

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization THE JEWISH AGENCY FOR ISRAEL, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite, City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number 23-7254561, E Telephone number (212) 339-6000, G Gross receipts \$ 456,258,000

F Name and address of principal officer: AMIRA AHRONOVIZ, 48 KING GEORGE STREET, JERUSALEM 91000, IS

H(a) Is this a group return for subordinates? Are all subordinates included? H(b) H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.JAFI.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1948, M State of legal domicile: IS

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE JEWISH AGENCY BINDS JEWS ACROSS IDEOLOGIES AND CIVILIZATIONS TOGETHER IN A WORLDWIDE JEWISH FAMILY WITH ISRAEL AT ITS CENTER.

Table with 2 columns: Description, Amount. Rows 2-7a, 7b. Includes total unrelated business revenue and net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12. Includes contributions, grants, program service revenue, investment income, and other revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19. Includes grants and similar amounts paid, benefits paid, salaries, and other expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22. Includes total assets, total liabilities, and net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer AMIRA AHRONOVIZ CHIEF FINANCIAL OFFICER, Date 2024-03-20

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2024-03-20, Firm's name ROSENBERG & MANENTE PLLC, Firm's address 12 W 32ND STREET 10TH FL NEW YORK, NY 10001

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE JEWISH AGENCY BINDS JEWS ACROSS IDEOLOGIES AND CIVILIZATIONS TOGETHER IN A WORLDWIDE JEWISH FAMILY WITH ISRAEL AT ITS CENTER. IT PROVIDES THE GLOBAL FRAMEWORK FOR ALIYAH, ENSURES GLOBAL JEWISH SAFETY, STRENGTHENS JEWISH IDENTITY AND CONNECTS JEWS TO ISRAEL AND ONE ANOTHER, AND CONVEYS THE VOICE OF THE JEWISH PEOPLE TO THE STATE OF ISRAEL TO HELP SHAPE ITS SOCIETY. THE AGENCY PURSUES THIS MISSION BY: ALIYAHCONNECTING JEWS WORLDWIDE - TO ISRAEL AND TO EACH OTHERSTRENGTHENING ISRAELI SOCIETY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

4a (Code:) (Expenses \$ 83,711,086 including grants of \$) (Revenue \$ 54,609,459) ALIYAH ENABLING ALIYAH FROM COUNTRIES WORLDWIDE FOR THOSE WHO WISH TO MOVE TO ISRAEL (ALIYAH OF CHOICE) FACILITATING ALIYAH FROM COUNTRIES WHERE JEWS ARE IN DISTRESS (ALIYAH OF RESCUE), SUCH AS UKRAINE AND ETHIOPIA PROVIDING HOUSING, HEBREW INSTRUCTION AND OTHER RESOURCES TO NEW IMMIGRANTS AT ABSORPTION CENTERS TO EASE THEIR TRANSITIONS INTO ISRAELI SOCIETY

4b (Code:) (Expenses \$ 52,937,712 including grants of \$) (Revenue \$ 5,505,950) CONNECTING JEWS WORLDWIDE OFFERING YOUNG JEWS DIVERSE ISRAEL EXPERIENCES WITH OPPORTUNITIES TO INTERN, STUDY, VOLUNTEER AND TEACH WHILE LIVING LIKE A LOCAL IN THE JEWISH STATE THROUGH PROGRAMS LIKE MASA ISRAEL JOURNEY SENDING SHLICHIM (ISRAELI EMISSARIES) TO COMMUNITIES AROUND THE WORLD TO BRING ISRAEL TO LIFE AND FORM LASTING, PERSONAL RELATIONSHIPS CREATING A GLOBAL NETWORK OF MUTUAL SUPPORT AND FRIENDSHIP BETWEEN COMMUNITIES IN ISRAEL AND THOSE ABROAD THROUGH PARTNERSHIP2GETHER BRINGING YOUNG JEWS AND ISRAELIS TOGETHER TO VOLUNTEER IN DISADVANTAGED COMMUNITIES WHILE EXPLORING THEIR JEWISH IDENTITIES THROUGH PROJECT TEN AND SHALOM CORPS ENSURING JEWISH COMMUNITIES AND INSTITUTIONS OUTSIDE OF NORTH AMERICA ARE SAFE AND EQUIPPED WITH PROTECTIVE SECURITY MEASURES THROUGH OUR SECURITY ASSISTANCE FUND

4c (Code:) (Expenses \$ 24,314,916 including grants of \$) (Revenue \$ 17,171,412) STRENGTHENING ISRAELI SOCIETY EMPOWERING YOUNG CHANGE AGENTS AND MENTORING AT-RISK YOUTH WHO WILL BE ISRAEL'S FUTURE LEADERS THROUGH OUR LEADERSHIP ACADEMIES, YOUTH VILLAGES AND YOUTH FUTURES PROGRAMS SUPPORTING ISRAELIS IMPACTED BY TERROR DURING OPERATION GUARDIAN OF THE WALLS AND IN THE WAKE OF TRAGEDY BY PROVIDING EMERGENCY FINANCIAL ASSISTANCE AND CRUCIAL RESOURCES THROUGH OUR FUND FOR VICTIMS OF TERROR CARING FOR VULNERABLE POPULATIONS, INCLUDING ELDERLY HOLOCAUST SURVIVORS AND LOW-INCOME FAMILIES, AT OUR SUBSIDIARIES LIKE AMIGOUR HELPING ISRAELI ENTREPRENEURS AND SMALL-BUSINESS OWNERS TURN DREAMS INTO REALITY THROUGH LOAN FUNDS FOR SMALL BUSINESSES.

(Code:) (Expenses \$ 151,368,286 including grants of \$) (Revenue \$ 24,321,179)

4d Other program services (Describe in Schedule O.) (Expenses \$ 151,368,286 including grants of \$) (Revenue \$ 24,321,179)

4e Total program service expenses 312,332,000

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions 11a-e and 14a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Form 990 (2022) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 17 with various tax-related questions and input fields.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE JEWISH AGENCY FOR ISRAEL 48 KING GEORGE ST JERUSALEM, 91000 IS

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) ALMOG DORON CHAIRMAN OF THE EXECUTIVE	40.00	X		X			112,462	0	7,021	
(2) SHAVIT YARON DEPUTY CHAIRMAN OF THE EXE	40.00	X		X			223,802	0	23,451	
(3) HAGOEL YAAKOV MEMBER OF THE EXECUTIVE	2.00	X					0	245,492	23,359	
(4) YEHOASHUA BRAVERMAN GUSTIN BOARD OF GOVERNORS MEMBER	40.00	X					0	216,550	23,527	
(5) GRUNEWALD GAEL MEMBER OF THE EXECUTIVE	2.00	X					0	220,045	23,527	
(6) JOSKOWICZ SILVIO BOARD OF GOVERNORS MEMBER	40.00	X					0	216,372	23,527	
(7) ROZENBERG KORITNY MARINA BOARD OF GOVERNORS MEMBER	2.00	X					0	217,662	23,527	
(8) HESS YIZHAR BOARD OF GOVERNORS MEMBER	40.00	X					0	216,511	23,527	
(9) BARATZ-RIX RAHELI BOARD OF GOVERNORS MEMBER	2.00	X					0	215,109	23,527	
(10) MEIR NERYA BOARD OF GOVERNORS MEMBER	2.00	X					0	218,961	23,523	
(11) OVADIA YIFAT BOARD OF GOVERNORS MEMBER	2.00	X					0	215,483	23,527	
(12) WILF MARK CHAIRMAN BOARD OF GOVERNORS	2.00	X					0	0	0	
(13) SHOLK BRUCE CHAIR OF BUDGET AND FINANCE	2.00	X					0	0	0	
(14) KIEFFER LEONARD BETH BOARD OF GOVERNORS MEMBER	2.00	X					0	0	0	
(15) BLITZ HARVEY MEMBER OF THE EXECUTIVE	2.00	X					0	0	0	
(16) BOB KENNETH MEMBER OF THE EXECUTIVE	2.00	X					0	0	0	
(17) DOCTOROFF ALISA MEMBER OF THE EXECUTIVE	2.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) GIDWITZ BETSY MEMBER OF THE EXECUTIVE	2.00	X					0	0	
(19) KOSCHITZKY DAVID BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(20) LEIBLER MARK MEMBER OF THE EXECUTIVE	2.00	X					0	0	
(21) LOWY STEVEN MEMBER OF THE EXECUTIVE	2.00	X					0	0	
(22) LUBELSKY MASHA MEMBER OF THE EXECUTIVE	2.00	X					0	0	
(23) MUEHLSTEIN LEA MEMBER OF THE EXECUTIVE	2.00	X					0	0	
(24) SHAPIRA CYNTHIA D BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(25) ADELMAN CARYN ROSEN BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(26) ANDERSON DIANA BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(27) AVITAL COLLETTE BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(28) AVRIEL YARDEN BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(29) AZARI MEIR BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(30) BARISH DAVID BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(31) BENATOFF RONNI BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(32) BERGMAN SERGIO BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(33) BERNSTEIN RICHARD BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(34) BIBI YIGAL BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(35) BLUMENTHAL JACOB BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(36) BRAGINSKY DAVID BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(37) BURG STEVE BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(38) CAPLIN GILIAN BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(39) COHEN HAIM BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(40) DAVIDI ALON BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(41) DELRAHIM BECK SHIVA BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(42) ELIEZRIE DAVID BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(43) FEINSTEIN-COHEN KARMA BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(44) FINGER HAROLD BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(45) FLEISHMAN MARTINE BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(46) FRANKEL MICHAEL BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(47) GLASER HELENA BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(48) GREENBERG SETH BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(49) GROSS HARLEY BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(50) GROVEMAN ANDREW BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(51) GUTH BIASINI NADIA BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(52) HABA ESTHER BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(53) HAHN DINA BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(54) HERTZBERG ROBERT BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(55) HURST PENNY BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(56) JACOBS RICK BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(57) JAMES KAREN BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(58) JANKS SHARON BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(59) KAPLAN ROBERT BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(60) KAUFFMAN CHARLES BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(61) KIMEL WARREN BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(62) KLINGHOFFER LORI MEMBER OF THE EXECUTIVE	2.00	X					0	0	
(63) KOGAN SHMUEL BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(64) KORENFELD DAVID BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(65) KRAWITZ PHILIP BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(66) LAHM DANNY BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(67) LEBOFF BRUCE MEMBER OF THE EXECUTIVE	2.00	X					0	0	
(68) LERNER PESACH BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(69) LEVY MARK BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(70) LOWENTHAL ABRAO MEMBER OF THE EXECUTIVE	2.00	X					0	0	
(71) LUGASSY AVY BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(72) MARGOLIN SHIMON BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(73) MEIJERS JAAP BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(74) MOR DUDU BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(75) MOR ESTHER BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(76) OBERLANDER SERGIO BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(77) PAKTOR MENNO BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(78) PINCUS STEVEN BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(79) RASKAS HESCHEL BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(80) RUBENSTEIN RONI BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(81) SANDLER RICHARD BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(82) SCHEIM PHILIP BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(83) SCHOENFELD JEFFREY BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(84) SCHWARTZ ZEEV BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(85) SERFATY DAN BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(86) SHINE HAIM BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(87) SILVERS DAVID BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(88) SLAWNY CABABIA MICHAL BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(89) SMOLOW RHODA BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(90) SOKAL SONDRRA BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(91) STERN JOAN BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(92) TANANBAUM DOROTHY BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(93) TEPLITSKY MICHAEL BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(94) TISDALE LAURENCE BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(95) WEINER DAVID BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(96) ZIMMERMAN FRED BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(97) ZWEIFEL THOMAS BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(98) COHEN HAYA BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(99) DEGEN GABRIEL BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(100) MESSINGER DARYL BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(101) DORON PERETZ BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(102) ESTHER RENZER BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(103) STEVE ROSEDALE BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(104) YOSHI TZADOK BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(105) INNA ZILBERGRETZ BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(106) DEBBIE BERMAN BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(107) DIANE S FEINBERG BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(108) STEPHEN HOFFMAN BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(109) JULIA PLATT MEMBER OF THE EXECUTIVE	2.00	X					0	0	
(110) JOHANNA ARBIB-PERUGIA MEMBER OF THE EXECUTIVE	2.00	X					0	0	
(111) LEW DANNY BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(112) ROHRINGER ARIELLA BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(113) SCHEINER CLAUDIA BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(114) SHERMAN DAVID F BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(115) GUR RACHEL BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(116) HELFAND RICHARD BOARD OF GOVERNORS MEMBER	2.00	X					0	0	
(117) SCHWARCZ JOSH SECRETARY GENERAL	40.00			X		286,877	0	23,069	
(118) AHRONOVIZ AMIRA CHIEF EXECUTIVE OFFICER	40.00			X		290,506	0	23,088	
(119) SHIFF MOSHE VP HUMAN RESOURCES	40.00			X		264,479	0	23,238	
(120) ASHIRIE MOSHE CHIEF FINANCIAL OFFICER	40.00			X		282,731	0	23,095	
(121) SETTON YEHUDA CHIEF OPERATING OFFICER	40.00			X		191,806	0	23,702	
(122) ELBAUM DANIEL PRESIDENT CEO - JAID	40.00			X		404,295	0	37,684	
(123) PRECEL DANIEL MARKETING DIRECTOR	40.00				X	182,401	0	46,211	
(124) STAV STEVEN COMPTROLLER	40.00				X	203,931	0	23,587	
(125) BASHKOFF LARA VP MARKETING	40.00				X	317,324	0	44,103	
(126) MOR HANAN DIRECTOR OF TELECOMMUNICA	40.00				X	256,964	0	27,734	
(127) SHAI FELBER VP ALYAH	40.00				X	165,835	0	23,848	
(128) MORAG DROR MEMBER OF THE EXECUTIVE	2.00					0	113,928	12,638	
1b Sub-Total									
c Total (add lines 1b and 1c)						3,183,413	2,096,113	574,040	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5 2

	Yes	No
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 Yes	
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 Yes	
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	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG - SOMEKH HAIKIN 8 HARTUM ST JERUSALEM, JERUSALEM IS	AUDITING AND OTHER SERVICES	264,095
DELOITTE CONSULTING AND TECHNOLOGIES DERECH BEGIN 132 TELAVIV, ISRAEL IS	CONSULTING SERVICES	217,112
NADAV COHEN HAOREN 6 REHOVOT, ISRAEL IS	EDUCATIONAL ACTIVITIES	169,941
HADASS TESHER 68 HAGOLAN STREET TELAVIV, ISRAEL IS	CONSULTING SERVICES	134,250
JOSEPH HAROLD SCHWARTZ LOUIS MARSHALL 46 TELAVIV, ISRAEL IS	MANAGEMENT CONSULTING	112,821

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts					
1a Federated campaigns		1a			
b Membership dues		1b			
c Fundraising events		1c			
d Related organizations		1d			
e Government grants (contributions)		1e			
f All other contributions, gifts, grants, and similar amounts not included above				237,898,000	
g Noncash contributions included in lines 1a - 1f:\$		1g			
h Total. Add lines 1a-1f				237,898,000	

Program Service Revenue		Business Code			
			(A)	(B)	(C)
2a ALIYAH KLITAH AND RESCUE		900099	54,609,459	54,609,459	
b ISRAEL SOCIETY		900099	17,171,412	17,171,412	
c SHLICHIM PLATFORM		900099	11,205,306	11,205,306	
d					
e					
f All other program service revenue.			18,631,823	18,631,823	
g Total. Add lines 2a-2f.		101,618,000			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	55,327,000			
		(ii) Personal				
		6b Less: rental expenses	45,331,000			
		6c Rental income or (loss)	9,996,000			
	d Net rental income or (loss)		9,996,000		9,996,000	
	7a Gross amount from sales of assets other than inventory	(i) Securities	477,000			
		(ii) Other				
		7b Less: cost or other basis and sales expenses	0			
		7c Gain or (loss)	477,000			
	d Net gain or (loss)		477,000	477,000		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					

Other Revenue Misc Amt	11a DECREASE IN PENSION FUND LIABILITY	900099	103,811,000		103,811,000
	b OTHER INCOME	900099	848,000		848,000
	c DECREASE IN ENDOWMENT FUND	523000	-43,721,000		-43,721,000
	d All other revenue				
	e Total. Add lines 11a-11d		60,938,000		
	12 Total revenue. See instructions		410,927,000	102,095,000	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,702,517	215,508	2,265,308	1,221,701
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	91,981,961	71,589,876	15,408,631	4,983,454
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	1,395,620		1,395,620	
c Accounting	264,095		264,095	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALIYAH	83,711,086	83,711,086		
b OTHER FUNCTIONS	64,797,857	61,913,942	761,070	2,122,845
c CONNECTING WORLD JEWRY	52,937,712	52,937,712		
d ISRAEL SOCIETY	24,314,916	24,314,916		
e All other expenses	24,985,236	17,648,960	7,336,276	
25 Total functional expenses. Add lines 1 through 24e	348,091,000	312,332,000	27,431,000	8,328,000
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	91,006,000	1	92,304,000
	2 Savings and temporary cash investments	449,000	2	71,000
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	44,320,000	4	50,858,000
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	345,169,000		
	b Less: accumulated depreciation	234,986,000	109,709,000	10c 110,183,000
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	696,884,000	12	648,501,000
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	113,429,000	15	217,240,000
16 Total assets: Add lines 1 through 15 (must equal line 33)	1,055,797,000	16	1,119,157,000	
Liabilities	17 Accounts payable and accrued expenses	45,251,000	17	50,473,000
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,161,000	23	5,347,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	68,303,000	25	61,419,000	
26 Total liabilities. Add lines 17 through 25	116,715,000	26	117,239,000	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	768,743,000	27	827,404,000
	28 Net assets with donor restrictions	170,339,000	28	174,514,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	939,082,000	32	1,001,918,000
33 Total liabilities and net assets/fund balances	1,055,797,000	33	1,119,157,000	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	410,927,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	348,091,000
3	Revenue less expenses. Subtract line 2 from line 1	3	62,836,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	939,082,000
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	1,001,918,000

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization
THE JEWISH AGENCY FOR ISRAEL

Employer identification number
23-7254561

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

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

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	308,476,000	328,773,000	305,142,000	180,165,000	339,516,000	1,462,072,000
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3	308,476,000	328,773,000	305,142,000	180,165,000	339,516,000	1,462,072,000
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,462,072,000

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	308,476,000	328,773,000	305,142,000	180,165,000	339,516,000	1,462,072,000
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,570,000	5,295,000	8,359,000	5,355,000	10,473,000	31,052,000
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	76,238,000	33,029,000	20,389,000	81,821,000	104,659,000	316,136,000
11 Total support. Add lines 7 through 10						1,809,260,000
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	80.810 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	83.980 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests-2022. Row 19b: 33 1/3% support tests-2021. Row 20: Private foundation.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 (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 .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? 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).		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

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

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

(continued)

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

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

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

2022

Name of the organization THE JEWISH AGENCY FOR ISRAEL	Employer identification number 23-7254561
--	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
THE JEWISH AGENCY FOR ISRAEL

Employer identification number
23-7254561

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
THE JEWISH AGENCY FOR ISRAEL

Employer identification number
23-7254561

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

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

Name of organization THE JEWISH AGENCY FOR ISRAEL	Employer identification number 23-7254561
--	--

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

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

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

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2022

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization THE JEWISH AGENCY FOR ISRAEL

Employer identification number

23-7254561

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor information.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, total number, acreage, and number of easements on historic structures, and questions about monitoring and reporting.

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

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

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,187,000	1,911,000	1,695,000	1,427,000	1,476,000
b Contributions					
c Net investment earnings, gains, and losses		276,000	216,000	268,000	-49,000
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,187,000	2,187,000	1,911,000	1,695,000	1,427,000

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	295,644,000		187,204,000	108,440,000
c Leasehold improvements				
d Equipment	49,384,000		47,641,000	1,743,000
e Other	141,000		141,000	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				110,183,000

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	648,501,000	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	648,501,000	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PENSION FUND RETAINED SURPLUS	217,240,000
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	217,240,000

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	61,419,000

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	391,516,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	45,331,000	
e	Add lines 2a through 2d		2e	45,331,000
3	Subtract line 2e from line 1		3	346,185,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	64,742,000	
c	Add lines 4a and 4b		4c	64,742,000
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	410,927,000

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

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

1	Total expenses and losses per audited financial statements		1	389,554,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	45,331,000	
e	Add lines 2a through 2d		2e	45,331,000
3	Subtract line 2e from line 1		3	344,223,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	3,868,000	
c	Add lines 4a and 4b		4c	3,868,000
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	348,091,000

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	AMIGOUR RENT 45,331,000.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ENDOWMENT INVESTMENT INCOME -43,721,000. SALE OF ASSETS 477,000. DECREASE IN PENSION LIABILITY 103,811,000. DIFFERENCE IN CASH RECEIPTS 4,175,000.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	AMIGOUR RENT 45,331,000.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INTEREST EXPENSE 1,730,000. EXCHANGE RATE 2,138,000.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

2022

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Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE JEWISH AGENCY FOR ISRAEL

Employer identification number

23-7254561

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	5	3	PROGRAM SERVICES		891,682
(2) EUROPE	30	50	PROGRAM SERVICES		10,438,015
(3) MIDDLE EAST AND NORTH AFRICA	90	1,043	PROGRAM SERVICES/GRANTS		298,864,705
(4) NORTH AMERICA	10	7	PROGRAM SERVICES		2,463,876
(5) RUSSIA AND THE NEWLY INDEPENDENT STATES TOTAL	150	247	PROGRAM SERVICES		39,133,640
(6) SOUTH AMERICA	35	51	PROGRAM SERVICES		4,646,807
(7) SOUTH ASIA	1	1	PROGRAM SERVICES		40,187
(8) SUB- SAHARAN AFRICA	5	19	PROGRAM SERVICES		5,381,200
(9) CENTRAL AMERICA	1	1	PROGRAM SERVICES		666,501
(10) SOUTH AFRICA	1	4	PROGRAM SERVICES		317,230
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	326	1,421			361,860,112
b Total from continuation sheets to Part I	2	5			983,731
c Totals (add lines 3a and 3b)	328	1,426			362,843,843

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				SCHEDULE F, PART II: IN SUPPORT OF 370 INSTITUTIONS	492,064,000		0		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

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.

ReturnReference	Explanation
PART I, LINE 2:	ORGANIZATION IS LOCATED PRIMARILY IN ISRAEL. ALL GRANTS ARE MONITORED FOR COMPLIANCE BY THE CENTRAL OFFICE
PART III, COL (C):	PRIMARY FUNCTION IS ASSISTANCE TO FOREIGN INDIVIDUALS WHO QUALIFY FOR VARIOUS PROGRAMS
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE JEWISH AGENCY FOR ISRAEL

Employer identification number

23-7254561

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELBAUM DANIEL PRESIDENT CEO - JAID	(i)	404,295	0	0	0	37,684	441,979	0
	(ii)	0	0	0	0	0	0	0
2 BASHKOFF LARA VP MARKETING	(i)	317,324	0	0	0	44,103	361,427	0
	(ii)	0	0	0	0	0	0	0
3 AHRONOVIZ AMIRA CHIEF EXECUTIVE OFFICER	(i)	290,506	0	0	0	23,088	313,594	0
	(ii)	0	0	0	0	0	0	0
4 SCHWARCZ JOSH SECRETARY GENERAL	(i)	286,877	0	0	0	23,069	309,946	0
	(ii)	0	0	0	0	0	0	0
5 ASHRIE MOSHE CHIEF FINANCIAL OFFICER	(i)	282,731	0	0	0	23,095	305,826	0
	(ii)	0	0	0	0	0	0	0
6 SHIFF MOSHE VP HUMAN RESOURCES	(i)	264,479	0	0	0	23,238	287,717	0
	(ii)	0	0	0	0	0	0	0
7 MOR HANAN DIRECTOR OF TELECOMMUNICA	(i)	256,964	0	0	0	27,734	284,698	0
	(ii)	0	0	0	0	0	0	0
8 HAGOEL YAAKOV MEMBER OF THE EXECUTIVE	(i)	0	0	0	0	0	0	0
	(ii)	245,492	0	0	0	23,359	268,851	0
9 SHAVIT YARON DEPUTY CHAIRMAN OF THE EXE	(i)	223,802	0	0	0	23,451	247,253	0
	(ii)	0	0	0	0	0	0	0
10 GRUNEWALD GAEL MEMBER OF THE EXECUTIVE	(i)	0	0	0	0	0	0	0
	(ii)	220,045	0	0	0	23,527	243,572	0
11 MEIR NERYA BOARD OF GOVERNORS MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	218,961	0	0	0	23,523	242,484	0
12 ROZENBERG KORITNY MARINA BOARD OF GOVERNORS MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	217,662	0	0	0	23,527	241,189	0
13 YEHOShUA BRAVERMAN GUSTIN BOARD OF GOVERNORS MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	216,550	0	0	0	23,527	240,077	0
14 HESS YIZHAR BOARD OF GOVERNORS MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	216,511	0	0	0	23,527	240,038	0
15 JOSKOWICZ SILVIO BOARD OF GOVERNORS MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	216,372	0	0	0	23,527	239,899	0
16 OVADIA YIFAT BOARD OF GOVERNORS MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	215,483	0	0	0	23,527	239,010	0
17 BARATZ-RIX RAHELI BOARD OF GOVERNORS MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	215,109	0	0	0	23,527	238,636	0
18 PRECEL DANIEL MARKETING DIRECTOR	(i)	182,401	0	0	0	46,211	228,612	0
	(ii)	0	0	0	0	0	0	0
19 STAV STEVEN COMPTROLLER	(i)	203,931	0	0	0	23,587	227,518	0
	(ii)	0	0	0	0	0	0	0
20 SETTON YEHUDA CHIEF OPERATING OFFICER	(i)	191,806	0	0	0	23,702	215,508	0
	(ii)	0	0	0	0	0	0	0
21 SHAI FELBER VP ALYAH	(i)	165,835	0	0	0	23,848	189,683	0
	(ii)	0	0	0	0	0	0	0
22 MORAG DROR MEMBER OF THE EXECUTIVE	(i)	0	0	0	0	0	0	0
	(ii)	113,928	0	0	0	12,638	126,566	0

Part III Supplemental Information

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

Return Reference	Explanation
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Additional Data

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Software ID:

Software Version:

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
THE JEWISH AGENCY FOR ISRAEL**Employer identification number**

23-7254561

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE 990 IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF GOVERNORS AND IS REVIEWED BY THE AUDIT COMMITTEE BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C	ALL NEW MEMBERS MUST REPORT POTENTIAL CONFLICTS OF INTEREST WITHIN 60 DAYS OF APPOINTMENT FOR REVIEW BY THE CHAIRPERSON OF THE BOARD AND THE CHAIRPERSON OF THE EXECUTIVE. ALL MEMBERS MUST SUBMIT AN ANNUAL DISCLOSURE STATING COMPLIANCE WITH THE WRITTEN POLICIES.
FORM 990, PART VI, SECTION B, LINE 15	THIS POLICY ON THE PROCESS FOR DETERMINING COMPENSATION OF THE JEWISH AGENCY FOR ISRAEL ("JAFI") APPLIES TO THE FOLLOWING PERSONS EMPLOYED BY JAFI AS PER TWO SEPARATE GROUPS: GROUP 1 - THE CHAIRMAN OF THE EXECUTIVE, THE DEPUTY CHAIRMAN OF THE EXECUTIVE AND THE COMPTROLLER. GROUP 2 - THE OTHER OFFICERS AND KEY EMPLOYEES, DIRECTOR GENERAL, CHIEF FINANCIAL OFFICER, SECRETARY-GENERAL AND VP HUMAN RESOURCES. 1. REVIEW AND APPROVAL POLICY FOR GROUP 1 THE COMPENSATION OF THE PERSON HAS BEEN DETERMINED IN THE PAST AS BEING THE SIMILAR(BUT NOT IDENTICAL)SALARY AS COMPARABLE DEFINED GOVERNMENT OFFICIALS. THE SALARY IS DETERMINED BY A COMPENSATION COORDINATOR WHO IS AN INDEPENDENT PERSON WHO DOES NOT REPORT TO ANY OF THE MEMBERS OF THIS GROUP. POLICY FOR GROUP 2 COMPENSATION OF THE PERSON IS APPROVED BY A COMPENSATION COMMITTEE FOR SENIOR OFFICERS COMPRISED OF SENIOR MEMBERS OF THE BOARD OF GOVERNORS. THE COMPENSATION IS DETERMINED ON THE BASIS OF COMPENSATION PACKAGES OFFERED IN OTHER NON-PROFIT ORGANIZATIONS. 2. USE OF DATA AS TO COMPARABLE COMPENSATION THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. 3. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS OF THE COMPENSATIONS COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19	ALL POLICIES ARE AVAILABLE UPON REQUEST
FORM 990, PART XII, LINE 2C	THERE WAS NO CHANGE IN OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

▶ **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
THE JEWISH AGENCY FOR ISRAEL

Employer identification number

23-7254561

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) REAL ESTATE PARTICIPATIONS LTD(A FOREIGN CORPORATION) ISRAEL 12 BET HADFUS JERUSALEM IS	REAL ESTATE MANAGEMENT	IS	6,632,738	38,766,411	THE JEWISH AGENCY FOR ISRAEL
(2) SPIRIT OF ISRAEL - ISRAELI CAMPAIGN LTD 17 KAPLAN STREET TEL AVIV IS	FUNDRAISING	IS	3,904,076	1,651,496	THE JEWISH AGENCY FOR ISRAEL
(3) DATA PROCESSING BUREAU LTD 48 KING GEORGE STREET JERUSALEM IS	COMPUTER SERVICES	IS	13,333,333	6,251,776	THE JEWISH AGENCY FOR ISRAEL
(4) THE ISRAEL EXPERIENCE LTD 3 HAASKAN STREET JERUSALEM IS	EDUCATIONAL TOURISM	IS	68,004,000	19,223,000	THE JEWISH AGENCY FOR ISRAEL
(5) OLAMIT LTD 48 KING GEORGE STREET JERUSALEM IS	PROJECT OUTSOURCING	IS	13,582,000	4,598,000	THE JEWISH AGENCY FOR ISRAEL
(6) IDUD LTD 6 BET HASHOEVA PASSAGE TEL AVIV IS	DEBT COLLECTION	IS	101,786	1,069,622	THE JEWISH AGENCY FOR ISRAEL
(7) MASA LTD 3 HAASKAN STREET JERUSALEM IS	LONG TERM STAY FACILITATOR	IS	56,397,024	13,825,519	THE JEWISH AGENCY FOR ISRAEL
(8) JEWISH PEOPLE POLICY PLANNING INSTITUTE GIVAT RAM JERUSALEM IS	RESEARCH INSTITUTE	IS	2,836,607	5,252,060	THE JEWISH AGENCY FOR ISRAEL
(9) YOUTH VILLAGE KIRYAT YEARIM LTD (A FOREIGN CORPORATION) KIRYAT YEARIM KIRYAT YEARIM IS	YOUTH VILLAGE	IS	5,188,690	6,907,360	THE JEWISH AGENCY FOR ISRAEL
(10) MISHOLEI HINUCH - AN EDUCATIONAL MANAGEMENT CO LTD (A FOREIGN CORPORATION) KIRYAT TIVON KIRYAT TIVON IS	YOUTH VILLAGE	IS	10,444,345	5,632,850	THE JEWISH AGENCY FOR ISRAEL
(11) YOUTH VILLAGE BEN YAKIR LTD BEN-YAKIR BENYAKIR IS	YOUTH VILLAGE	IS	5,573,512	3,318,556	THE JEWISH AGENCY FOR ISRAEL
(12) KUPAT HAYISHUV LTD 48 KING GEORGE STREET JERUSALEM IS	LOAN PROVIDER	IS	19,364	3,873,288	THE JEWISH AGENCY FOR ISRAEL
(13) ISRAEL ECONOMIC DEVOLPMENT CO LTD 48 KING GEORGE STREET JERUSALEM IS	HOLDING CO	IS	1,667	53,099	THE JEWISH AGENCY FOR ISRAEL
(14) DAROMA TZAFONA TIKKUN OLAM 48 KING GEORGE STREET JERUSALEM IS	EDUCATIONAL AND AT RISK POPULATIONS EMPOWERMENT	IS	12,850,019	3,968,439	THE JEWISH AGENCY FOR ISRAEL
(15) YOUTH FUTURES LTD 48 KING GEORGE STREET JERUSALEM IS	MENTORING CHILDREN AT RISK	IS	13,314,286	1,252,060	THE JEWISH AGENCY FOR ISRAEL
(16) NATIV-THE NATIONAL CENTER FOR JEWISH STUDIES 48 KING GEORGE STREET JERUSALEM IS	JEWISH IDENTITY PROGRAMMING	IS	11,315,774	2,086,957	THE JEWISH AGENCY FOR ISRAEL
(17) ISRAEL TECH CHALLENGE LTD 48 KING GEORGE STREET JERUSALEM IS	IT TRAINING	IS	3,742,344	1,232,582	THE JEWISH AGENCY FOR ISRAEL
(18) THE JEWISH AGENCY SOCIAL HOUSING INITATIVE FINANCING CO 48 KING GEORGE STREET JERUSALEM IS	SOCIAL HOUSING	IS	5,255,952	155,236,431	THE JEWISH AGENCY FOR ISRAEL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)AMIGOUR ASSET MANAGEMENT LTD (FOREIGN CORPORATION) 12 KAPLAN ST TEL AVIV ISRAEL TEL AVIV, ISRAEL IS 30-0189203	SOCIAL HOUSING	IS	501(C)(3)			Yes	
(2)THE JEWISH AGENCY - AMERICAN SECTION 633 THIRD AVE NEW YORK, NY 10017 13-1919802	CULTURAL PROMOTION	NY	501(C)(3)			Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WORLD ZIONIST ORGANIZATION	P	15,561,000	SERVICES PROVIDED
(2) JEWISH AGENCY AMERICAN SECTION	B	1,968,424	SERVICES PROVIDED

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:****Software Version:**