD AND MADLY  | N ABRAMSON FAMILY CANCER R                              |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| 421 CURIE BLVD PHILAD  |   | 23-2929823      | 501(C)(3)                          | 10,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| (4) LEV EZRA   |   |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| 2214 E14 ST BROOKLYN,  | NY 11229  | 45-5106354      | 501(C)(3)                          | 10,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| (5) LOS ANGELES JEWIS  | H HOME FOR THE AGING                                    |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| 7150 TAMPA AVE RESEDA  | , CA 91335  | 95-3510024      | 501(C)(3)                          | 15,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| (6) MARC LUSTGARTEN P  | ANCREATIC CANCER FDN                                    |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| 415 CROSSWAYS PARK DR  | WOODBURY, NY 11797                                      | 31-1611837      | 501(C)(3)                          | 10,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| (7) MARCUS JEWISH COM  | MUNITY  |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| 5342 TILLY MILL RD DU  | NWOODY, GA 30338  | 58-0566126      | 501(C)(3)                          | 37,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| (8) MEDIA WATCH  |   |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| 42 EAST 69TH STREET N  | EW YORK, NY 10021                                       | 57-1134998      | 501(C)(3)                          | 47,525.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| (9) MEMRI  |   |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| PO BOX 27837 WASHINGT  | ON, DC 20036  | 52-2068483      | 501(C)(3)                          | 12,500.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| (10) MESIVTA YESHIVA R   | ABBI CHAIM BERLIN                                       |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| 1585 CONEY ISLAND AVE  | BROOKLYN, NY 11230                                      | 11-2225154      | 501(C)(3)                          | 30,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| (11) MICHAEL J FOX FOU   | NDATION   |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| PO BOX 4777 NEW YORK,  | NY 10163  | 13-4141945      | 501(C)(3)                          | 10,000.                     |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| (12) MIDWEST CAMPERS I   | NC  |                 |                                    |                             |                                     |   |                                      |                    |  |  |  |
| 2437 S GREEN RD BEACH  | WOOD, OH 44122  | 34-0897622      | 501(C)(3)                          | 150,000.                    |                                     |   |                                      | GENERAL SUPPORT    |  |  |  |
| 2 Enter total numb   | per of section 501(c)(3) and                            | government o    | organizations lis                  | ted in the line 1 tak       | ble                                 |   |                                      | •                  |  |  |  |
| 3 Enter total numb   | per of other organizations list                         | ted in the line | 1 table                            |                             |                                     |   |                                      |                    |  |  |  |

Schedule I (Form 990) 2022

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| SCHEDULE I   | Grants a        | nd Other A                         | Assistance t             | o Organiza                       | tions,   | L                                     | OMB No. 1545-0047                     |  |  |  |  |
|--|-----------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---------------------------------------|--|--|--|--|
|  |                 | •                                  | ndividuals i             |                                  |  |                                       | 2022                                  |  |  |  |  |
| Com  | plete if the o  | rganization ans                    | wered "Yes" on F         | orm 990, Part IV,                | line 21 or 22.   |                                       | -                                     |  |  |  |  |
| Department of the Treasury   |                 | At                                 | tach to Form 990.        |                                  |  |                                       | Open to Public                        |  |  |  |  |
| Internal Revenue Service   | Go t            | o www.irs.gov/                     | Form990 for the la       | test information.                |  |                                       | Inspection                            |  |  |  |  |
| Name of the organization JEWISH NATIONAL FUND  |                 |                                    |                          |                                  |  | Employer identifie                    | cation number                         |  |  |  |  |
| (KEREN KAYEMETH LEISRAEL) INC.   |                 |                                    |                          |                                  |  | 13-1659627                            |                                       |  |  |  |  |
| Part I General Information on Grants and   | d Assistanc     | е                                  |                          |                                  |  |                                       |                                       |  |  |  |  |
| <ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul> |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| Part II Grants and Other Assistance to D   | omestic Or      | ganizations ar                     | nd Domestic Gov          | vernments. Com                   | plete if the organiz   | ation answered                        | "Yes" on Form 990,                    |  |  |  |  |
| Part IV, line 21, for any recipient the  | nat received    | more than \$5                      | ,000. Part II can I      | be duplicated if a               | additional space is r  | needed.                               |                                       |  |  |  |  |
| <b>1 (a)</b> Name and address of organization or government  | (b) EIN         | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | <b>(f)</b> Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |
| (1) MORASHA OLAMI INC  |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 555 MADISON AVE LAKEWOOD, NJ 08701   | 81-3451968      | 501(C)(3)                          | 100,000.                 |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (2) MY CHILD'S CANCER  |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 437 MADISON AVE NEW YORK, NY 10022   | 47-1443808      | 501(C)(3)                          | 10,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (3) NATIONAL COUNCIL OF YOUNG ISRAEL - LA  |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 9317 W PICO BLVD LOS ANEGELES, CA 90035  | 95-3075173      | 501(C)(3)                          | 21,500.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (4) NATIONAL COUNCIL OF YOUNG ISRAEL - WOODMERE  |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 859 PENINSULA BLVD WOODMERE, NY 11598  | 11-2062398      | 501(C)(3)                          | 5,488.                   |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (5) NATIONAL RAMAH COMMISSION  |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 3080 BROADWAY NEW NEW YORK, NY 10027   | 13-6161110      | 501(C)(3)                          | 10,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (6) NATIONAL SOCIETY FOR HEBREW DAY SCHOOLS  |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 620 FOSTER AVE BROOKLYN, NY 11230  | 13-5564128      | 501(C)(3)                          | 80,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (7) NEW JERSEY YMHA  |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 21 PLYMOUTH ST FAIRFIELD, NJ 07004   | 22-1487266      | 501(C)(3)                          | 45,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (8) NORTHWELL HEALTH FOUNDATION  |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042   | 11-2965575      | 501(C)(3)                          | 10,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (9) OHR MEIR FOUNDATION  |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 3023 AVENUE J BROOKLYN, NY 11210   | 11-3211164      | 501(C)(3)                          | 20,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (10) ORTHODOX UNION'S OU- JLIC YAHNEH  |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 11 BROADWAY NEW YORK, NY 10004   | 13-5623717      | 501(C)(3)                          | 325,000.                 |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (11) PEF   |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 630 3RD AVENUE NEW YORK, NY 10017  | 13-6104086      | 501(C)(3)                          | 10,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (12) PENN HILLEL   |                 |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 215 S 39TH ST PHILADELPHIA, PA 19104   | 23-1365179      | 501(C)(3)                          | 20,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| 2 Enter total number of section 501(c)(3) and  | government      | organizations lis                  | sted in the line 1 tak   | ble                              |  |                                       |                                       |  |  |  |  |
| 3 Enter total number of other organizations list   | ted in the line | 1 table                            |                          |                                  |  |                                       |                                       |  |  |  |  |

Schedule I (Form 990) 2022

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| SCHEDULE I   | Grants a           | nd Other A                         | Assistance t             | o Organiza                       | tions,   | L                                     | OMB No. 1545-0047                     |  |  |  |  |
|--|--------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---------------------------------------|--|--|--|--|
|  |                    |                                    | ndividuals i             |                                  |  |                                       | 2022                                  |  |  |  |  |
| Co   | mplete if the o    | -                                  | wered "Yes" on F         |                                  | , line 21 or 22.   |                                       | Open to Public                        |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.   |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| Internal Revenue Service   | Go t               | o www.irs.gov/                     | Form990 for the la       | atest information.               |  |                                       | Inspection                            |  |  |  |  |
| Name of the organization JEWISH NATIONAL FUND  |                    |                                    |                          |                                  |  | Employer identific                    | ation number                          |  |  |  |  |
| (KEREN KAYEMETH LEISRAEL) INC. 13-1659627  |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| Part I General Information on Grants a   |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| <ul> <li>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul> |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| Part II Grants and Other Assistance to   | Domestic Or        | ganizations ar                     | nd Domestic Gov          | vernments. Com                   | plete if the organiz   | ation answered                        | "Yes" on Form 990,                    |  |  |  |  |
| Part IV, line 21, for any recipien   | t that received    | more than \$5                      | ,000. Part II can I      | be duplicated if a               | additional space is r  | needed.                               |                                       |  |  |  |  |
| <b>1 (a)</b> Name and address of organization or government  | <b>(b)</b> EIN     | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | <b>(f)</b> Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |
| (1) PRESIDENT AND FELLOWS OF HARVARD COLLEGE   |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 124 MOUNT AUBURN ST CAMBRIDGE, MA 02138  | 04-2103580         | 501(C)(3)                          | 10,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (2) REUT, USA  |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 21550 OXNARD ST WOODLAND HILLS, CA 91367   | 20-3585888         | 501(C)(3)                          | 125,000.                 |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (3) SAVING PAWS RESCUE AZ  |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| PO BOX 87148 PHOENIX, AZ 85080   | 45-4279574         | 501(C)(3)                          | 100,000.                 |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (4) SEACREST FOUNDATION  |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 211 SAXONY ROAD ENCINITAS, CA 92024  | 30-0119295         | 501(C)(3)                          | 10,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (5) SEMINAR YERUSHALAYIM   |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 1404 47TH STREET BROOKLYN, NY 11219  | 11-3106891         | 501(C)(3)                          | 34,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (6) SHAAREI TESHOUVA   |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 915 AVENUE O BROOKLYN, NY 11230  | 13-7120571         | 501(C)(3)                          | 20,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (7) SHRINERS HOSPITALS FOR CHILDREN  |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| PO BOX 31356 CINCINNATI, OH 45227  | 36-2193608         | 501(C)(3)                          | 10,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (8) SIGNATURE THEATRE INC  |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 4200 CAMPBELL AVE ARLINGTON, VA 22206  | 62-1417785         | 501(C)(3)                          | 5,500.                   |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (9) SINAI TEMPLE   |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 10400 WILSHIRE BLVD LOS ANGELES, CA 90024  | 95-2103898         | 501(C)(3)                          | 150,000.                 |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (10) SIXTH & I   |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 600 I STREET NW WASHINGTON, DC 20001   | 33-1036146         | 501(C)(3)                          | 13,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (11) SONOMA COUNTY CHABAD JEWISH CENTER  |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 2461 SUMMERFIELD ROAD SANTA ROSA, CA 95404   | 02-0673727         | 501(C)(3)                          | 60,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (12) ST. JUDE CHILDREN'S RESEARCH HOSPITAL   |                    |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 262 DANNY THOMAS PL MEMPHIS, TN 38105  | 62-0646012         |                                    | 10,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| 2 Enter total number of section 501(c)(3) ar   | -                  | -                                  |                          |                                  |  |                                       |                                       |  |  |  |  |
| 3 Enter total number of other organizations  | listed in the line | 1 table                            |                          |                                  |  |                                       |                                       |  |  |  |  |

Schedule I (Form 990) 2022

| SCHEDULE I   | Grants a   | nd Other A                         | Assistance f                      | o Organiza                          | tions,  | L                                     | OMB No. 1545-0047                     |  |  |  |  |
|--|------------|------------------------------------|-----------------------------------|-------------------------------------|---|---------------------------------------|---------------------------------------|--|--|--|--|
|  |            | •                                  | ndividuals in<br>wered "Yes" on F |                                     |   |                                       | 2022                                  |  |  |  |  |
| Com  |            | -                                  | tach to Form 990.                 |                                     | iiiie 21 01 22.   |                                       | Open to Public                        |  |  |  |  |
| Department of the Treasury   | Got        |                                    |                                   |                                     |   |                                       | Inspection                            |  |  |  |  |
| Internal Revenue Service   | 601        | 0 www.iis.gov/i                    | Form990 for the la                | atest miormation.                   |   | Employer identific                    |                                       |  |  |  |  |
|  |            |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| (KEREN KAYEMETH LEISRAEL) INC. 13-1659627  |            |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
|  |            |                                    |                                   |                                     | La Parte Provide a succession                               |                                       |                                       |  |  |  |  |
| <ul> <li>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul> |            |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| Part II Grants and Other Assistance to D   | omestic Or | ganizations ar                     | nd Domestic Gov                   | vernments. Com                      | plete if the organiz  | ation answered "                      | Yes" on Form 990.                     |  |  |  |  |
| Part IV, line 21, for any recipient the  |            |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| 1 (a) Name and address of organization<br>or government  | (b) EIN    | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant       | (e) Amount of<br>noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |
| (1) STANDWITHUS  |            |                                    |                                   |                                     | ettiliy   |                                       |                                       |  |  |  |  |
| PO BOX 341069 LOS ANGELES, CA 90034  | 01-0566033 | 501(C)(3)                          | 60,000.                           |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (2) STUDENTS SUPPORTING ISRAEL   |            |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| 455 N COLLEGE AVE BLOOMINGTON, IN 47404  | 46-5347153 | 501(C)(3)                          | 100,000.                          |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (3) TEMPLE BETH EL   |            |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| 3610 DUNDEE ROAD NORTHBROOK, IL 60062  | 36-2261619 | 501(C)(3)                          | 17,000.                           |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (4) TEMPLE BETH TIKVA  |            |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| 9955 COLEMAN RD. ROSWELL, GA 30075   | 58-1754983 | 501(C)(3)                          | 10,000.                           |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (5) TEMPLE EMANUEL OF CLOSTER  |            |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| 180 PIERMONT RD CLOSTER, NJ 07624  | 22-1589223 | 501(C)(3)                          | 10,350.                           |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (6) THE AMERICAN FRIENDS OF BEIT ISSIE SHAPIRO   |            |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| 25 WEST 45TH STREET NEW YORK, NY 10036   | 13-3434781 | 501(C)(3)                          | 11,000.                           |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (7) THE GIVING BACK FUND   |            |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| 5101 SANTA MONICA BLVD, LOS ANGELES, CA  | 04-3367888 | 501(C)(3)                          | 53,000.                           |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (8) TIDES CENTER   | _          |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| PO BOX 889385 LOS ANGELES, CA 90088  | 94-3213100 | 501(C)(3)                          | 10,000.                           |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (9) TIERRASANATA FOUNDATION  | _          |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| BOX 406 SAN DIEGO, CA 92124  | 26-2581124 | 501(C)(3)                          | 10,000.                           |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (10) UN WATCH  | _          |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| PO BOX 5872 WASHINGTON, DC 20016   | 45-1683502 | 501(C)(3)                          | 50,000.                           |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (11) UNION OF ORTHODOX JEWISH CONGREGATION   | _          |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| 9831 W PICO BLVD LOS ANGELES, CA 90035   | 13-5623717 | 501(C)(3)                          | 25,000.                           |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (12) UNION OF ORTHODOX JEWISH CONGRE. OF AMERICA   | _          |                                    |                                   |                                     |   |                                       |                                       |  |  |  |  |
| 11 BROADWAY NEW YORK, NY 10004   | 13-5623717 |                                    | 75,000.                           |                                     |   |                                       | GENERAL SUPPORT                       |  |  |  |  |
| <ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations list</li> </ul>  | -          | -                                  |                                   |                                     |   |                                       |                                       |  |  |  |  |

Schedule I (Form 990) 2022

| SCHEDULE I   | Grants a         | nd Other A                         | Assistance t             | o Organiza                       | tions,  | L                                    | OMB No. 1545-0047  |  |  |  |  |
|--|------------------|------------------------------------|--------------------------|----------------------------------|---|--------------------------------------|--------------------|--|--|--|--|
|  |                  |                                    | ndividuals i             |                                  |   |                                      | 2022               |  |  |  |  |
| Com  | plete if the o   | -                                  | wered "Yes" on F         |                                  | line 21 or 22.  |                                      | Open to Public     |  |  |  |  |
| Department of the Treasury         Attach to Form 990.           Internal Revenue Service         Go to www.irs.gov/Form990 for the latest information.  |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| Internal Revenue Service   | Go t             | o www.irs.gov/                     | Form990 for the la       | atest information.               |   |                                      | Inspection         |  |  |  |  |
| Name of the organization JEWISH NATIONAL FUND  |                  |                                    |                          |                                  |   | Employer identifi                    | cation number      |  |  |  |  |
| (KEREN KAYEMETH LEISRAEL) INC. 13-1659627  |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| Part I General Information on Grants an  | nd Assistanc     | e                                  |                          |                                  |   |                                      |                    |  |  |  |  |
| <ul> <li>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul> |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| Part II Grants and Other Assistance to   | Domestic Or      | ganizations ar                     | nd Domestic Gov          | vernments. Com                   | plete if the organiz  | ation answered                       | "Yes" on Form 990, |  |  |  |  |
| Part IV, line 21, for any recipient  | that received    | more than \$5                      | ,000. Part II can I      | be duplicated if a               | additional space is r                                       | needed.                              |                    |  |  |  |  |
| 1 (a) Name and address of organization<br>or government  | <b>(b)</b> EIN   | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistanc |                    |  |  |  |  |
| (1) UNITED JEWISH APPEAL FED. OF JEWISH PHILANT  |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| 130 E 59TH ST NEW YORK, NY 10022   | 51-0172429       | 501(C)(3)                          | 30,000.                  |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (2) UNIVERSITY OF ARIZONA FOUNDATION   | 51 01/2125       | 561(6)(5)                          |                          |                                  |   |                                      |                    |  |  |  |  |
| 1111 N CHERRY AVE TUCSON, AZ 85721   | 86-6050388       | 501(C)(3)                          | 329,665.                 |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (3) UNIVERSITY OF FLORIDA FOUNDATION   |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| PO BOX 14425 GAINESVILLE, FL 32604   | 59-0974739       | 501(C)(3)                          | 6,000.                   |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (4) UNIVERSITY OF ILLINOIS FOUNDATION  |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| 1305 W GREEN ST URBANA, IL 61801   | 37-6006007       | 501(C)(3)                          | 6,000.                   |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (5) UNIVERSITY OF MARYLAND   |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| 4603 CALVERT RD COLLEGE PARK, MD 20740   | 52-2197313       | 501(C)(3)                          | 8,600.                   |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (6) UNIVERSITY OF VERMONT  |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| 411 MAIN STREET BURLINGTON, VT 05401   | 45-1556038       | 501(C)(3)                          | 100,000.                 |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (7) WEST COAST KOLLEL  |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| 1901 AVE OF THE STARS LOS ANGELES, CA 90067  | 88-1279294       | 501(C)(3)                          | 100,000.                 |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (8) WOMEN'S CANCER RESOURCE CENTER   |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| 2908 ELLSWORTH ST BERKELEY, CA 94705   | 94-3131204       | 501(C)(3)                          | 15,000.                  |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (9) WORLD JEWISH CONGRESS AMERICAN SECTION INC   |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| 501 MADISON AVE NEW YORK, NY 10022   | 13-1790756       | 501(C)(3)                          | 10,000.                  |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (10) YESHIVA KETANA OF LONG ISLAND   |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| 321 DOUGHTY BLVD INWOOD, NY 11096  | 11-3319522       | 501(C)(3)                          | 7,000.                   |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (11) YESHIVA UNIVERSITY  |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| 500 WEST 185TH STREET NEW YORK, NY 10033   | 13-1624225       | 501(C)(3)                          | 25,000.                  |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| (12) YESHIVAT MORESHET YERUSHALAYIM INC  |                  |                                    |                          |                                  |   |                                      |                    |  |  |  |  |
| 1385 BROADWAY FL 16 NEW YORK, NY 10018   | 87-1062571       |                                    | 10,000.                  |                                  |   |                                      | GENERAL SUPPORT    |  |  |  |  |
| 2 Enter total number of section 501(c)(3) and  | l government o   | organizations lis                  | sted in the line 1 tal   | ole                              |   |                                      | •                  |  |  |  |  |
| 3 Enter total number of other organizations list   | sted in the line | 1 table                            |                          |                                  |   |                                      | _                  |  |  |  |  |

| (Form 990) G  | Governments, and Individuals in the United States |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
|---|---|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---------------------------------------|--|--|--|--|
| Con   | nplete if the or                                  | ganization ans                     | wered "Yes" on F         | orm 990, Part IV                 | , line 21 or 22.   |                                       | 2022                                  |  |  |  |  |
| Department of the Treasury  |   |                                    | tach to Form 990.        |                                  |  |                                       | Open to Public                        |  |  |  |  |
| Internal Revenue Service  | Go t  | o www.irs.gov/                     | Form990 for the la       | test information.                |  |                                       | Inspection                            |  |  |  |  |
| Name of the organization JEWISH NATIONAL FUND   |   |                                    |                          |                                  |  | Employer identificat                  | ion number                            |  |  |  |  |
| (KEREN KAYEMETH LEISRAEL) INC.  |   |                                    |                          |                                  |  | 13-1659627                            |                                       |  |  |  |  |
| Part I General Information on Grants a  |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 1 Does the organization maintain records to   |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| the selection criteria used to award the grad   |   |                                    |                          |                                  |  |                                       | Yes No                                |  |  |  |  |
| 2 Describe in Part IV the organization's proce  |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| Part II Grants and Other Assistance to  | Domestic Or                                       | ganizations ar                     | nd Domestic Gov          | vernments. Com                   | plete if the organiz   | ation answered "                      | 'es" on Form 990,                     |  |  |  |  |
| Part IV, line 21, for any recipient   | that received                                     | more than \$5                      | ,000. Part II can I      | be duplicated if a               | additional space is r  | needed.                               |                                       |  |  |  |  |
| 1 (a) Name and address of organization<br>or government   | <b>(b)</b> EIN                                    | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | <b>(f)</b> Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |  |  |
| (1) YOUNG AMERICA'S FOUNDATION  |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 11480 COMMERCE PARK DRIVE RESTON, VA 20191  | 23-7042029  | 501(C)(3)                          | 50,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (2) YULA GIRLS HIGH SCHOOL  |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 1619 S ROBERTSON BLVD LOS ANGELES, CA 90035   | 20-3081128  | 501(C)(3)                          | 38,000.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| (3) ZERO-THE END PF PROSTRATE CANCER  |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| 515 KING ST ALEXANDRIA, VA 22314  | 59-3400922  | 501(C)(3)                          | 71,399.                  |                                  |  |                                       | GENERAL SUPPORT                       |  |  |  |  |
| _(4)  |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| (5)   |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| (6)   |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| _(7)  | _   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| (8)   |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| (9)   |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| (10)  |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| (11)  |   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| (12)  | _   |                                    |                          |                                  |  |                                       |                                       |  |  |  |  |
| <ol> <li>Enter total number of section 501(c)(3) and</li> <li>Enter total number of other organizations li</li> </ol> | •   | •                                  |                          |                                  |  |                                       |                                       |  |  |  |  |

JEWISH NATIONAL FUND

13-1659627

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of<br>recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|-----------------------------|---------------------------------|-----------------------------------|--|--|
|                                 |                             |                                 |                                   |  |  |
| SCHOLARSHIPS                    | 297                         | 1,043,406.                      |                                   |  |  |
| 2                               |                             |                                 |                                   |  |  |
| 3                               |                             |                                 |                                   |  |  |
|                                 |                             |                                 |                                   |  |  |
| 4                               |                             |                                 |                                   |  |  |
| 5                               |                             |                                 |                                   |  |  |
| 6                               |                             |                                 |                                   |  |  |
| 7                               |                             |                                 |                                   |  |  |

SCHEDULE I, PART I, LINE 2:

THE JEWISH NATIONAL FUND PRINCIPALLY ONLY MAKES GRANTS TO NOT-FOR-PROFIT ORGANIZATIONS OUTSIDE THE UNITED STATES (IN ISRAEL). HOWEVER, OCCASIONALLY, JNF WILL SEND FUNDS THAT ARE INTENDED TO SUPPORT AN ISRAELI ORGANIZATION TO ITS U.S. BASED "FRIENDS OF" ORGANIZATION. IN ADDITION, JNF WILL SUPPORT U.S. ORGANIZATIONS THAT ADOPT A SIMILAR TAX-EXEMPT MISSION AS JNF SO LONG AS THE ORGANIZATION DEMONSTRATES A PROJECT THAT SATISFIES JNF'S PROGRAMMATIC STANDARDS. JNF ENSURES THAT ALL GRANT

RECIPIENTS ARE SECTION 501(C)(3) ORGANIZATIONS AND WILL REQUIRE PERIODIC

## Schedule I (Form 990) (2022)

JEWISH NATIONAL FUND

13-1659627

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance              | (b) Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|---------------------------------|-----------------------------------|---|--|
| 1  |                          |                                 |                                   |   |  |
| 2  |                          |                                 |                                   |   |  |
| 3  |                          |                                 |                                   |   |  |
| 4  |                          |                                 |                                   |   |  |
| 5  |                          |                                 |                                   |   |  |
| 6  |                          |                                 |                                   |   |  |
| 7  |                          |                                 |                                   |   |  |
| Port IV Supplemental Information Dravide the | information r            | autirad in Dart I               | line 2 Dort III                   | alumn (h), and any (                                  | sther additional                       |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

REPORTS FROM THE GRANTEE INFORMING JNF OF THE STATUS ON FUNDED PROJECTS.

SCHEDULE I, PART II:

GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS INCLUDE GRANTS MADE FROM

JNF'S DONOR ADVISED FUNDS (DAF) AND BORUCHIN CENTER FOR ISRAEL EDUCATION

AND ADVOCACY RELATED GRANTS.

JNF MAINTAINS DONOR ADVISED FUNDS (DAF) WHICH ARE IN CUSTODY OF A THIRD

PARTY. THE THIRD PARTY HOLDS THESE FUNDS IN VARIOUS INVESTMENT POOLS AS

Page 2

JEWISH NATIONAL FUND

13-1659627

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | <b>(b)</b> Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|---------------------------------|--------------------------|-----------------------------------|---|--|
| _ 1                             |                                 |                          |                                   |   |  |
| 2                               |                                 |                          |                                   |   |  |
| 3                               |                                 |                          |                                   |   |  |
| 4                               |                                 |                          |                                   |   |  |
| 5                               |                                 |                          |                                   |   |  |
| 6                               |                                 |                          |                                   |   |  |
| 7                               |                                 |                          |                                   |   |  |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PER THE DONOR'S INSTRUCTIONS. A DONOR MAY RECOMMEND THAT GRANTS ARE MADE

TO CHARITABLE ORGANIZATIONS FROM FUNDS CONTRIBUTED, ALTHOUGH JNF IS NOT

OBLIGATED TO MAKE SUCH GRANTS.

THE JEWISH NATIONAL FUND BORUCHIN CENTER IS COMMITTED TO STRENGTHENING

THE LIFELONG BONDS BETWEEN ALL AMERICANS -- MOST ESPECIALLY JEWISH

AMERICAN TEENS -- WITH THE LAND AND PEOPLE OF ISRAEL. WE FOCUS OUR GRANTS

ON PROGRAMS THAT FOSTER THESE CONNECTIONS. UNLIKE A TRADITIONAL

FOUNDATION, THE JEWISH NATIONAL FUND BORUCHIN CENTER IS CREATING

SYNERGIES WITH OUR GRANTEES IN WAYS THAT MEANINGFULLY ACCELERATE BOTH

Page 2

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | <b>(b)</b> Number of recipients | <b>(c)</b> Amount of cash grant | <b>(d)</b> Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|---------------------------------|---------------------------------|--|---|--|
| 1                               |                                 |                                 |  |   |  |
| 2                               |                                 |                                 |  |   |  |
| 3                               |                                 |                                 |  |   |  |
| 4                               |                                 |                                 |  |   |  |
| 5                               |                                 |                                 |  |   |  |
| 6                               |                                 |                                 |  |   |  |
| 7                               |                                 |                                 |  |   |  |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

THEIR OWN PROGRAMS AND JEWISH NATIONAL FUND'S OVERARCHING MISSION. OUR

GOAL IS TO FUND ORGANIZATIONS AND PROGRAMS THAT ARE INTERESTED IN

COLLABORATION, THAT BOTH COMPLEMENT THE WORK OF JEWISH NATIONAL FUND AND

PROVIDE ADDITIONAL OPPORTUNITIES FOR ISRAEL ENGAGEMENT AND EXPERIENCES

FOR OUR SHARED CONSTITUENCIES.

13-1659627

Page 2

Part III

Schedule I (Form 990) (2022)

 7

 Part IV
 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and an information.

 SCHEDULE I, PART III:

 JNF PROVIDES CERTAIN SCHOLARSHIPS TO STUDENTS OR EDUCATORS AS IT RELATES

 TO JNF'S MISSION. ONE TYPE OF SCHOLARSHIP GIVEN BY JNF IS BASED ON THE

 RECOMMENDATIONS OF THE INDIVIDUAL'S SCHOOL, WHICH IS REVIEWED AND

 APPROVED BY JNF. ANOTHER TYPE OF SCHOLARSHIP IS FOR THE JNF FACULTY

 FELLOWSHIP PROGRAM WHEREBY JNF REVIEWS APPLICATIONS AND APPROVES ON A

TELLOWBRITE PROGRAM WREREDI UNF REVIEWS APPLICATIONS AND APPROVES ON A

CASE BY CASE BASIS AND THEN WORKS WITH THOSE EDUCATORS UPON THEIR RETURN

FROM ISRAEL.

## JEWISH NATIONAL FUND

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (b) Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--------------------------|---------------------------------|-----------------------------------|--|--|
|                          |                                 |                                   |  |  |
|                          |                                 |                                   |  |  |
|                          |                                 |                                   |  |  |
|                          |                                 |                                   |  |  |
|                          |                                 |                                   |  |  |
|                          |                                 |                                   |  |  |
|                          |                                 |                                   |  |  |
|                          |                                 |                                   |  |  |

Schedule I (Form 990) (2022)

Page 2

Schedule I (Form 990) (2022)

| SCHI  | SCHEDULE J Compensation Information   |   |  |                                       |            |            | 047      |
|-------|---|---|--|---------------------------------------|------------|------------|----------|
| (Forn | n <b>990)</b>   | For certain Officers, Dire              | ectors, Trustees, Key Employees, and Highest                           |                                       | ୬៣         | 22         | )        |
|       |   |   | mpensated Employees<br>n answered "Yes" on Form 990, Part IV, line 2:  | 3.                                    | <u>4</u> 0 |            | 1        |
|       | nent of the Treasury  |   | Attach to Form 990.<br>90 for instructions and the latest information. |                                       | Open to    |            |          |
|       | Revenue Service   | , i i i i i i i i i i i i i i i i i i i |  | Employer identification               |            | ectio<br>r | <u>.</u> |
|       |   | TH LEISRAEL) INC.                       |  | 13-165962                             | 27         |            |          |
| Part  |   | ns Regarding Compensation               |  |                                       |            |            |          |
|       |   |   |  |                                       |            | Yes        | No       |
| 1a    |   |   | ovided any of the following to or for a pers                           |                                       | ו          |            |          |
|       |   |   | provide any relevant information regarding                             | -                                     |            |            |          |
|       |   | iss or charter travel                   | Housing allowance or residence for                                     | •                                     |            |            |          |
|       |   | or companions                           | Payments for business use of perso                                     |                                       |            |            |          |
|       |   | emnification and gross-up payments      | Health or social club dues or initiation                               |                                       |            |            |          |
|       | Discretio   | onary spending account                  | Personal services (such as maid, ch                                    | auffeur, cher)                        |            |            |          |
| b     | If any of the   | boxes on line 1a are checked, did th    | ne organization follow a written policy re                             | egarding paymen                       | t          |            |          |
|       | or reimburse  | ement or provision of all of the ex     | penses described above? If "No," com                                   | plete Part III to                     | )<br>1b    |            |          |
| 2     | Did the ora:  | anization require substantiation prior  | to reimbursing or allowing expenses                                    | incurred by a                         |            |            |          |
| -     | -   |   | D/Executive Director, regarding the items                              | -                                     |            |            |          |
|       |   |   |  |                                       | 2          |            |          |
| 3     |   |   | on used to establish the compensation of                               | the                                   |            |            |          |
| •     |   |   | at apply. Do not check any boxes for metho                             |                                       |            |            |          |
|       | related organ   | ization to establish compensation of th | e CEO/Executive Director, but explain in P                             | art III.                              |            |            |          |
|       | X Comper  | nsation committee                       | Written employment contract  |                                       |            |            |          |
|       |   | dent compensation consultant            | X Compensation survey or study   |                                       |            |            |          |
|       | X Form 99   | 90 of other organizations               | X Approval by the board or compensation                                | ation committee                       |            |            |          |
| 4     |   |   | Part VII, Section A, line 1a, with respect to                          | o the filing                          |            |            |          |
|       |   | or a related organization:              |  |                                       |            |            |          |
| -     |   |   | ayment?  |                                       | 4a         | X          | X        |
| b     |   |   | tal nonqualified retirement plan?                                      |                                       | 4b<br>4c   | Δ          | X        |
| С     |   |   | rovide the applicable amounts for each it                              |                                       | 40         |            |          |
|       |   |   | to the applicable amounts for each in                                  |                                       |            |            |          |
|       | Only section  | 501(c)(3), 501(c)(4), and 501(c)(29) or | rganizations must complete lines 5-9.                                  |                                       |            |            |          |
| 5     |   |   | on A, line 1a, did the organization pa                                 | ay or accrue and                      | /          |            |          |
|       | -   | n contingent on the revenues of:        |  |                                       |            |            |          |
| а     | The organizat   | ion?                                    |  |                                       | 5a         |            | Х        |
| b     | •   | •                                       |  |                                       | 5b         |            | Х        |
|       |   | e 5a or 5b, describe in Part III.       |  |                                       |            |            |          |
| 6     | -   |   | on A, line 1a, did the organization pa                                 | ay or accrue any                      | /          |            |          |
|       |   | n contingent on the net earnings of:    |  |                                       | -          |            |          |
|       |   |   |  |                                       | 6a         |            | X        |
| b     |   |   |  |                                       | 6b         |            | X        |
| _     |   | e 6a or 6b, describe in Part III.       |  | · · · · · · · · · · · · · · · · · · · |            |            |          |
| 7     |   |   | n A, line 1a, did the organization prov                                |                                       | 7          |            | x        |
| 8     | payments not described on lines 5 and 6? If "Yes," describe in Part III<br>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject |   |  |                                       |            |            |          |
| •     | -   | -                                       | Regulations section 53.4958-4(a)(3)?                                   |                                       |            |            | 1        |
|       |   | •                                       |  |                                       | 8          |            | x        |
| 9     |   |   | low the rebuttable presumption proced                                  |                                       |            |            | _        |
|       |   |   |  |                                       | 9          |            |          |
|       |   |   |  |                                       |            |            |          |

Schedule J (Form 990) 2022

## Schedule J (Form 990) 2022 JEWISH NATIONAL FUND 13-1659627 Page 2

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.

|                                  |      | (B) Breakdown of W-2 a   | nd/or 1099-MISC and/or                 | 1099-NEC compensation                     | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|----------------------------------|------|--------------------------|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title               |      | (i) Base<br>compensation | (ii) Bonus & incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B) reported<br>as deferred on prior<br>Form 990 |
| RUSSELL ROBINSON                 | (i)  | 818,470.                 | NONE                                   | 1,774.                                    | 32,025.                        | 7,851.         | 860,120.             | NONE   |
| <b>1</b> CEO                     | (ii) | NONE                     | NONE                                   | NONE                                      | NONE                           | NONE           | NONE                 | NONE   |
| MITCHEL ROSENZWEIG               | (i)  | 380,088.                 | NONE                                   | 1,531.                                    | 60,807.                        | 3,750.         | 446,176.             | NONE   |
| <b>2</b> CFO                     | (ii) | NONE                     | NONE                                   | NONE                                      | NONE                           | NONE           | NONE                 | NONE   |
| MATTHEW BERNSTEIN                | (i)  | 352,324.                 | NONE                                   | 272,121.                                  | 57,959.                        | 10,633.        | 693,037.             | NONE   |
| 3 CHIEF PLANNED GIVING OFFICER   | (ii) | NONE                     | NONE                                   | NONE                                      | NONE                           | NONE           | NONE                 | NONE   |
| RICHARD KROSNICK                 | (i)  | 313,007.                 | NONE                                   | 1,519.                                    | 56,497.                        | 8,295.         | 379,318.             | NONE   |
| 4 CHIEF DEVELOPMENT OFFICER      | (ii) | NONE                     | NONE                                   | NONE                                      | NONE                           | NONE           | NONE                 | NONE   |
| STEPHEN BACH                     | (i)  | 309,431.                 | NONE                                   | 2,389.                                    | 57,176.                        | 11,974.        | 380,970.             | NONE   |
| 5 CHIEF ADMINISTRATIVE OFFICER   | (ii) | NONE                     | NONE                                   | NONE                                      | NONE                           | NONE           | NONE                 | NONE   |
| YAEL SEPTEE KANE                 | (i)  | 237,657.                 | NONE                                   | 184,736.                                  | 43,934.                        | 11,145.        | 477,472.             | NONE   |
| 6 CHIEF ISRAEL ADVOCACY AND LEAD | (ii) | NONE                     | NONE                                   | NONE                                      | NONE                           | NONE           | NONE                 | NONE   |
| DIANE SCAR                       | (i)  | 259,327.                 | NONE                                   | NONE                                      | 48,046.                        | 11,280.        | 318,653.             | NONE   |
| 7 NATIONAL CAMPAIGN DIRECTOR     | (ii) | NONE                     | NONE                                   | NONE                                      | NONE                           | NONE           | NONE                 | NONE   |
| SHARON FREEDMAN                  | (i)  | 257,789.                 | NONE                                   | 1,485.                                    | 47,046.                        | 2,818.         | 309,138.             | NONE   |
| 8 NATIONAL CAMPAIGN DIRECTOR     | (ii) | NONE                     | NONE                                   | NONE                                      | NONE                           | NONE           | NONE                 | NONE   |
| DEBBIE FREEDMAN                  | (i)  | 244,403.                 | NONE                                   | NONE                                      | 44,481.                        | 1,175.         | 290,059.             | NONE   |
| 9 EXECUTIVE VP, GREATER NY       | (ii) | NONE                     | NONE                                   | NONE                                      | NONE                           | NONE           | NONE                 | NONE   |
| MICHAEL FEINMAN                  | (i)  | 212,834.                 | NONE                                   | NONE                                      | 23,439.                        | 12,773.        | 249,046.             | NONE   |
| <b>10</b> EXECUTIVE DIRECTOR     | (ii) | NONE                     | NONE                                   | NONE                                      | NONE                           | NONE           | NONE                 | NONE   |
|                                  | (i)  |                          |  |   |                                |                |                      |  |
| 11                               | (ii) |                          |  |   |                                |                |                      |  |
|                                  | (i)  |                          |  |   |                                |                |                      |  |
| 12                               | (ii) |                          |  |   |                                |                |                      |  |
|                                  | (i)  |                          |  |   |                                |                |                      |  |
| 13                               | (ii) |                          |  |   |                                |                |                      |  |
|                                  | (i)  |                          |  |   |                                |                |                      |  |
| 14                               | (ii) |                          |  |   |                                |                |                      |  |
|                                  | (i)  |                          |  |   |                                |                |                      |  |
| 15                               | (ii) |                          |  |   |                                |                |                      |  |
|                                  | (i)  |                          |  |   |                                |                |                      |  |
| 16                               | (ii) |                          |  |   |                                |                |                      |  |

Schedule J (Form 990) 2022

| Schedule J (Form 990) 2022        | JEWISH NATIONAL FUND | 13-1659627 | Page 3 |
|-----------------------------------|----------------------|------------|--------|
| 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.

FORM 990, SCHEDULE J, PART II, LINES 3 AND 6, COLUMN B(III):

MATTHEW BERNSTEIN (CHIEF PLANNED GIVING OFFICER) AND YAEL SEPTEE KANE

(CHIEF ISRAEL ADVOCACY AND LEADERSHIP OFFICER) HAVE BOTH WORKED AT JEWISH

NATIONAL FUND IN EXCESS OF 25 YEARS AND BEGAN TO PARTICIPATE IN A

NON-QUALIFIED DEFERRED COMPENSATION PLAN IN 2017. THE CALENDAR YEAR 2022

DISTRIBUTION TO THEM ARE REPORTED ON SCHEDULE J, PART II, COLUMN B(III).

JEWISH NATIONAL FUND

## Supplemental Information to Form 990 or 990-EZ

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

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

THE MEMBERS OF THE ORGANIZATION ARE THE DIRECTORS OF JNF-USA, A 501(C)(3)

RELATED ORGANIZATION.

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

THE MEMBERS OF THE CORPORATION HAVE THE RIGHT TO ELECT THE DIRECTORS OF

THE CORPORATION AND AMEND THE ORGANIZATION'S BY-LAWS.

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

THE FORM 990 WAS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. BEFORE FILING, THE FORM 990 IS REVIEWED BY MANAGEMENT AND DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. IF ANY ISSUES SHOULD ARISE, IT IS DISCUSSED WITH THE CFO. IF THERE ARE CHANGES, IT IS RECIRCULATED TO THE BOARD OF DIRECTORS FOR APPROVAL.

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

THE JEWISH NATIONAL FUND'S ("JNF") CONFLICT OF INTEREST POLICY EXISTS TO PROTECT JNF AND ASSIST THE STAFF, VOLUNTEERS, AND MEMBERS OF ITS GOVERNING ENTITIES IN MAKING ETHICAL DECISIONS THAT BENEFIT JNF AS A WHOLE, NOT JUST A PARTICULAR INDIVIDUAL OR PARTIES ASSOCIATED WITH JNF. THIS POLICY IS INTENDED TO SUPPLEMENT, BUT NOT REPLACE ANY APPLICABLE STATE LAWS THAT GOVERN CONFLICTS OF INTEREST. AS A PUBLICLY FUNDED ORGANIZATION, THE ETHICAL CONDUCT MUST BE OF THE HIGHEST STANDARDS. NOT ONLY SHOULD ACTUAL CONFLICT OF INTEREST BE AVOIDED BUT ALSO THE APPEARANCE OF, PERCEPTION OF, OR POTENTIAL FOR A CONFLICT OF INTEREST AS A PERSON ASSOCIATED WITH JNF, THERE IS DUTY TO DISCLOSE, ON AN ANNUAL BASIS OR WHEN A SITUATION ARISES, OTHER OBLIGATIONS THAT MIGHT PREVENT

## Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service

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

13-1659627

#### JEWISH NATIONAL FUND

ONE FROM ACTING IN THE BEST INTEREST OF JNF AND THEN REMOVE ONESELF FROM DISCUSSIONS, ACTIONS, VOTES OR OTHER ACTIVITIES IN RELATION TO THE CONFLICT SHOULD AN ISSUE ARISE THAT COULD BE POTENTIAL CONFLICT OF INTEREST, THERE IS A DUTY TO JNF TO NOTIFY A SUPERIOR, OR A GOVERNING ENTITY CHAIR, OF THE SITUATION.

THE APPROPRIATE PARTIES WOULD INVESTIGATE AND MAKE A DETERMINATION DEPENDING UPON THEIR DETERMINATION, THE PARTY MAY BE ASKED TO REMOVE HIS/HERSELF FROM PARTICIPATION IN DISCUSSIONS OR VOTES RELATED TO THE CONFLICT OR POTENTIAL CONFLICT. THE POTENTIAL CONFLICT OF INTEREST WILL BE INVESTIGATED BY THE APPROPRIATE PARTIES IF IT RELATES TO A MEMBER OF THE GOVERNING ENTITY, OR THE SENIOR STAFF, THEN IT WILL BE TURNED OVER TO THE ADMINISTRATION COMMITTEE THAT IS NOT INVOLVED IN THE CONFLICT IF IT NVOLVES A MEMBER OF THE STAFF OR A VOLUNTEER, A COMMITTEE AND OTHER APPROPRIATE SENIOR STAFF WILL MAKE THE DETERMINATION.

ONCE THE COMMITTEE HAS MADE ITS DETERMINATION AND PRESENTS ALTERNATIVES, THE PARTIES INVOLVED MAY BE ASKED TO- ABSTAIN FROM VOTING ON THE ACTION -REMOVE YOURSELVES FROM ANY DISCUSSION RELATING TO THE CONFLICT - REFRAIN FROM DISCUSSING THE ISSUE WITH OTHER COWORKERS, VOLUNTEERS OR GOVERNING ENTITY SO AS NOT TO INFLUENCE THEIR ACTIONS - CONSIDER OTHER ACTIONS, DEPENDING ON THE SITUATION CONFLICT OF INTEREST STATEMENTS ARE COMPLETED YEARLY BY ALL PERSONNEL AND ARE REVIEW BY MANAGEMENT TO MONITOR POSSIBLE CONFLICTS.

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

## Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service Name of the organization

#### JEWISH NATIONAL FUND

Employer identification number 13-1659627

JNF HAS ADOPTED PROCEDURES TO ENSURE THAT THE COMPENSATION IT PAYS TO ITS TOP EXECUTIVE (RUSSELL ROBINSON) AND THE REST OF ITS MANAGEMENT TEAM AND STAFF IS COMMENSURATE WITH THE INDUSTRY IN WHICH IT SERVES. THE CEO'S COMPENSATION IS DETERMINED BY JNF'S COMPENSATION COMMITTEE AFTER REVIEWING VARIOUS PERFORMANCE BASED METRICS AND THE COMPENSATION OF SIMILARLY SITUATED EXECUTIVES AT PEER INSTITUTIONS. JNF LAST CONDUCTED A COMPENSATION STUDY FOR MR. ROBINSON IN 2019 AND UTILIZED THOSE RECOMMENDATIONS TO DETERMINE HIS COMPENSATION. ALL COMPENSATION DECISIONS ARE MEMORIALIZED IN THE COMPENSATION COMMITTEE MEETING MINUTES. FOR ALL OTHER INDIVIDUALS REPORTED ON THE FORM 990, COMPENSATION IS DETERMINED BY THE CEO. JNF'S BUDGET & FINANCE COMMITTEE DETERMINES THE ANNUAL SALARY BUDGET WHICH MUST THEN BE APPROVED BY THE FULL BOARD OF DIRECTORS. THE CEO UTILIZES THE ANNUAL BUDGET COMPENSATION POOL TO DETERMINE SALARY INCREASES FOR ALL JNF EMPLOYEES (INCLUSIVE OF THE EXECUTIVES).

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

UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

#### FORM 990, PART X, LINE 32, NET ASSETS:

AMOUNTS UNAVAILABLE FOR GENERAL EXPENDITURES WITHIN ONE YEAR, DUE TO: RESTRICTED BY DONORS WITH PURPOSE RESTRICTIONS \$23,549,622 RESTRICTED BY DONORS WITH TIME RESTRICTIONS 51,238,429 RESTRICTED BY DONORS IN PERPETUITY 11,986,582 TOT AMTS UNAVAILABLE FOR GENERAL EXPENDITURES W/IN 1 YEAR \$86,774,633

## Supplemental Information to Form 990 or 990-EZ

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

| Department of the Treasury<br>Internal Revenue Service | P Article to to the boot of boot E2.<br>► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. |                  |                |
|--|---|------------------|----------------|
| Name of the organization                               |   | Employer identif | ication number |
| JEWISH NATIONAL FU                                     | JND   | 13-1659          | 9627           |
|  |   |                  |                |

AMOUNTS UNAVAILABLE TO MANAGEMENT WITHOUT BOARD'S APPROVAL:

| BOARD DESIGNATED FOR BORUCHIN ISRAEL ADVOCACY CENTER       | 118,620,833      |
|--|------------------|
| BOARD DESIGNATED FOR JNF INITIATIVES FUND                  | 63,118,839       |
| BOARD DESIGNATED FOR BUILDINGS FUND                        | 3,433,042        |
|  |                  |
| TOT AMTS UNAVAILABLE TO MANAGEMENT W/OUT BOARD'S APPROVAL  | \$185,172,714    |
|  |                  |
| TOTAL FIN. ASSETS AVAILABLE TO MGMT. FOR GENERAL EXPENDITU | JRE \$92,679,717 |
|  |                  |
| NET ASSETS   | \$450,276,915    |

LIQUIDITY MANAGEMENT:

THE ORGANIZATION MAINTAINS A POLICY OF STRUCTURING ITS FINANCIAL ASSETS TO BE AVAILABLE AS ITS GENERAL EXPENDITURES, LIABILITIES, AND OTHER OBLIGATIONS COME DUE.

ADDITIONALLY, THE ORGANIZATION HAS BOARD-DESIGNATED NET ASSETS WITHOUT DONOR RESTRICTIONS THAT, WHILE THE ORGANIZATION DOES NOT INTEND TO SPEND THESE FOR PURPOSES OTHER THAN THOSE IDENTIFIED, THE AMOUNTS COULD BE MADE AVAILABLE FOR CURRENT OPERATIONS, IF NECESSARY.

FORM 990, PART XI, LINE 9:

CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS.....\$(3,405,502)

| Schedule O (Form 990 or 990-EZ) 2022 |                                | Page 2 |
|--------------------------------------|--------------------------------|--------|
| Name of the organization             | Employer identification number |        |
| JEWISH NATIONAL FUND                 | 13-1659627                     |        |

LINE 4A, PROGRAM SERVICE

------

A NONPROFIT ORGANIZATION AND UNITED NATIONS NGO (NON-GOVERNMENTAL ORGANIZATION), JEWISH NATIONAL FUND (JNF) BUILDS A STRONG, VIBRANT FUTURE FOR THE LAND AND PEOPLE OF ISRAEL THROUGH BOLD INITIATIVES AND ZIONIST EDUCATION.

JNF BEGAN IN 1901 AS A DREAM AND VISION TO REESTABLISH A HOMELAND IN ISRAEL FOR JEWISH PEOPLE EVERYWHERE. JEWS THE WORLD OVER COLLECTED COINS IN ICONIC BLUE BOXES, PURCHASING LAND AND PLANTING TREES UNTIL ULTIMATELY, THEIR DREAM OF A JEWISH HOMELAND WAS A REALITY.

JNF STRIVES TO BRING AN ENHANCED QUALITY OF LIFE TO ALL OF ISRAEL'S RESIDENTS AND TRANSLATE THESE ADVANCEMENTS TO THE WORLD BEYOND. JNF IS "GREENING" THE DESERT WITH MILLIONS OF TREES, BUILDING THOUSANDS OF PARKS ACROSS ISRAEL, CREATING QUALITY OF LIFE OPPORTUNITIES IN ISRAEL'S NORTH AND SOUTH FOR NEW GENERATIONS OF ISRAEL'S RESIDENTS TO CALL HOME, BOLSTERING ISRAEL'S WATER SUPPLY, HELPING DEVELOP INNOVATIVE ARID AGRICULTURE TECHNIQUES, AND EDUCATING BOTH YOUNG AND OLD ABOUT THE FOUNDING AND IMPORTANCE OF ISRAEL AND ZIONISM.

IN 2023 JEWISH NATIONAL FUND ENTERED ITS 122ND YEAR AS ONE OF THE WORLD'S OLDEST JEWISH NON-PROFITS AND IS AS RELEVANT TODAY AS THE DAY IT WAS FOUNDED.

JNF IS SYNONYMOUS WITH THE BLUE BOX AND PLANTING TREES IN ISRAEL WHILE ITS WORK HAS EVOLVED INTO SEVEN MAJOR PROGRAM AREAS, EACH WITH ITS OWN MAJOR GOALS AND PARTNERSHIPS WITHIN ISRAEL THAT HELP BRING TO REALITY THE PROJECTS THAT ARE MAINLY DONOR-DESIGNATED.

IN 2023, JNF ACHIEVED THE FUNDRAISING GOAL OF ITS ONE BILLION DOLLAR ROADMAP FOR THE NEXT DECADE CAMPAIGN, WHICH IS CREATING GROUND-BREAKING NEW VENTURES FOCUSING ON CONNECTING THE NEXT GENERATION TO ISRAEL, BUILDING COMMUNITIES IN ISRAEL'S FRONTIER REGIONS OF THE NEGEV AND GALILEE, CREATING INFRASTRUCTURE FOR ECOLOGY, SPECIAL NEEDS, HERITAGE PRESERVATION, AND SO MUCH MORE.

JNF ENHANCES QUALITY OF LIFE BY BUILDING NEW COMMUNITIES AND BOLSTERING EXISTING ONES. JNF'S BLUEPRINT NEGEV CAMPAIGN IS ATTRACTING HUNDREDS OF THOUSANDS OF NEW RESIDENTS TO THE NEGEV

JSA

| Schedule O (Form 990 or 990-EZ) 2022 |                                | Page <b>2</b> |
|--------------------------------------|--------------------------------|---------------|
| Name of the organization             | Employer identification number |               |
| JEWISH NATIONAL FUND                 | 13-1659627                     |               |

DESERT WHILE ITS GO NORTH CAMPAIGN FOCUSES ON THE COMMUNITIES OF NORTHERN ISRAEL. THE ORGANIZATION'S WORK IN COMMUNITY BUILDING INCLUDES THE BE'ER SHEVA RIVER PARK, SDEROT INDOOR RECREATION CENTER, CENTRAL ARAVA MEDICAL CENTER, ESHKOL RESILIENCE CENTER, PROJECT WADI ATTIR, HOUSING AND EMPLOYMENT OPPORTUNITIES, THE GALILEE CULINARY INSTITUTE BY JNF, A FOOD TECH HUB, AND SO MUCH MORE.

JNF IS THE LARGEST PROVIDER OF ZIONIST EDUCATION PROGRAMS IN THE U.S. AND OFFERS A MYRIAD OF WAYS TO CONNECT YOUNG AMERICANS TO ISRAEL. ITS ISRAEL EDUCATION AND ADVOCACY PROGRAMS TAKE PEOPLE FROM BIRTH TO THE BOARDROOM ON THEIR JEWISH AND ZIONIST JOURNIES. THEY START IN KINDERGARTEN AND CONTINUE THROUGH COLLEGE LIFE AND BEYOND, ENGAGING, EDUCATING, AND HELPING STUDENTS FOSTER A GREATER CONNECTION AND COMMITMENT TO THE LAND AND PEOPLE OF ISRAEL. JNF'S ISRAEL CONTINUUM PROGRAMMING INCLUDES THE CAMPUS FELLOWSHIP, CARAVAN FOR DEMOCRACY, ALTERNATIVE BREAK, TAGLIT-BIRTHRIGHT ISRAEL, FACULTY FELLOWSHIP PROGRAM IN ISRAEL, ALEXANDER MUSS HIGH SCHOOL IN ISRAEL, B'NAI MITZVAH PROJECTS, AND PLANT YOUR WAY TO ISRAEL.

WITH ITS ALEXANDER MUSS HIGH SCHOOL IN ISRAEL (MUSS), WHICH, SINCE 1972, HAS BEEN PIONEERING THE ACADEMIC AND EXPERIENTIAL STUDY OF ISRAEL AND JEWISH HISTORY AT THE HIGH SCHOOL LEVEL, JNF SETS THE GOAL OF FURTHER GROWING AND ENHANCING JEWISH CONTINUITY AND ISRAEL CONNECTIVITY AMONGST YOUTH BY OFFERING SEMESTER ABROAD PROGRAMS TO BETTER ENRICH EACH STUDENT'S KNOWLEDGE BASE AND BETTER PREPARE THEM FOR COLLEGE LIFE. TO DATE, OVER 30,000 STUDENTS HAVE BENEFITED FROM AN EDUCATION AT MUSS AND MANY STUDENTS HAVE RECEIVED A FELLOWSHIP OR GRANT TOWARDS THEIR TUITION. IN 2023, MUSS LAUNCHED A SECOND CAMPUS IN BE'ER SHEVA, REFLECTING THE INSTITUTION'S IMPRESSIVE GROWTH AND RECOGNIZING JNF'S ONGOING INVESTMENT IN ISRAEL'S SOUTH.

JNF AND ITS PARTNERS SUPPORT MANY AFFILIATES IN ISRAEL INCLUDING BUT NOT LIMITED TO: GREEN HORIZONS, HALUTZA COMMUNITIES, HASHOMER HACHADASH, THE ARAVA INTERNATIONAL CENTER FOR AGRICULTURE TRAINING, SPECIAL IN UNIFORM, MAKOM, NEFESH B'NEFESH, THE SOCIETY FOR THE PRESERVATON OF ISRAEL'S HERITAGE SITES, THE GUSH ETZION VISITOR CENTER MUSEUM, THE LAUDER EMPLOYMENT CENTER, AND WESTERN GALILEE NOW. JNF'S FUNDRAISING EFFORTS HAVE ALSO SUPPORTED ISRAEL'S FIREFIGHTERS THROUGH THE PROVISION OF FIRETRUCKS AND FIREFIGHTING APERATUS, LIFE-SAVING EQUIPMENT, AND THE BUILDING OF

NEW FIRE STATIONS.

### ISRAEL ADVOCACY AND EDUCATION:

IN 2023, JNF CONTINUED WITH ITS PLANS TO CREATE THE WORLD ZIONIST VILLAGE IN BE'ER SHEVA. THE INITIATIVE WILL CREATE A NEW CONVERSATION ABOUT ISRAEL, ABOUT THE FUTURE OF ZIONIST LEADERSHIP, ABOUT THE NEXT 50 YEARS AND BEYOND, WHEREIN HIGH SCHOOL STUDENTS, COLLEGE STUDENTS, POST-GRADUATES, TEACHERS, YOUNG LEADERS, AND OLDER ADULTS ARE ALL PART OF ONE NEW CONVERSATION.

WITH THE VISION OF CREATING THIS ECOSYSTEM ON A SINGLE CAMPUS WITH PROGRAMMING, SHARED SPACES, ACCOMMODATIONS, AND HARNESSING THE POWER OF POSITIVE ISRAEL/JEWISH CONVERSATION, JNF IS BUILDING THIS WORLD-CLASS CAMPUS IN BE'ER SHEVA THAT WILL REVOLUTIONIZE ZIONIST AND JEWISH EDUCATIONAL ENGAGEMENT FOR THE DECADES AHEAD. THE INITIATIVE REPRESENTS ONE OF THE LARGEST PHILANTHROPIC CAPITAL PROJECTS IN ISRAEL'S HISTORY.

JNF'S \$100 MILLION BORUCHIN ISRAEL EDUCATION ADVOCACY CENTER EXPERIENCED CONTINUED GROWTH IN 2023 WITH GRANTS AWARDED TO HEROES TO HEROES, ALEXANDER MUSS HIGH SCHOOL IN ISRAEL'S SCHOLARSHIP PROGRAM, ISRAEL ON CAMPUS COALITION (ICC), YAVNEH ON CAMPUS, CARAVAN FOR DEMOCRACY, CENTER FOR ISRAEL EDUCATION, CHARLES E. SMITH JDS, SINAI TEMPLE, STUDENTS SUPPORTING ISRAEL, FACULTY FELLOWSHIP PROGRAM IN ISRAEL, AND OTHERS, TO IMPACT THOUSANDS OF JEWS AND NON-JEWS ACROSS NORTH AMERICA. THE FOCUS ON ISRAEL AND ZIONIST EDUCATION PROGRAMMING IS DESIGNED TO BE ONE OF THE MOST POWERFUL NEW INITIATIVES IN THE JEWISH WORLD. THE CENTER CONCENTRATES ITS RESOURCES ON ADVOCATING FOR ISRAEL, ISRAEL EDUCATION IN THE DIASPORA, AND COUNTERING THE BDS MOVEMENT, ALL WITH THE GOAL OF STRENGTHENING THE CONNECTION OF ALL AMERICANS, NOW AND IN THE FUTURE, TO THE LAND AND PEOPLE OF ISRAEL. THE CENTER, ADMINISTERED WITHIN JNF, WAS CREATED AS A RESULT OF AN ESTATE GIFT OF THE LATE JOHN AND DORA BORUCHIN OF CALIFORNIA. NO PREVIOUS BEQUEST HAS EVER FUNDED SUCH A BOLD INITIATIVE TO PROMOTE AND DEVELOP ZIONIST EDUCATION OF THIS MAGNITUDE.

WATER SOLUTIONS:

JSA

JNF HAS BOLSTERED ISRAEL'S WATER ECONOMY BY DEVELOPING ALTERNATIVE WATER SOURCES, SAVING THE ECONOMY MILLIONS, ADVANCING ISRAELI

| Schedule O (Form 990 or 990-EZ) 2022 | Pa                             |
|--------------------------------------|--------------------------------|
| Name of the organization             | Employer identification number |
| JEWISH NATIONAL FUND                 | 13-1659627                     |

AGRICULTURE, AND IMPROVING WATER QUALITY. JNF HAS BUILT OVER 250 RESERVOIRS AND IS CONTINUING TO FUNDRAISE FOR ADDITIONAL RESERVOIRS AT A COST OF \$200 MILLION. RAISING THE AMOUNT OF RECYCLED WATER IN ISRAEL TO OVER 90%, JNF IS NOW FOCUSING ON RIVER REHABILITATION, EDUCATION, WATER PURIFICATION AND RESEARCH AND DEVELOPMENT. FOCUS AREAS INCLUDE RECYCLED WATER RESERVOIRS, RIVER REHABILITATION, RAINWATER HARVESTING PROGRAM AND CONSTRUCTED WETLANDS. JNF SUPPORTED WATER RECYCLING PROJECTS CONTINUE IN THE BEDOUIN VILLAGES OF WADI ATTIR AND UM BATIN. GREEN HORIZONS ALSO HAS OVER 64 SCHOOLS WHICH UTILIZE ITS RAINWATER HARVESTING PROJECTS TO EDUCATE STUDENTS ABOUT WATER SHORTAGES AND SOLUTIONS IN ISRAEL

## DISABILITIES AND SPECIAL NEEDS:

AS PART OF ITS FOCUS ON IMPROVING QUALITY OF LIFE IN ISRAEL, JNF IS DEDICATED TO ENSURING THAT NO MEMBER OF ISRAELI SOCIETY IS LEFT BEHIND. THROUGH A VARIETY OF INITIATIVES, JNF SUPPORTS CUTTING-EDGE REHABILITATIVE SERVICES, SPECIAL EDUCATION, AND MEDICAL CARE FOR PEOPLE WITH DISABILITIES AND MAKES ISRAEL'S PARKS, NATURE TRAILS, AND RECREATIONAL FACILITIES INCLUSIVE FOR VISITORS OF ALL ABILITY LEVELS. IN 2023, JNF CONTINUED TO PROVIDE SERVICES TO CHILDREN, YOUTH, AND ADULTS WITH DISABILITIES THROUGH ITS AFFILIATES INCLUDING ADI NEGEV-NAHALAT ERAN, LOTEM-MAKING ISRAEL ACCESSIBLE, RED MOUNTAIN THERAPEUTIC RIDING CENTER AT KIBBUTZ GROFIT, AND SPECIAL IN UNIFORM.

#### RESEARCH AND DEVELOPMENT:

JNF SPONSORS A NETWORK OF REGIONAL AGRICULTURAL R&D STATIONS ACROSS THE COUNTRY WHERE LEADING SCIENTISTS AND TECHNICIANS WORK CLOSELY WITH LOCAL FARMERS, RESEARCH INSTITUTES, AND UNIVERSITIES TO INCREASE AGRICULTURAL SUSTAINABILITY, PROFITABILITY, AND RESILIENCE. THIS WORK FOCUSES ON AGRICULTURAL R&D STATIONS, SOLAR POWER INNOVATION, GLOBAL TEACHING, DESERT REGION DEVELOPMENT, FISH FARMING, AND UNIVERSITY RESEARCH.

FURTHER ENHANCING ITS SUPPORT FOR THE ENVIRONMENT, THE ESTABLISHMENT OF THE KASSER JOINT INSTITUTE FOR FOOD, WATER, AND ENERGY SECURITY, A PARTNERSHIP BETWEEN THE UNIVERSITY OF ARIZONA, ARAVA VALLEY FARMERS, AND JNF, WILL FOCUS ON DEMONSTRATING SUSTAINABLE METHODS OF FOOD PRODUCTION AGAINST THE NEXUS OF ENERGY, LAND USE, AND WATER CONSERVATION IN AN ARID ENVIRONMENT.

98

| Schedule O (Form 990 or 990-EZ) 2022 |                                | Page <b>2</b> |
|--------------------------------------|--------------------------------|---------------|
| Name of the organization             | Employer identification number |               |
| JEWISH NATIONAL FUND                 | 13-1659627                     |               |

THE INITIATIVE WILL HELP THE WORLD WITH A SPECIFIC FOCUS ON DEVELOPING COUNTRIES. IN 2023, THE KASSER JOINT INSTITUTE INITIATED THE CONSTRUCTION OF AN AGRIVOLTAIC PROJECT IN MAKUENI COUNTY, KENYA. THIS GROUNDBREAKING PROJECT HARNESSES ISRAELI TECHNOLOGY USING SOLAR POWER TO OPERATE WATER PUMPS FOR IRRIGATION AND SUPPORTS THE GROWTH OF DIVERSE CROPS UNDERNEATH THE PANELS. THE PROJECT WILL POSITIVELY IMPACT 250 HOUSEHOLDS IN THE LOWER MASIMBANI COMMUNITY.

#### HISTORICAL SITES:

JNF IS COMMITTED TO THE PRESERVATION OF 180 HISTORICAL SITES ASSOCIATED WITH ISRAEL'S REBIRTH AND ENSURING THAT THE STORIES BEHIND THEM ARE PROPERLY DOCUMENTED AND RETOLD FOR GENERATIONS TO COME. THIS INITIATIVE ENABLES JNF TO SHARE THE PAST, THE IMPORTANT EVENTS, THE PLACES, THE STRUGGLES AND THE FIGHT FOR ISRAEL'S INDEPENDENCE WITH ISRAELIS AND TOURISTS ALIKE. JNF'S HISTORICAL SITES INCLUDE THE AYALON INSTITUTE, WHERE A NEWLY INSTALLED ELEVATOR IS IMPROVING ACCESSIBILITY; ATLIT "ILLEGAL" IMMIGRATION DETENTION CAMP, WHERE AN INTERACTIVE EXHIBIT INSIDE A C46 AIRPLANE TELLS THE HEROIC STORY OF THE COVERT MISSION THAT BROUGHT 150 CLANDESTINE JEWISH IMMIGRANTS TO ISRAEL BY AIR FROM IRAQ AND ITALY; AMMUNITION HILL; YELLIN HOUSE; AND TEL HAI MUSEUM.

### FORESTRY & GREEN INNOVATIONS:

AS AN INNOVATOR IN ECOLOGICAL DEVELOPMENT AND A PIONEER IN FOREST CREATION AND FIRE PREVENTION, JEWISH NATIONAL FUND HAS PLANTED MORE THAN 260 MILLION TREES IN ISRAEL, PROVIDING LUSCIOUS BELTS OF GREEN COVERING MORE THAN 250,000 ACRES, AND PROTECTS THESE AREAS BY BATTLING APPROXIMATELY 1,000 FOREST FIRES EVERY YEAR. JNF ALSO SUPPORTS AGRICULTURAL INFRASTRUCTURE DEVELOPMENT, SOIL CONSERVATION, AND COMBATING DESERTIFICATION.

| Schedule O (Form 990 or 990-EZ) 2022 | Pag                            |
|--------------------------------------|--------------------------------|
| Name of the organization             | Employer identification number |
| JEWISH NATIONAL FUND                 | 13-1659627                     |

FORM 990, PART VI, LINE 17 - STATES 

AL, AR, CA, CO, FL,GA,IL,KS,KY,MD,MA,MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OR, PA, RI,SC,TN,VA,WV,WI,

100

| Schedule O (Form 990 or 990-EZ) 2022    |                         | Page <b>2</b>     |
|---|-------------------------|-------------------|
| Name of the organization                | Employer ider           | tification number |
| JEWISH NATIONAL FUND                    | 13-165                  | 9627              |
|   |                         |                   |
| ORM 990, PART VII-COMPENSATION OF THE 5 |                         |                   |
| IAME AND ADDRESS                        | DESCRIPTION OF SERVICES | COMPENSATION      |
|   |                         |                   |
| DIRECT DIMENSIONS, INC.                 |                         |                   |
| 303 FIFTH AVENUE, ROOM 206              |                         |                   |
| NEW YORK, NY 10016                      | PRINTING & POSTAGE      | 1,482,832         |
| TELERX MARKETING, INC.                  |                         |                   |
| P.O. BOX 8500-53888                     |                         |                   |
| PHILADELPHIA, PA 19178-3888             | CALL CENTER-MKTG        | 975,367           |
| ADDAPPTATION                            |                         |                   |
| 21 HEMLOCK COURT                        |                         |                   |
| NEWFIELDS, NH 03856                     | CONSULTSALESFORCE       | 476,800           |
| DBI PROJECTS LLC                        |                         |                   |
| 1261 BROADWAY                           |                         |                   |
| NEW YOK, NY 10001                       | CONSULTBE'ER SHEVA      | 259,234           |
| HTA ADVISORY                            |                         |                   |
| P.O. BOX 71939                          |                         |                   |
| CHICAGO, IL 60694                       | INVESTMENT MGMT.        | 253,281           |
|   |                         |                   |

| Related Organizations and Unrelated Partnerships |
|--|
|--|

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990)

Name of the organization JEWISH NATIONAL FUND

(KEREN KAYEMETH LEISRAEL) INC.

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

|   |                                |   |                     | -                         |  |
|---|--------------------------------|---|---------------------|---------------------------|--|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>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)<br>Name, address, and EIN of related organization   | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | <b>(e)</b><br>Public charity status<br>(if section 501(c)(3)) | <b>(f)</b><br>Direct controlling<br>entity | cont | <b>g)</b><br>512(b)(13)<br>rolled<br>ity? |
|---|--------------------------------|---|----------------------------|---|--|------|---|
|   |                                |   |                            |   |  | Yes  | No  |
| (1) BEYACHAD FUND                                       |                                |   |                            |   |  |      |   |
| 206 JAFFA STREET JERUSALEM, IS 91079 IS                 | PROJECT MGMT.                  | IS  |                            |   | JNF-USA                                    |      | х   |
| (2) ALEXANDER MUSS INSTITUTE FOR ISRAEL EDU. 59-0173782 |                                |   |                            |   |  |      |   |
| 78 RANDALL AVENUE ROCKVILLE CENTER, NY 11570            | EDUCATION                      | NY  | 501(C)(3)                  | LINE 10   | JNF-USA                                    |      | х   |
| (3) JEWISH NATIONAL FUND-USA, INC. 83-2880252           |                                |   |                            |   |  |      |   |
| 42 EAST 69TH STREET NEW YORK, NY 10021                  | FUNDRAISING                    | DE  | 501(C)(3)                  | LINE 7  | N/A  |      | х   |
| (4)   |                                |   |                            |   |  |      |   |
|   |                                |   |                            |   |  |      |   |
| (5)   |                                |   |                            |   |  |      |   |
|   |                                |   |                            |   |  |      |   |
| (6)   |                                |   |                            |   |  |      |   |
|   |                                |   |                            |   |  |      |   |
| (7)   |                                |   |                            |   |  |      |   |
|   |                                |   |                            |   |  |      | ĺ   |

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

13-1659627

JSA 2E1307 1.000 Schedule R (Form 990) 2022

JEWISH NATIONAL FUND

13-1659627

Page 2

## 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.

| <b>(a)</b><br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512 - 514) | (f)<br>Share of total<br>income | <b>(g)</b><br>Share of end-of-<br>year assets | Disprop | h)<br>portionate<br>ations? | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | General or<br>managing |  | General or<br>managing |  | General or<br>managing |  | General or<br>managing |  | General or<br>managing |  | General or<br>managing |  | <b>(k)</b><br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|---|---------------------------------|---|---------|-----------------------------|---|---|----|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|---------------------------------------|
|   |                         | oounity)   |                                     |   |                                 |   | Yes     | No                          |   | Yes                                       | No |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
|   | _                       |  |                                     |   |                                 |   |         |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
| (2)   |                         |  |                                     |   |                                 |   |         |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
| (2)   | _                       |  |                                     |   |                                 |   |         |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
| (3)   |                         |  |                                     |   |                                 |   | -       |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
|   |                         |  |                                     |   |                                 |   |         |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
| (4)   |                         |  |                                     |   |                                 |   |         |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
|   |                         |  |                                     |   |                                 |   |         |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
| (5)   |                         |  |                                     |   |                                 |   |         |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
|   |                         |  |                                     |   |                                 |   |         |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
| (6)   | _                       |  |                                     |   |                                 |   |         |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
| (7)   |                         |  |                                     |   |                                 |   | -       |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |
| <u></u>   | -                       |  |                                     |   |                                 |   |         |                             |   |   |    |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                                       |

# 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)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (C)<br>Legal domicile<br>(state or foreign<br>country) | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | <b>(h)</b><br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |
|---|--------------------------------|--|--|---|---------------------------------|---------------------------------------|---------------------------------------|---|
| (1)   |                                |  |  |   |                                 |                                       |                                       | Yes No  |
| (2)   |                                |  |  |   |                                 |                                       |                                       |   |
| (3)   |                                |  |  |   |                                 |                                       |                                       |   |
| <u>(4)</u>  |                                |  |  |   |                                 |                                       |                                       |   |
| <u>(5)</u><br><u>(6)</u>                              |                                |  |  |   |                                 |                                       |                                       |   |
| <u>(6)</u><br>(7)                                     |                                |  |  |   |                                 |                                       |                                       |   |
|   |                                |  |  |   |                                 |                                       |                                       |   |

Schedule R (Form 990) 2022

| Not    | e: 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?                    |                |        |      |
| а      | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.   | 1a             |        | Х    |
| b      | Gift, grant, or capital contribution to related organization(s)  | 1b             | Х      |      |
|        | Gift, grant, or capital contribution from related organization(s).   | 1c             |        | Х    |
|        | Loans or loan guarantees to or for related organization(s)   | 1d             |        | Х    |
|        | Loans or loan guarantees by related organization(s)  | 1e             |        | Х    |
|        |  |                |        |      |
| f      | Dividends from related organization(s)   | 1f             |        | Х    |
| g      | Sale of assets to related organization(s)  | 1g             |        | Х    |
| h      | Purchase of assets from related organization(s)  | 1h             |        | Х    |
| i      | Exchange of assets with related organization(s).   | 1i             |        | Х    |
| j      | Lease of facilities, equipment, or other assets to related organization(s).  | 1j             |        | Х    |
|        |  |                |        |      |
| k      | Lease of facilities, equipment, or other assets from related organization(s)   | 1k             |        | Х    |
| I      | Performance of services or membership or fundraising solicitations for related organization(s)   | 11             |        | Х    |
| m      | Performance of services or membership or fundraising solicitations by related organization(s).   | 1m             |        | Х    |
| n      | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n             | Х      |      |
| ο      | Sharing of paid employees with related organization(s)   | 10             |        | Х    |
|        |  |                |        |      |
|        | Reimbursement paid to related organization(s) for expenses.  | 1p             |        | X    |
| q      | Reimbursement paid by related organization(s) for expenses   | 1q             | _      | Χ    |
|        |  |                |        |      |
| r      | Other transfer of cash or property to related organization(s)  | 1r             |        | X    |
| S      | Other transfer of cash or property from related organization(s).   | 1s             |        | 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 three |                | 5.     |      |
|        | (a)(b)(c)Name of related organizationTransactionAmount involvedMethod of   | (d)<br>of dete | rminin | a    |
|        | type (a - s) amount  | nt invo        | lved   |      |
|        |  |                |        |      |
| (4)    |  |                |        |      |
| (1)    |  |                |        |      |
| (2)    |  |                |        |      |
| (-)    |  |                |        |      |
| (3)    |  |                |        |      |
| (-)    |  |                |        |      |
| (4)    |  |                |        |      |
| . /    |  |                |        |      |
| (5)    |  |                |        |      |
|        |  |                |        |      |
| (6)    |  |                |        |      |
| JSA    | Schedule R (F  | orm 9          | 990) 2 | 2022 |
| 2E1309 | 1.000  |                |        |      |

JEWISH NATIONAL FUND

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

Schedule R (Form 990) 2022

Part V

Page **3** 

13-1659627

## 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)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under | organizations? |    | (f)<br>Share of<br>total income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|--------------------------------|--|---|----------------|----|---------------------------------|---|---|----|---|---|----|--------------------------------|
|   |                                |  | sections 512 - 514)   | Yes            | No |                                 |   | Yes                                     | No |   | Yes                                       | No | ]                              |
| (1)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| (2)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| (3)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| (4)                                     | _                              |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| (5)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| (6)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| (7)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| (8)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| (9)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| 10)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| 11)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| 12)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| 13)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| 14)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    | <u> </u>                       |
| 15)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |
| 16)                                     |                                |  |   |                |    |                                 |   |   |    |   |   |    |                                |

Schedule R (Form 990) 2022

Part VIISupplemental InformationProvide additional information for responses to questions on Schedule R. See instructions.